

**RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY  
SCHOOL OF SOCIAL WORK**

**Clinical Social Work with Adolescents**

**19:910:513:XX**

**Time:**

**Location:**

**Instructor:**

**Office:**

**Telephone:**

**E-mail:**

**Office hours:**

**I. Catalog Course Description**

This course examines physical, psychological, social, and cultural dimensions of adolescence (approximately ages 13 years-young adulthood), with an emphasis on how their developmental needs are addressed within various system structures (e.g., family/household, school, community settings). Particular attention is given to examining how issues of diversity impact the lives of adolescents as well as to exploring experiential life worlds, socio-cultural contexts, and social work interventions pertinent to at-risk adolescent populations.

**II. Course Overview**

This course provides a concentration on clinical social work practice interventions with adolescent populations, and builds upon foundational social work practice knowledge, values, methods, and skills. The course emphasizes development of clinical social work practice skills with adolescents, their families, and relevant environmental systems. Course content addresses normative socio-cultural variations in developmental life tasks and expectations, childrearing practices, and life stage concerns involving adolescents. Emphasis is placed upon gender, race, ethnicity, social class, and other types of diversity in relation to adolescent development, resilience, and dysfunction. The course explores evidence-based clinical practice methodologies pertaining to engagement, assessment, and intervention strategies for adolescents and their families in a range of social work practice settings, and includes an emphasis on individual, family, and group intervention modalities.

**As students read through this syllabus, they should also remember to closely review the School-Wide Syllabus in Canvas or the Student Handbook to find information on the School of Social Work mission statement and learning goals, school-wide policies (including academic integrity policies and the standardized attendance policy), and student resources and supports.**

### **III. Place of Course in Program**

This elective course is offered as part of the Clinical Social Work Practice curriculum. Satisfactory completion of the Professional Foundation Year Practice curriculum is a prerequisite for enrollment in this course. Moreover, it is optimal for all enrolled students to be actively engaged in a field placement setting that affords social work practice experience with adolescents.

### **IV. Council of Social Work Education's Competencies**

The MSW Program at Rutgers is accredited by the Council on Social Work Education (CSWE). CSWE's accreditation standards can be reviewed at [www.cswe.org](http://www.cswe.org).

This course will assist students in developing the following competencies:

#### **Competency 2: Advance Human Rights and Social, Economic, and Environmental Justice**

Clinical social workers are fully grounded in the ethics of the profession, recognizing the dignity and worth of all individuals and the need to advocate for social, racial, economic, reproductive, and environmental justice. Clinical social workers recognize the need to assess clients' physical environment for the availability of safe shelter, food, water, and air. Clinical social workers are adept at recognizing how human rights violations, racism, and other social-structural forces marginalize people and thus work to advocate for policies that promote social, racial, reproductive, and economic justice, advance human rights, and promote environments in which all individuals can thrive. Practitioners in clinical social work:

- Contextualize all client conceptualizations (assessments) utilizing the lenses of human rights and social, racial, reproductive, and economic justice, including aspects of identity and social location that may marginalize clients and/or contribute to inadequate access to healthcare and the inequitable distribution of social and economic resources.
- Assess the availability of clean and safe shelter, water, food, air, and other health-sustaining environmental resources and help individuals, families, groups, and communities to develop mechanisms to advocate for and maintain these environmental resources.
- Advocate for equitable distribution of all social, economic, and practical resources, including the availability of a competent clinical social worker with commitments to human rights as well as anti-racist, anti-oppressive, and justice-oriented clinical practices.

### **Competency 3: Engage Anti-Racism, Diversity, Equity, and Inclusion (ADEI) in Practice**

Clinical social workers understand how racism and oppression impact clients, families, groups, and communities. They also acknowledge the pervasive impact of white supremacy on the human rights, health, and well-being of clients, and use their knowledge, awareness, and skills to engage in anti-racist clinical practices. They recognize how the intersectionality of factors (including but not limited to age, caste, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, generational status, immigration status, legal status, marital status, political ideology, race, nationality, religion and spirituality, sex, sexual orientation, and tribal sovereign status) influence clients' presenting concerns and affect equity and inclusion in all aspects of society. Clinical social workers understand how dimensions of diversity affect client explanations of health/mental health, help-seeking behaviors, and the therapeutic relationship. Practitioners in clinical social work value cultural strengths and tailor their engagement strategies, assessment tools, and interventions to meet the diverse needs of their clients. Clinical social workers monitor their biases, reflect on their own cultural beliefs, and use and apply their knowledge of human rights, ADEI, and complex health/mental health delivery systems to enhance client well-being. Clinical social workers recognize the need to conceptualize cases using an intersectional perspective and to identify their clients' strengths and resiliencies, while learning to critically evaluate their own family history, privilege, and social locations. In presenting case material, clinical social workers integrate anti-racist and anti-oppressive stances and attend to clients' experiences of racism and oppression while also working to avoid undue pressure or use of power over clients. Practitioners in clinical social work:

