



School of Social Work

**Clinical Practice With Children and
Adolescents**
CP 794

Spring 2012

Instructor: **Alice Cohen MSW**
Email: acohen@jbcc.harvard.edu
Home Phone: 617-547-0699
Work Phone: 617-278-4242
Office Hours: by Appointment


COURSE DESCRIPTION

This course focuses on differential assessment and treatment of children and adolescents. It provides a theoretical framework that includes relational, developmental, systemic, Jungian, and dynamic play therapies. Clinical skills focus on attunement and relationship building with specific interventions and strategies for working with children and their families in multiple settings: clinics, schools, hospitals, home-based, residential. Creative methods of treatment – sandplay, art, narrative, drama, active imagination – will be explored in depth. Special attention will be given to family cultural challenges as well as ethical issues regarding diagnoses, medication, confidentiality, and family inclusion. Special consideration will be given to the transference and countertransference dilemmas in working with children and adolescents.

THIS COURSE SUPPORTS THE ATTAINMENT OF ADVANCED PRACTICE COMPETENCY IN:

Competency 2.1.1 Professional Identity 

Competency 2.1.2 Ethical Practice

Competency 2.1.3 Critical Thinking 

Competency 2.1.4 Diversity in Practice


Competency 2.1.5 Human Rights and Justice

Competency 2.1.6 Research Based Practice

Competency 2.1.7 Human Behavior

Competency 2.1.8 Policy Practice

Competency 2.1.9 Practice Contexts

Competency 2.1.10 Engage, Assess, Intervene, Evaluate 



Specific assignments in this course will assess your attainment of this competency.

Information about the specific competencies and related advanced practice behaviors addressed in this course and your other MSW courses can be found at <http://www.bu.edu/ssw/students/current/competency-map/>

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COURSE OBJECTIVES

"In order to use the mutual experience one must have in one's bones a theory of the emotional development of the child and the relationship of the child to the environmental factors..." (D.W. Winnicott)

1. To further develop clinical skills using the “art of the relationship”.
2. To explore central theories and current research on child development.
3. To increase diagnostic skills in child and family assessments.
4. To further awareness of oppression and cultural, ethnic, racial and gender factors and their significance to clinical formulations and practice.

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6. To increase diagnostic skills in child and family assessments.
7. To further awareness of oppression and cultural, ethnic, racial and gender factors and their significance to clinical formulations and practice.
8. To provide a macro systems perspective on the interrelationships of the child and family to extended family systems, peer groups, school system, and larger community networks.
9. To expand awareness to specific transference and countertransference beliefs including exploring the “roots” of one’s personal belief systems.

10. To learn the essential meanings of play in children's lives and the stages of play in the therapeutic process.

11 To refine process skills, note taking, and critiquing of individual cases in order to think critically about complex treatment issues.

12 To develop practical skills in the use of specialized techniques and tools of treatment - art therapy, sandplay, storytelling, clay, drama, puppets, active imagination, visualizations, and relaxation training.

13 To explore ethical dilemmas and concerns which arise within the therapeutic process.

14 To explore central theories and current research on child development.

15 To increase diagnostic skills in child and family assessments.

16 To further awareness of oppression and cultural, ethnic, racial and gender factors and their significance to clinical formulations and practice.

17. To provide a macro systems perspective on the interrelationships of the child and family to extended family systems, peer groups, school system, and larger community networks.

18 To expand awareness to specific transference and countertransference beliefs including exploring the “roots” of one’s personal belief systems.

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By the end of the course, students will be able to:

1. Engage clinically with a culturally diverse treatment population of children and adolescents with multiple presenting problems.
2. Assess presenting issues and create formulations as to the etiology and antecedents of same.
3. Create treatment and intervention plans with observable outcomes.
4. Provide services or obtain access to same. Understand and be able to provide case management.
5. Increase awareness and therefore management of issues of use of self in treatment, and management of transference.

These areas address competencies listed in the Advanced practice behaviors described at the end of this syllabus.

Roles and Responsibilities in Learning

Faculty and students share responsibility for this course.

Faculty are responsible for establishing the competencies to be achieved; setting the course objectives; choosing the framework, assignments and readings; and creating the overall learning contract. Faculty present core content and guide students in the selection, presentation and study of major issues; they promote class discussion and provide opportunities for small and large group learning. Faculty may share their own experiences and emphasize particular areas of specialization; they may bring in experts from the field to lecture on particular topics. Faculty are responsible for evaluation, feedback and grading of students.