- Identify how human rights violations, racism, oppression, and white supremacy impact the health and well-being of clients, families, groups, and communities; they rely on their knowledge, awareness, and skills to engage in anti-racist clinical practices and other ADEI efforts.
- Recognize how the intersectionality of factors (including but not limited to age, caste, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, generational status, immigration status, legal status, marital status, political ideology, race, nationality, religion and spirituality, sex, sexual orientation, and tribal sovereign status) influence clients' presenting problems and affect equity and inclusion in all aspects of society, including clients' health and mental health care choices.
- Demonstrate awareness of one's intersectionality and cultural background and reflect on how these factors may impact one's practice and the therapeutic relationship.
- Use clinical supervision to address personal and cultural biases and increase self-awareness.
- Use research findings, clinical theories, practice models, and literature on human rights, anti-racist practices, diversity, equity, and inclusion to develop a holistic understanding of client systems and circumstances.
- Apply the various models of clinical practice in ways that are culturally relevant to diverse and oppressed groups.

### **Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities**

Clinical social work practitioners recognize the importance of the engagement process and understand the importance of differential use of self in initial encounters. Practitioners in clinical social work rely on ecological, anti-racist, human rights, and anti-oppressive perspectives to inform the therapeutic relationship; are aware of how interpersonal dynamics and cultural factors shape the therapeutic relationship; and use relational techniques to develop a therapeutic relationship. Clinical social workers recognize how engagement with couples, families, and groups may differ from individual approaches, and they develop differential engagement skills accordingly. Clinical social workers value collaboration and thus recognize the importance of clients' input in the development of their treatment goals. Clinical social workers use the engagement process to help clients convey their thoughts and concerns within the therapeutic relationship as well as to other providers/stakeholders. Practitioners in clinical social work:

- Demonstrate an ecological understanding of the transactional relationship between emotional/behavioral difficulties and social problems (poverty, crime, social injustice, racism, classism, sexism, homophobia, transphobia, migration status, and ableism, among others) and incorporate this understanding of, and reflect upon, the ways these aspects shape client engagement.
- Understand how members of oppressed groups—people of color, people with varying sexual orientation and gender identities, people with different abilities, people with severe and persistent mental illness, among others—may require methods of engagement rooted in anti-racist, anti-oppressive, and human rights perspectives.
- Identify ways to enhance collaboration with clients and promote their empowerment, including seeking their input and feedback regarding the treatment process and fostering their capacity to provide feedback to other members of the treatment team.

### **Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities**

Clinical social workers select effective modalities for intervention based on the existing research as well as the client's cultural background and experiences with racism and other forms of oppression. Clinical social work practitioners integrate their knowledge of various individual, family, and group psychotherapeutic modalities, as well as crisis intervention techniques, to intervene effectively; demonstrate flexibility by tailoring interventions to suit the needs of multiple client populations; and understand the effects of the social environment on client well-being. Clinical social workers therefore recognize the need to also intervene on mezzo and macro levels. Practitioners in clinical social work critically select, apply, and evaluate best practices and evidence-informed interventions; they value collaboration with the client and other professionals to coordinate treatment plans. Clinical social workers maintain knowledge of the communities they serve in order to ensure that clients are connected with relevant services and resources in an effective manner, while eliciting client feedback about how the interventions are impacting the client. Practitioners in clinical social work:

- Select psychotherapeutic interventions based on a critical knowledge of theory, research, practice experience, and on understanding of how human rights violations, racism, and other types of oppression impact client choice of, and access to, interventions.
- Exhibit flexibility by shifting perspectives and interventions to suit the needs of clients, while recognizing that the multi-faceted assessment drives the selection of appropriate interventions.
- Demonstrate an ecological understanding of the transactional relationship between emotional/behavioral difficulties and social problems— poverty, crime, social inequality, institutional racism, sexism, religious and/or ideological bias, homophobia, and transphobia—and incorporate this understanding into their interventions.
- Intervene effectively with individuals, families, and groups, while eliciting client feedback and knowing when to modify approaches.

[Explore the entire set of 2022 CSWE competencies.](#)

## V. Course Level Learning Goals

Course level learning goals primarily relate to the aforementioned competencies/program level learning goals as the course addresses policy analysis skills and competencies as well as addresses human rights and social, economic and environmental justice through the study of the evolution of the US welfare state and the emergence of the social work profession.

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

1. Acquire contextualized understandings of developmental life tasks and phases of adolescence, and successfully differentiate normative issues, problems, and tensions of adolescence from circumstances and behaviors that are considered deviant and/or maladaptive with respect to socio-cultural values, contexts, and norms.
2. Demonstrate ability in assessing and analyzing adolescent problem behaviors from a multi-dimensional perspective that involves intersectionality of biological, psychological, social, and cultural factors.
3. Understand and apply relevant theoretical frameworks and empirical research literature in guiding evidence-based intervention approaches with adolescents and their families.
4. Differentially select, and critically evaluate, targeted intervention approaches that thoughtfully address the needs, problems, and circumstances of adolescents and their families, and that critically engage relevant issues and concerns involving diversity and difference (e.g., gender, sexual orientation, race, ethnicity, disability status, social class).
5. Identify and assess for structural and/or dynamic factors that may facilitate or impede therapeutic alliance, progress, and growth and understand how to address these issues

within social work intervention contexts employing a multi-dimensional, systems-oriented framework.

6. Develop awareness, skill, and critical reflection in the professional use of self and in the application of social work ethics and values in clinical social work practice with adolescents and their families and communities.

## VI. Textbooks

### Required Books:

1. Laser, J. A., & Nicotera, N. (2021). *Working with Adolescents: A Guide for Practitioners*. Second edition. New York, NY: Guilford Press.
2. LeCroy, C. W. & Anthony, E. K. (2015). *Case Studies in Child, Adolescent, and Family Treatment*. (2<sup>nd</sup> Edition). Hoboken, NJ: Wiley and Sons.

### Recommended Books:

1. Davies, D. (2011). *Child Development: A Practitioners Guide*. (Third Edition). New York, NY: Guilford Press.
2. Gil, E. & Crenshaw, D. A. (2016). *Termination Challenges in Child Psychotherapy*. New York, NY: Guilford Press.
3. Kerig, P., Schulz, M. S., & Hauser, S. T. (2012). *Adolescence and beyond: Family Processes and Development*. New York, NY: Oxford University Press.
4. McConaughy, S. H. (2013). *Clinical Interviews for Children and Adolescents* (2<sup>nd</sup> edition). New York, NY: Guilford Press.
5. Steiner, H. & Hall, R. E. (2015). *Treating Adolescents* (2<sup>nd</sup> Edition). Hoboken, NJ: John Wiley & Sons.

Other required readings (separate from textbook) are available through the Rutgers University Library “Reading List” that is integrated into your Canvas course. To find your readings:

Click on the “Reading List” tab in the Canvas navigation bar to the left-hand side of the course. Please note: this list contains links to articles and other required readings separate from the textbook (if applicable). Please follow the syllabus and/or Canvas Readings and Resources page in each module for more specific required readings and resources for each week (including textbook/media). For further instructions [please click here for a video tutorial](#)

## VII. Course Attendance and Participation Policies

This is a **collaborative and professional learning community**. Students are encouraged to make connections between the assigned course material and their other course work and Field

experience. Students are expected to self-advocate, offer meaningful questions and comments in the class discussion and to share additional resources. Students are advised to communicate concerns, questions and requests to the Instructor early and often so as to be offered the highest degree of support and flexibility.

### **Attendance**

Please refer to the school-wide syllabus for the standard attendance policy for classes in on-the-ground (traditional) program, intensive weekend program (IWP), and asynchronous online program.

Students are expected to attend class regularly and to complete readings on a timely basis so that they can participate effectively in class discussions. In addition, students are expected to take leadership roles in class discussion or exercises. More than three absences ('excused' or unexcused') may result in the failure of the class.

Students who leave during the break will be marked as absent for that class. Absence, early departure, or lateness to class is acceptable only for compelling reasons (e.g., illness, religious observance). Examples of *inappropriate* reasons for missing class include birthday parties and problems finding parking. It is imperative to notify the course instructor in advance of any anticipated class absence.

Students must **read all assigned material** and be fully **prepared for discussion** of the material as well as its application to their own practice experiences. Confidentiality as defined by the NASW Code of Ethics is expected of all class members, in regard to their clients as well as their class colleagues. Further, respect for colleagues must be exhibited; this includes refraining from use of cell phones and other electronic devices that distract from the class discussion. Students are advised to speak with the Instructor regarding request to use laptops or other electronic devices during class. **All electronic devices must be silenced and stowed out of sight and out of hands.**

### **Late Work**

Late assignments will not be accepted, unless the student has made arrangements prior to the assignment due date. The instructor reserves the right to reduce the letter grade for late assignments.

## **VIII. Assignments & Grading**

All assignments are due at the beginning of the class (please submit on Canvas) for which they are assigned. Late assignments are not accepted. Any exception to this will be made only under compelling circumstances and with the professor's advance approval. If an assignment due date conflicts with a religious observance, please consult with the Instructor prior to the assignment's due date.

**Late Pass**

You have one late pass available for your use on submission of any one assignment. You may use the late pass at your discretion without penalty. A late pass can be redeemed by notifying me in advance via email.

Professional social workers keep case records, write treatment reports for referral sources and managed care companies, correspond with judges and other professionals, develop policy, and advocate for their clients. **All of these tasks require excellent writing skills. Therefore, proper grammar, syntax, spelling, and appropriate referencing (APA 7<sup>th</sup> edition style) are expected for all assignments.** Substantial credit will be deducted from a paper's grade for gross and repeated writing, spelling, and referencing errors.