Students are responsible for their participation in the course and for achieving the competencies set forth in the syllabus. Students participate through classroom discussion and by actively working together in small groups and the larger group. Students are responsible for reading and articulating learning from required readings, for grappling with clinical dilemmas in class, and for reflection on their personal/professional values and ethics. Additional expectations include the following:

- **Punctuality:** When students come to class on time, they demonstrate positive participation.
- **Attendance:** Attending all assigned class sessions is a visible marker of a student's investment and good participation. Conversely, repeat absences, even for other professional events or trips home, signals disengagement and lack of interest. Conversely, repeat absences, even for other professional events or trips home, signals disengagement. Moreover, absences hurt your command of the subject matter and detract from others' learning. Naturally, there are times when people are sick or have family emergencies; in these cases, please let the instructors know, arrange to cover assignments, and get notes from class members.
- **Class preparation:** Class participation is often contingent upon having done the preparation. Reading the assigned material and completing the assigned exercises demonstrates planning ahead and an investment in the work of the course. It is also essential for informed classroom discussion.
- **Participating in classroom discussion:** The classroom is a laboratory for the building of future professional skills and competencies. Being able to speak responsibly, clearly and appropriately in a group context is both an academic and professional requirement. Therefore, the classroom is a perfect environment for students to hone their "speaking aloud" skills. Students are expected to move outside their comfort zone and take risks on behalf of strengthening this important competency. They are expected to show respect for fellow students

TEXT & READINGS

Required:

1. Webb, Nancy Boyd, Ed. (1999). Play Therapy With Children In Crisis, 3rd Edition. New York, The Guilford Press.
2. Reading Packet

Recommended:

1. Rapoport, Judith and Deborah Ismond (1996). DSM-IV Training Guide for Diagnosis of Childhood Disorders, Brunner/Mazel.
2. Terr, Lenore (1990). Too Scared To Cry, Basic Books

COURSE OUTLINE

1/18 I. INTRODUCTION AND OVERVIEW: SOCIAL WORK PRACTICE WITH CHILDREN AND THEIR FAMILIES

"It was only through analysis that I became gradually able to see a baby as a human being...so that I've been extremely sympathetic with anybody who can't see babies as human, because I absolutely couldn't, however I used to try." (D.W. Winnicott)

"Emotional communication is the fundamental manner in which one mind connects with another. Early in life, the patterns of interpersonal communication we have with attachment figures directly influence the growth of the brain structures that mediate self-regulation." (Daniel Siegel, Parenting from the Inside Out)

1. Children's social context: an ecological-developmental framework
2. Specific problem syndromes and multiple etiologies of childhood disorders
3. Cutting-edge concerns: early attachment, neurobiology, and the social brain
4. The centrality of "contingent communication" in the therapeutic endeavor

Reading Packet:

1. Siegel, Daniel (2003). "How We Perceive Reality: Constructing the Stories of Our Lives", Parenting from the Inside Out, Tarcher/Putnam

1/25 II. BEGINNING ASSESSMENT, DIFFERENTIAL DIAGNOSES, AND THE BUILDING OF A TREATMENT RELATIONSHIP

"There is apprehension that the stigma of a psychiatric label leads to a self-fulfilling prophecy; such concern is expressed with particular vehemence when children are concerned." (p. xviii, DSM-IV Training Guide for Childhood Disorders)

1. Assessing children and adolescents using a strengths perspective
2. Tripartite assessment of children and families (Webb reading)
3. Diagnostic issues in child psychiatry (the DSM-IV)
4. An example of a diagnostic dilemma (The Bipolar Child)

Text Readings:

1. Webb, Chapter 2, "Assessment of the Child in Crisis"
2. Bring into class DSM-IV Training Guide for Diagnosis of Childhood Disorders or any DSM-IV Training Guide (optional)

Reading Packet:

1. Papolos, Demitri, and Papolos, Janice (1999). "The Diagnostic Dilemma", The Bipolar Child, Broadway Books.

2/1 III. THE CENTRALITY OF PLAY TO THE THERAPEUTIC PROCESS WITH CHILDREN

"Play, like dreams, serves the function of self-revelation." (D.W. Winnicott)

"I see nobody on the road" said Alice

"I only wish I had such eyes" The King remarked in a fretful tone. "To be able to see Nobody! And at that distance too! Why, it's as much as I can do to see real people by this light!" (Lewis Carrol, 1941)