**Specific Assignments for CSW with Adolescents****Interactive Clinical Skills for Engaging Adolescents (20% of course grade)**

The goal of this assignment is to enhance understanding of class readings by applying the knowledge obtained to your work with adolescents (individual/group). You will work with a partner to present the highlights of the class readings, apply the readings to current/previous case, and create an interactive activity for client/group engagement.

This assignment has three components: reflection on class readings, application of case and activity for engaging clients.

**Part 1: Reflection on Class Readings**

Each dyad will select a topic or a reading from weeks 3-14 related to client/group issues faced during practicum or at work. Prepare a brief presentation that highlights the key points and insights from the chosen reading or module.

**Part 2: Application of Case**

Demonstrate through case example how the content of the reading can be applied to address specific challenges faced by client/group.

**Part 3: Activity for Engaging Adolescents**

Design a creative and interactive activity to engage adolescents related to the chosen topic or reading. The activity can utilize various mediums such as games, music, art, poems, young adult literature to effectively apply the content of the reading.

**Semester Project: Case Analysis**

This assignment is divided into two parts: Part One is intended to reflect the course materials on assessment and engagement strategies with adolescents and their families, while the Part Two reflects the course materials on therapeutic interventions with this population along with the theoretical underpinnings of these interventions.

Students are invited to focus this assignment on an adolescent client—from the assessment and engagement phase through the intervention stage--from their field placement or current place of employment (if appropriate). However, extreme care should be used to safeguard the identity and personal circumstances of the client and her family. **Students are required to meet with Instructor to discuss their topic before it can be approved.** The focus of the paper should be pre-approved by the Instructor by **DATE**. *Students should discuss with Instructors about the ethics of writing about a current or recent adolescent client and whether they should secure permission from their Field Instructors/Supervisors before proceeding.*

If students are unable to focus on an adolescent client for this assignment, there is an alternative Semester Project assignment (see below).

### **Part 1: Assessment and Engagement (30% of course grade)**

In reflecting on a particular child client and her family and ecological environment, as well as drawing on the course readings and lectures, produce a 6-7 page, double spaced paper in response to the following:

- a. Reason for referral and client's presenting problem;
- b. Brief review of the following as they pertain to the client, if applicable:
  - i. demographic information;
  - ii. psychosocial and interpersonal functioning;
  - iii. history of trauma and/or loss;
  - iv. family structure and any relevant cultural attributes;
  - v. family's economic and basic needs/challenges
  - vi. community/environment history, including to exposure to social structural constraints (i.e., racism; homophobia; sexism; ableism, etc.)
- c. Reflections about challenges experienced with engagement and/or assessment of client and/or family/environmental system.
  - i. Describe and critique the assessment tool or framework used to identify and assess the child client's presenting problem and overall functioning. If no assessment tool was used, what would you have used and why?
  - ii. Describe these challenges;
  - iii. Discuss how you identified and addressed these challenges or, upon reflection, how you wish you had addressed these challenges.
- d. Reflect on the course readings, lectures, and materials, to explore and discuss subsequent assessment and engagement strategies with future clients who have similar backgrounds and circumstances to this client.

**For this assignment, students should use at least four (4) recent research based resources. Papers should also be in APA format. Title page and list of references do not count toward page total. For all specific grading criteria, please see the grading rubric for this assignment.**

## **Part 2: Therapeutic Intervention (35% of course grade)**

In reflecting on the SAME adolescent client from Part One, as well as drawing on the course readings and lectures, produce a 6-7 page, double spaced paper in response to the following:

- a. Reflections on goals for treatment, including diagnostic status, if applicable;
- b. Describe the treatment plan and rationale for this intervention strategy with this particular client;
  - i. How well aligned was the assessment of the client with the eventual intervention approach?
- c. Describe one therapeutic intervention that is discussed in the Henderson and Thompson textbook (i.e., chapters 5, 6, 8, 10, 11, 12, 13, 15). Critically discuss the appropriateness of this intervention approach with this client. Or discuss why one of these approaches would be a better fit for the client than the intervention currently being used;
- d. Describe the termination plan for this client;
- e. Reflect on the professional use of self with this client and her family and/or ecological environment.
  - i. What personal feelings and/or reactions have emerged in response to this client and/or her system involvement?
  - ii. How have you identified and managed these feelings?
  - iii. What have you learned about yourself in working with adolescent clients?

**For this assignment, students should use at least five (5) recent research based resources. Papers should also be in APA format. Title page and list of references do not count toward page total. For all specific grading criteria, please see the grading rubric for this assignment.**

## **Semester Project: Alternative Assignment**

For students who are unable to focus on an adolescent client for the Semester Project, students should instead complete this alternative assignment. Similar to the case analysis, this project is also divided into two parts; both due dates are the same as those for the traditional project. Students will select and examine a problem area that affects clients in their field placements or in their place of employment (if appropriate), or select a topic from the course that interests them. Examples include: child maltreatment, substance abuse, developmental disabilities, bullying, specific mental health challenge, grief and loss, intimate partner violence, etc. The focus of the paper should be pre-approved by the Instructor by September 29, 2022.

## **Part 1: Problem Identification (30% of course grade)**

In reflecting on the course readings and lectures, as well as on at least four (4) recent research based materials, produce a 5-6 page, double spaced paper in response to the following:

- a. Comprehensively describe the scope, demographics, and overall challenges associated with this problem (e.g., who is affected by this problem; how many children & youth are affected? etc.). Are there cultural differences in the manifestation of or risk factors for this problem?;
- b. Describe the effects of this problem for youth and their families;
- c. Critique the assessment tools or measures used to identify and assess this problem;

- d. Describe the etiology of this problem and how the problem is affected by or manifested in different ecological systems.

**For this assignment, students should use at least four (4) recent research based resources. Papers should also be in APA format. Title page and list of references do not count toward page total. For all specific grading criteria, please see the grading rubric for this assignment.**

### **Part 2: Evidence Based Intervention (35% of course grade)**

Using the SAME problem that was described in Part 1, students should produce a 6-7 page, double spaced paper in response to the following:

- a. Critically appraise one therapeutic intervention that is discussed in the Henderson and Thompson textbook (i.e., chapters 5, 6, 8, 10, 11, 12, 13, 15) and critically discuss the appropriateness of this intervention approach for clients affected by this problem;
  - i. Based on recent research, what is known about this intervention specifically for this problem area for adolescent clients?
  - ii. What are the theoretical underpinnings of this intervention?
  - iii. What are the strengths and weakness of this approach?
  - iv. How likely is this intervention method likely to be used in your field placement with this adolescent client population? Why?
- b. Based on recent research, how effective is this intervention for different cultural groups?
- c. Describe the ethical considerations for using this intervention strategy to address this problem for adolescent clients.

**For this assignment, students should use at least five (5) recent research based resources. Papers should also be in APA format. Title page and list of references do not count toward page total. For all specific grading criteria, please see the grading rubric for this assignment.**

### **Assignment Value**

Grades for the class will be calculated based on the following breakdown:

Class participation:	15%
Interactive Clinical Activity:	20%
Semester Project Part 1:	30%
Semester Project Part 2:	35%

## **IX. Course Evaluation**

Rutgers University issues a survey that evaluates both the course and instructor. This survey is completed by students toward the end of the semester, and all answers are confidential and anonymous. The instructor may also choose to conduct a mid-point evaluation.

## X. Course Outline

### Overview of Semester

Module	Topic	Dates/ Notes
<b>Unit 1: Understanding Adolescent Development</b>		
1	Context of Adolescent Development	
2	Developmental Features of Adolescence	
3	Developmental Features of Adolescence (continued)	
<b>Unit 2: Assessment of &amp; Engagement with Adolescents and their Ecological Environments</b>		
4	Diverse Ecological Settings: Family, School, & Neighborhood Environments	
5	Principles of Assessment with Adolescents	
6	Principles of Assessment with Adolescents (continued)	
<b>Unit 3: Therapeutic Interventions with Adolescents within their Ecological Environments</b>		
7	Therapeutic Interventions for Adolescents with Mood Disorders	<i>Part One of Semester Project Due</i>
8	Therapeutic Interventions for Adolescents with Mood Disorders (continued)	
9	Therapeutic Interventions for Adolescents with Substance Use Challenges	
10	Therapeutic Interventions for Adolescents with Conduct Disorder/Violence/Bullying	
11	Therapeutic Interventions for Adolescents with Eating Disorders	
<b>Unit 4: Special Topics in Clinical Work with Adolescents</b>		
12	Use of Self in Therapeutic Context	
13	Adolescents who have Experienced Trauma, Grief, Loss	
14	Adolescents and Gender and Sexual Diversity	<i>Part Two of Semester Project Due</i>
15	Course Wrap-up & Termination	

### Course Readings

**NOTE: Required readings** are to be read before the class in which they are assigned. These readings are either in the required textbooks or on Canvas/Library Reserves. The **suggested readings**, which appear in certain modules, are not required, but are listed simply to provide additional resources about select topics.

## Unit 1: Understanding Adolescent Development

### Module 1: Context of Adolescent Development

**Topic:** We will explore the broad social-ecological framework for adolescent development, including the interconnected environmental settings within which adolescents reside.

#### Required Readings:

- Laser, J. A., & Nicotera, N. (2021). *Working with Adolescents: A Guide for Practitioners*. New York, NY: Guildford Press. *Chapter 1: Benefits and Challenges in Clinical Work with Adolescents: An Overview*

### Module 2: Developmental Features of Adolescent Stage of Development

**Topic:** We will explore different facets of adolescent development and explore some of the essential tasks of the adolescent stage of development.