1. Co-creating the therapeutic environment and mutual space
2. Developing "expert" observing, listening and reflecting skills
3. Engaging in nonverbal and symbolic communication
4. Potentiating the healing process through symbolic play
5. Developing cross cultural competence in play therapy

Text Readings:

1. Webb, Chapter 3, "Play Therapy Crisis Intervention with Children"

Reading Packet:

1. Allan, John (1988). "Emotional and Symbolic Communication in Young Children: Theory and Practice, Inscapes of the Child's World. Spring Publications.
2. Garbarino, J. (1992). "The Healing Role of Play and Art", Children in Danger, Jossey-Bass Publishers.
3. Gil, Eliana (2005). "From Sensitivity to Competence in Working Across Cultures", Cultural Issues in Play Therapy, Guilford Press.

2/8 IV. FAMILY LOSSES: DIVORCE, SEPARATIONS, AND DISCONNECTIONS

"Children who come to treatment suffer most from a loss of inner security; they have no feeling of belonging." (Dora Kalff)

"This is a lonely person, no one wants to be with her anymore; she is a Lonely Person from Another Planet." (Anna, age 8)

Text Readings:

1. Webb, Chapters 5 and Chapter 7

****Bring Webb text to every class where case readings are assigned**

Reading Packet:

1. Wallerstein, Judith and Blakeslee, Sandra (1989) "Legacy of Violence", Second Chances, Ticknor & Fields.

2/15 V. ENGAGING FAMILIES IN CRISIS

"Of utmost importance to the therapeutic process is the clinician's acceptance and nonjudgmental attitude." (Leslie Wind, Webb, Chapter 14)

"Anyone can become angry, that is easy...but to be angry with the right person, to the right degree, at the right time, for the right purpose, and in the right way...this is not easy. (Aristotle)

Text Readings:

1. Webb, Chapters 1 and 3

2/22 VI. BEREAVED CHILDREN: DEATH OF SIGNIFICANT OTHERS

"I miss my mommy. Heaven doesn't have a door or a ladder." (Beth, age 3)

"We worry that they are not dealing with their feelings, that they are tucking it away as if it never happened...I would say that in spite of children saying, 'I am fine,' in spite of children saying 'leave me alone,' in spite of children withdrawing into their rooms, I would keep asking...I wouldn't stop checking in." (NYC Caregivers after 9/11)

"Dad used to sit there, and how dare you sit there...I know that my father is dead...don't ask me to talk about it because I won't...Nanny, I wish that I could cry. I never cried..." (Child who lost a parent on 9/11)

Text Readings:

1. Webb, Chapters 9 and 13

Reading Packet:

1. Shapiro, Ester (1994). "Bereavement in Childhood", Grief as a Family Process, Guilford.

2/29 VII. PLAY - PSYCHE AND SYMBOL

"For, after all, the counselor is obliged to engage in a world of witches and wizards, of violent wars and drowning babies, of quicksand and pathetically withering flowers, a world from which his or her training has yielded little more than alienation. To engage in the child's fantasy requires one to be engaged by one's own. To enjoy one's own dreams and be comfortable in one's own...inscapes should be the first requirement for working with children." (James Hillman in John Allan's, *Inscapes of the Child's World*)

1. To increase understanding of expressive therapies as therapeutic modalities.
2. To develop practical skills, as witness and player, in the use of play.
3. To increase understanding of symbolic communication as a therapeutic tool.

3/7 VIII. SERIOUS CHILDHOOD ILLNESS AND LOSS OF HEALTHY FUNCTIONING

"Being scared is a bad part of cancer too. It makes you feel bad and makes your stomach hurt....If you get scared and can't quit go and talk to your Mom and she can rock you or rub your hair." (Jason Gaes, Age 8)

"Having open heart surgery has definitely changed my thinking. One thing I can say for sure is that now I know how to fight for my life and never give up hope." (Joseph Buck, Age 14)

Text Readings:

1. Webb, Chapter 10

Reading Packet:

1. Boyd-Franklin, N., Steiner and Boland, Eds., (1995). "Family Systems Interventions and Family Therapy", Children, Families and HIV/AIDS, Guilford
2. Fadiman, Anne (1997). "Do Doctors Eat Brains" and "Take as Directed." The Spirit Catches You and You Fall Down, Farrar Straus and Giroux.