#### Required Readings:

- Laser & Nicotera: *Chapter 2: The Push-Pull of Adolescent Development*
- Kerig, P., Schulz, M. S., & Hauser, S. T. (2012). *Adolescence and beyond: Family Processes and Development*. New York, NY: Oxford University Press. *Chapter 3: The Status of Identity and Chapter 4: The Quality of Friendships during Adolescence*

### Module 3: Developmental Features of Adolescent Stage of Development (continued)

**Topic:** We will continue exploring the adolescent phase of development, including how different phases of adolescence are differentiated. We will also delve into the interpersonal, familial, and social challenges associated with this period.

#### Required Readings:

- Laser & Nicotera: *Chapter 4: Resilience in Adolescence and Chapter 5: Internal Assets and Individual Attributes Associated with Healthy Adolescent Outcomes.*
  - **OPTIONAL:** *Chapter 3: The Adolescent Brain*
- Kerig, P., Schulz, M. S., & Hauser, S. T. (2012). *Chapter 7: Sociocultural Perspectives on Adolescent Autonomy.*
- Steiner, H. & Hall, R. E. (2015). *Treating Adolescents* (2<sup>nd</sup> Edition). Hoboken, NJ: John Wiley & Sons. *Chapter 1: General Principles.*

#### Suggested Readings:

- Zimmerman, M. A., Stoddard, S. A., Eisman, A. B., Caldwell, C. H., Aiyer, S. M., & Miller, A. (2013). Adolescent resilience: Promotive factors that inform prevention. *Child Development Perspectives*, 7(3), 215–220.
- Brownlee, K., Rawana, J., Franks, J., Harper, J., Bajwa, J., O'Brien, E., & Clarkson, A. (2013). A systematic review of strengths and resilience outcome literature relevant to children and adolescents. *Child and Adolescent Social Work Journal*, 30, 435-459.

## Unit 2: Assessment of & Engagement with Adolescents and their Ecological Environments

#### **Module 4: Examining Diverse Ecological Settings**

**Topic:** We will comprehensively explore the different ecological systems in which adolescents are involved: families, schools, and neighborhoods/communities. We will specifically explore how to engage families and other adults who are instrumental in adolescents' lives. We will also focus on specific high risk familial or community environments and consider how to assess and intervene in these environments. We will also focus on understanding problem differentiation with diverse child populations as well as explore the concept of cultural humility.

##### **Required Readings:**

- Laser & Nicotera: *Chapter 6: The Family Environment; Chapter 7: The School Environment; Chapter 8: The Neighborhood Environment*
- Fisher-Borne, M., Cain, J. M., & Martin, S. L. (2015). From mastery to accountability: Cultural humility as an alternative to cultural competence. *Social Work Education, 34*(2), 165-181

#### **Module 5: Principles of Conducting Assessments with Adolescents**

**Topic:** We will examine different frameworks for conducting assessment with adolescents and for understanding the myriad systemic factors and issues affecting adolescents, with a particular focus on resiliency. We will also focus on understanding problem differentiation with diverse adolescent populations. We will also explore how social justice is intertwined with clinical social work practice.

##### **Required Readings:**

- Laser & Nicotera: *Chapter 9: Media Influences and Chapter 10: Assessment and Intervention at Each Ecological Level*
- Weisz, J. R., & Kazdin, A.E. (2011). Evidence-Based Psychotherapies for Children and Adolescents. (3<sup>rd</sup> Edition). New York, NY: Guilford Press. *Chapter 31: Assessment Issues in Child and Adolescent Psychotherapy.*
- Watts-Jones, D. T (2010). Location of Self: Opening the door to dialogue on Intersectionality in the therapy process. *Family Process, Vol. 49*(3) 405-420

##### **Suggested Readings:**

- Alegria, M., Atkins, M., Farmer, E., Slaton, E., & Stelk, W. (2010). One size does not fit all: Taking diversity, culture, and context seriously. *Administration and Policy in Mental Health Services Research, 37*(1-2), 48-60.
- Friedberg, R. D., & McClure, J. M. (2015). Case conceptualization. In Cognitive therapy with children and adolescents: The nuts and bolts (Chapter 2 pp.9-41). New York, NY: Guilford Press.
- McConaughy, S. H. (2<sup>nd</sup> edition) (2013). *Clinical Interviews for Children and Adolescents. Chapter 1: Clinical Interviews in the Context of Multimethod Assessment & Chapter 2: Strategies for Child Clinical Interviews.*

#### **Module 6: Principles of Conducting Assessments with Adolescents (continued)**

##### **Required Readings:**

- McConaughy, S. H. (2<sup>nd</sup> edition) (2013). *Clinical Interviews for Children and Adolescents. Chapter 4: Child Clinical Interviews: Self Awareness, Feelings, and Adolescent Issues*
- McLaughlin, A.M. (2011). Exploring social justice for clinical social work practice. *Smith College Studies in Social Work, 81*, 234-251
- Sylwestrzak, A., Overholt, C., Ristau, K. I., & Coker, K., L. (2015). Self-reported barriers to treatment engagement: Adolescent Perspectives from the National Comorbidity Survey—Adolescent Supplement. *Community Mental Health Journal, 51*, 7, pp. 775-781.

### **Suggested Readings:**

- Kim, H., Munson M., R., & McKay, M. (2012). Engagement in mental health treatment among adolescents and young adults: A systematic review. *Child and Adolescence Social Work, 29*, 241-266.

## **Unit 3: Therapeutic Interventions with Adolescents within their Ecological Environments**

### **Module 7: Therapeutic Approaches for Adolescents with Mood Disorders**

**Topic:** Over the next few modules, we will highlight and explore multiple behavioral health and/or psychosocial challenges affecting the adolescent population. In this module we will focus on interventions for adolescents with mood disorders, internalizing difficulties, and self-harming behavior. This module will also provide a general overview of clinical interventions with adolescents.

### **Required Readings:**

- Laser & Nicotera: *Chapter 14: Mental Health Issues in Adolescence: Anxiety and Depression; Chapter 15: Suicidal Thoughts and Related Behaviors*
- LeCroy, C. W. & Anthony, E. K. (2015). *Case Studies in Child, Adolescent, and Family Treatment. (2<sup>nd</sup> Edition)*. Hoboken, NJ: Wiley and Sons. *Case Study: 1-3: Crisis Intervention with a Depressed African American Adolescent*

### **Module 8: Therapeutic Approaches for Adolescents with Mood Disorders (continued)**

### **Required Readings:**

- LeCroy, C. W. & Anthony, E. K. (2015). *Case Studies in Child, Adolescent, and Family Treatment. (2<sup>nd</sup> Edition)*. Hoboken, NJ: Wiley and Sons. *Case Study 5-1: A Hmong Adolescent Creates his Own Way & 5.3. Finding a Voice and Making it Heard.*
- McConaughy, S. H. (2<sup>nd</sup> edition) (2013). *Clinical Interviews for Children and Adolescents. Chapter 9: Assessing Risk for Suicide.*

### **Suggested Readings:**

- Gulbas, L. E., Hausmann-Stabile, C., De Luca, S. M., Tyler, T. R., & Zayas, L. H. (2015). An exploratory study of non-suicidal self-injury and suicidal behaviors in adolescent Latinas. *American Journal of Orthopsychiatry*, 85(4), 302-314.
- Cummings, J. R., & Druss, B. G. (2011). Racial/ethnic differences in mental health service use among adolescents with major depression. *Journal of the American Academy of Child and Adolescent Psychiatry*, 50(2), 160-70.
- Ford-Paz, R. E., Reinhard, C., Kuebbeler, A., Contreras, R., & Sánchez, B. (2015). Culturally tailored Depression/Suicide prevention in Latino youth: Community perspectives. *The Journal of Behavioral Health Services & Research*, 42(4), 519-533.
- Steiner & Hall: *Chapter 8: Bipolar and Mood Disorders in Adolescents & Chapter 10: Self-harm and Suicidal Behavior*

### **Module 9: Therapeutic Approaches for Adolescents with Substance Use Challenges**

**Topic:** In this module we will focus on interventions for adolescents who have difficulties with substance use.

#### **Required Readings:**

- Laser & Nicotera: *Chapter 10: Substance Use and Dependence*
- LeCroy, C. W. & Anthony, E. K.: *Case Study 1.5: The Case of Aundria*
- Weisz & Kazdin: *Chapter 20: Functional Family Therapy for Adolescent Substance Abuse Disorders.*

### **Module 10: Therapeutic Approaches for Adolescents with Conduct Disorder and/or who have Challenges with Violence and Delinquent Conduct**

**Topic:** In this module, we will focus on interventions for youth with disruptive and aggressive conduct.

#### **Required Readings:**

- Szentiványi, D., & Balázs, J. (2018). Quality of life in children and adolescents with symptoms or diagnosis of conduct disorder or oppositional defiant disorder. *Mental Health & Prevention*, 10, 1-8.
- Painter, K., & Scannapieco, M. (2021). *Understanding mental health problems of children and adolescents : a guide for social workers (Second edition.)*. Oxford University Press.
- Beltrán, S., Sit, L., & Ginsburg, K. R. (2021). *A call to revise the diagnosis of oppositional defiant disorder—Diagnoses are for helping, not harming*. *JAMA psychiatry*, 78(11), 1181-1182.
- LeCroy, C. W. & Anthony, E. K.: *Case Study 1.7: Effective Interventions for Adolescent Conduct Disorder in Residential Treatment*

#### **Suggested Readings:**

- Barrett, D. E., Ju, S., Katsiyannis, A., & Zhang, D. (2015). Females in the juvenile justice system: Influences on delinquency and recidivism. *Journal of Child and Family Studies*, 24(2), 427-433.