3/14 spring Break- no class- have fun

3/21 IX. FAMILY AND SOCIETAL VIOLENCE: MULTIPLE LOSSES OF SECURITY

"Trauma impels people both to withdraw from close relationships and to seek them desperately." (Judith Herman)

"The violence that people exert on one another anywhere in the world, from the child abuser in the individual family to ethnic cleansing in the Balkans, is the single greatest problem for humanity." (Cloe Madanes, Networker, July/August 1999)

Text Readings:

1. Webb, Chapter 4, 14, 8

Reading Packet:

1. James, Beverly (1989) "Critical Aspects of Treatment", Treating Traumatized Children, Free Press
2. Herman, Judith (1992) "Child Abuse", Trauma and Recovery, Basic Books
3. Gil, Eliana (1996). "Structured Processing of Trauma", Treating Abused Adolescents, Guilford Press

3/28 X. SEXUAL AND PHYSICAL ABUSE OF CHILDREN AND ADOLESCENTS

"Children show a healthy tendency to cope with external difficulties and inner feelings through play...Post-traumatic play, however pathological it is, can be effectively used therapeutically.... Play therapy gives the traumatized child the opportunity to work through his problems without necessarily 'seeing' that problem as his own - it belongs to the 'princess' or the 'dinosaur' or the 'Godzilla' or the 'star ship', not to him...If a child has experienced a trauma, this experience will eventually play itself out in the therapist's office." (Lenore Terr, Too Scared To Cry)

Text Readings:

1. Webb, Chapter 5 and 8

Reading Packet

1, Terr, Lenore, "Wild Child: How Three Principles of Healing Organized 12 Years of Psychotherapy"

4/4 XI. HARM AND HEALING IN PSYCHOTHERAPY

"If to speak is to risk irrevocably hurting someone, hurting someone so much that they will be lost to you forever, then you had better not use wordsIt is so much easier to bear a terrible guilt than to feel helpless terror." (Blumenthal speaking to Annie Rogers)

".... in the course of our relationship we played together and made a new sanctuary within each of our stories - A place where love survived unbearable loss." (Annie Rogers and Ben)

"I feel we're not talking about me – as I know myself....When I say something really important to me, it doesn't seem to matter to you. (Annie speaking to Melanie)

Text Readings:

Reading Packet:

1. Shirar Lynda (1996). "Dissociation: What it is and how it works", Dissociative Children, Norton & Co.

4/11 XII. FEMALE ADOLESCENCE AND THE INTEGRATIVE TASK

"Adolescence is a time of consciously addressing who one feels oneself really is yet learning the necessity of tolerating the not knowing while learning to trust leaning into ones potential of becoming. This requires empathic embrace from another." (Kneen)

"The atmosphere in a troubled family is easy to feel. Whenever I am with such a family, I quickly sense that I am uncomfortable... My stomach feels queasy: My back and shoulders soon ache, and so does my head...After having this experience over and over again, I begin to understand why so many.... were beset with physical ills. Their bodies were simply reaching humanly to a very inhuman atmosphere." (Virginia Satir. Peoplemaking)

Text:

1. McCormick, Patricia (2002). Cut, Harper Collins (read entire book)

Reading Packet:

1. .Mishne, Judith (1991). "The Treatment Relationship", "Resistance and Working Through", and Termination" (partial chapters), Clinical Work with Adolescents, The Free Press.
2. Steiner, Adair, C. (1991). "When The Body Speaks: Girls, Eating Disorders and Psychotherapy", Women, Girls and Psychotherapy, Gilligan, Ed. Harrington Park
3. Straus, Martha (1994). "Suicidal Adolescents", Violence in the Lives of Adolescents, Norton.

4/16 reading week- no class - read

4/25 XIII. MALE ADOLESCENCE AND THE INTEGRATIVE TASK

"I believe if God had known how the world would turn out, he would have destroyed us all when it rained 40 days and 40 nights."

"It seems as if everyone had just gone mad."

"They think by carrying guns, that they will be protected from dying."

(Inner city adolescents)

Reading Packet:

1. Prothrow-Stith (1991). "Adolescence, The Dangerous Passage". Deadly Consequences, Harper.
2. Wexler, David (1991). "Adolescents: Special Issues and Applications". The Adolescent Self, Norton.

5/2 XIV. FINAL CLASS: ENDINGS AND NEW BEGINNINGS; REVIEW AND CLASS FEEDBACK

“I think creating empathy is a political act. It’s the antithesis of bigotry and meanness of spirit...” (anonymous)

Text:

1. Webb, Nancy, Chapter 21, “ Helping for the Helpers”

Reading Packet:

1. Jordan, Judith (1991). “Empathy and Self Boundaries”, Women’s Growth in Connection, Guilford

COURSE GRADING

The assignments are weighted as follows:

1. **Final Paper: A Case Study 30%**
2. **Self Understanding Paper 20%**
3. **The remaining 50% is based on the quality of classroom preparedness and participation: evidence that you have read assigned materials and are ready to discuss them, and the relevance and thoughtfulness of your comments. The risking aloud of ideas, intuitive hunches, and perspectives helps strengthen effective clinical and leadership potential. You are encouraged to develop your voice in an encouraging milieu.**

ASSIGNMENTS

The following guidelines may be helpful; use them as you wish.

1. Given a medical model, what might be helpful and/or difficult in your imagined engagement with parents/caretakers? How important is educating the parent’s to this model? Understanding and embracing the parent’s perspective? What would enhance family coping strategies and foster family resiliency?
2. What challenges might you face in assessing and differentiating the child’s normal developmental growth from “pathological” functioning?
3. What significance is given to the whole question of medication and psychopharmacology? How is nature v nurture taken into account? What importance is given to medication follow-up by clinicians and parents?
4. Are you familiar with the complexity of symptoms and behavioral traits that can be included in the diagnosis of mood disorder in children? What questions does this raise for you? Do you have a client who might “fit this picture”? If so, how has the client been diagnosed? What is helpful about such a diagnosis? What is not?

5. Critique the following quote by a mother of a child with the diagnosis of bipolar disorder regarding the dilemma of “labeling” the child v. waiting until “it was absolutely necessary”(p. 53):

“You need the diagnosis because it explains so much of the emotional and behavioral experiences of the child, and it guides the appropriate treatment and helps avoid the use of medications that could worsen the course of illness. An accurate and early diagnosis allows the family to develop plans for the future, to make better decisions, and to obtain better services. It also helps families form relationships with other families who are experiencing the same problems so that they don’t feel so alone and so that they can share information and solutions with each other.”

6. Identify and expand on any ethical issues of possible concern to you as a child and family therapist regarding the diagnosis of bi-polar disorder in children and the psychopharmacological management of it.

GUIDELINES FOR SELF UNDERSTANDING PAPER

All therapists need self understanding and insight into their own motivations, needs, blind spots, biases, personal conflicts, and areas of emotional difficulty as well as personal strengths. The therapist is a real person, not simply a technician, with values and needs of her own which become a part of the relationship. The question, then, is not whether or not the therapist's personality will enter into the relationship, but rather to what extent. A responsibility of the therapist is to be involved in a process of self-exploration which will promote self understanding and insight, thus minimizing the potential impact of the therapist's personal motivations and needs. The process of coming to such self acceptance and self understanding continues throughout ones professional career and becomes a source of clarity and strength for ones knowing self.

In writing your self understanding paper, consider the following:

Describe an Aha Experience:

1. Write about an experience with a client (or agency supervisor or staff member) that “triggered” a reaction (countertransference) from your own past life experience. Describe your “growing edge” and what you learned about yourself, personally and professionally. What did you learn about how your experiences shape how you see, behave, and create your own reality? How might this insight/knowing help you in understanding clients as active shapers of their own realities? What has been most difficult in integrating this understanding into practice?
2. Consider the statement that empathic attunement and contingent communication are central to the therapeutic endeavor. How was the relational connection between you and your client (staff member) affected by your countertransference reaction? Were you able to make sense out of any

disconnect that may have followed? Were you able to restore the connection? Can you relate this experience to the cycle of “connection-disconnection/disjuncture-reconnection” that is at the core of relational growth and healing in self-in-relation psychology?

3. Explore any way your personal belief system may have been shaken up and challenged by this experience. Were there ways your countertransference was a reaction to cultural oppression, gender bias, vicarious traumatization, medical stigmatization, or another conflicting belief system? If so, describe.

4. Share a part of the process where you decided to take a risk in “use of self” in order to enhance, acknowledge, strengthen, and respond to restore the connection between you and your client (or supervisor, etc.). What did you learn that will be beneficial to your future work as a clinician?