- Robbins, M. S., Alexander, J. F., Turner, C. W., & Hollimon, A. (2016). Evolution of functional family as an evidence-based practice for adolescents with disruptive behavior problems. *Family Process*, 55(3), 543-557

### **Module 11: Therapeutic Approaches for Adolescents with Eating Disorders**

**Topic:** In this module, we will focus on interventions for youth with eating disorders.

#### **Required Readings:**

- Steiner & Hall: *Chapter 12: Eating Disorders in Adolescents*
- Lock, J. (2015). An update on evidence-based psychosocial treatments for eating disorders in children and adolescents. *Journal of Clinical Child & Adolescent Psychology*, 44, 5, pp 707-721.

#### **Suggested Readings**

- Brown, H. (2009). One spoonful at a time. NY Times Sunday Magazine.

## **Unit 4: Special Topics in Clinical Work with Adolescents**

### **Module 12: Professional Values, Ethics, and Professional Use of Self**

**Topic:** We will explore social work values that guide the assessment, engagement, and treatment/intervention with adolescents and their families. This includes understanding more about the professional use of self, making ethically informed decisions, and conducting thoughtful and ethically sound termination strategies with youth clients. We will also review the regulations and guidelines for reporting child abuse in New Jersey.

#### **Required readings:**

- Henderson & Thompson: *Chapter 4: Legal and Ethical Considerations for Counselors*
- Gil, E. & Crenshaw, D. A. (2016). *Termination Challenges in Child Psychotherapy*. New York, NY: Guildford Press. *Chapter 1: Termination as a Necessary and Useful Closure of the Formal Therapy Relationship; Chapter 2: Open-door Terminations: Developmentally Sensitive Approach*
- Child Abuse Reporting in New Jersey: Review three websites:  
<https://www.nj.gov/dcf/reporting/links/>  
<https://www.preventchildabuse.nj.org/resources/report-abuse/>  
<https://www.nj.gov/dcf/news/publications/HotlinesHelplines.pdf>

### **Module 13: Adolescents who have Experienced Trauma, Grief, and Loss**

**Topic:** We will examine strategies for addressing traumatic reactions in adolescents and/or experiences of grief and loss.

#### **Required readings:**

- Laser & Nicotera: *Chapter 11: Trauma from an Ecological Perspective*
- Gil, E & Crenshaw, D. A (2016). *Termination Challenges in Child Psychotherapy*.

*Chapter 4: Premature Termination & Chapter 5: Unique Issues in Termination in Child Therapy.*

- LeCroy, C. W. & Anthony, E. K.: *Case Study 3-1 Homebuilders: Helping Families Stay Together; Case Study 4-2: Helping Families with Reunification: Returning a Child to a Less than Perfect Family; Case Study: 5-4: Living in Survival Mode: A Young Woman's Experience of Homelessness*

#### **Suggested Readings:**

- Black, P., Woodworth, M., Tremblay, M., & Carpenter, T. (2012). A review of trauma-informed treatment for adolescents. *Canadian Psychology, 53*(3), 192-203
- Henderson S. W. and Baily, C. (2013). Parental deportation, families, and mental health. *Journal of the American Academy of Child & Adolescent Psychiatry, 52*(5), 451-453.
- Herberman Mash, H. B., Fullerton, C. S., & Ursano, R. J. (2013). Complicated grief and bereavement in young adults following close friend and sibling loss. *Depression & Anxiety, 30*, 1202–1210.
- Johnson, E. & Easterling, B. (2012). Understanding unique effects of parental incarceration on children: Challenges, progress, and recommendations. *Journal of Marriage and Family, 74*(2), 342-356.
- Steiner & Hall: *Chapter 9: Psychiatric Trauma and Related Psychopathologies.*

#### **Module 14: Gender and Sexual Diversity in Adolescence**

**Topic:** In this module, we will explore strategies for addressing adolescents as they navigate understanding their sexuality and sexual orientation

#### **Required Readings:**

- Kerig, P., Schulz, M. S., & Hauser, S. T. (2012). *Chapter 11: Sexual-Minority Development in Family Context.*
- Laser & Nicotera: *Chapter 13: Working with Queer Youth.*
- LeCroy, C. W. & Anthony, E. K.: *Case study: 2-4: Gay Youth and Safe Spaces*

#### **Suggested Readings:**

- Almaila, J., Jonson, R., Corliss, H. & Azrael, D. (2009). Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth and Adolescence, 38*, 1001- 1014
- Mustanski, B., Andrews, R., & Puckett, J. A. (2016). The effects of cumulative victimization on mental health among lesbian, gay, bisexual, and transgender adolescents and young adults. *American Journal of Public Health, 106*(3), 527-533.

#### **Module 15: Course Wrap-up & Termination**

#### **Required Readings:**

- Gil, E & Crenshaw, D. A (2016). *Termination Challenges in Child Psychotherapy. Chapter 7: Critical Goals and Specific Strategies for Successful Termination; Chapter 8: Case Studies of Failures and Successes in the Termination Process.*

- Laser & Nicotera: *Chapter 18: Joys of Working with Adolescents*