GUIDELINES FOR FINAL PAPER: A CASE STUDY

Case Study Format

- a. **Concise introduction and description** of child, adolescent, adult and/or the family or group to be discussed; Pertinent identifying information with brief biopsychosocial history. (1/2 page)
- b. **Treatment goals and interventions:** Were treatment goals developed collaboratively with client, family, school, medical team, community, etc.? Note any cultural, ethnic, racial, gender, etc. disjunctures between the client system and the provider system(s). Note if treatment interventions appear congruent with stated understanding of the client’s need for services. Include a DSM IV diagnosis with all 5 axes. (1/2 page)
- ** c. **Detail one or more clinical (individual, group, or family) sessions:** Use the Process Format from your Webb casebook to describe the Contents of Session and your Rational/Analysis. (This is to be formatted side by side unless your computer tools fail you. In this case, format contents of session in paragraph form and italicize the rational/analysis in the paragraph that follows.) It is critical that this Process Format provide the reader an insightful look into your ability to engage with your client and provide appropriate intervention services that reflect clinical attunement and contingent communication congruent with your client’s treatment needs as well as with culture and family context. This is the core of your paper; thus, in the rational/analysis section, be sure to include your confusions, questions, feelings, and understandings of what is unfolding in the “here and now” process with your client(s)
- **d. **Making Sense:** Provide any insights and understandings of how this therapy experience responded and/or did not respond to the critical issues and to the developmental needs of this client, and, if relevant, to the significant dynamics and change process in the family system. Articulate what you learned about

the integrative nature of theory with your actual clinical practice experiences. Be sure to document these references in the text of the paper. (1 page)

- * * e. **Self-reflection/Countertransference:** Describe any personal and professional growth you have gained from your work with this client(s). Articulate your countertransference issues: personal tensions and struggles that came up in the sessions, vulnerabilities that surfaced, regressive pulls, relational insights, and personal impacts from your client's transference issues. What did you find to be your greatest strengths and how did you grow through challenges to the relational connection as well as to your identified "growing edge?" (1 page)

f. **Reference materials and Bibliography:** List any expressive materials used: books, games, sandplay, art materials. If possible, attach copies of artwork, narratives, photographs, letters, etc. to the back of the paper. A minimum of 5 references must be included from the course syllabus readings and course texts, including the extensive bibliography section in this syllabus. (These books are available for short-term loan from the professor.) Cite all reference sources in the paper using APA style.

Assignment 1 demonstrates your competence in professional conduct, self understanding, self monitoring, and clear observation of interpersonal dynamics.

Assignment 2 demonstrates your competency in professional conduct, assessment, intervention, evaluation, theoretical integration, professional functioning, and practice wisdom.

COURSE GRADING CRITERIA

Attendance:

Students are expected to attend all class sessions and to inform the instructor in advance of any absences. Failure to attend class sessions is likely to have a negative effect on your course grade.

Academic honesty:

Papers and presentations in the School of Social Work must meet standards of academic honesty and integrity, avoiding any possibility of plagiarism or other forms of academic misconduct. For specific information about the BUSSW policy regarding academic misconduct, see *Student Handbook: Ways & Means* (http://www.bu.edu/ssw/current/stud_hb/index.shtml).

Writing style and references:

Students are expected to follow the editorial and reference standards set out in the *Publication Manual of the American Psychological Association* (2010). This manual is available at the Mugar Library reference desk. A helpful *BUSSW APA Style Guide* can be found at <http://www.bu.edu/ssw/current/academic/index.shtml>.

Students with disabilities:

If you have a disability and want to request reasonable accommodation, the University requires that you consult with Boston University’s Office of Disability Services for information regarding this process (<http://www.bu.edu/disability/>).

Academic writing assistance:

If you would like academic writing assistance, information can be found at <http://www.bu.edu/ssw/current/academic/assistance/index.shtml> or contact the BUSSW Office of Student Services.

Electronic devices in the classroom:

Computers may be used to support the learning activities in the classroom, with permission of your instructor. These include such activities as taking notes and accessing course readings under discussion. However, non-academic use of laptops and other devices are distracting and seriously disrupt the learning process for everyone. Neither computers nor other electronic devices are to be used in the classroom for non-academic reasons. This includes e-mailing, texting, social networking, and use of the Internet. The use of cell phones during class time is prohibited. Please turn off cell phones and refrain from taking calls unless you are “on call” and have cleared this with the instructor prior to class. Under such circumstances, please put your phone on vibrate, sit close to a door, and step out of the room to take the call.

Religious holidays:

The school, in scheduling classes on religious holiday, intends that students observing those holidays be given ample opportunity to make up work. Faculty members who wish to observe religious holidays will arrange for another faculty member to meet their classes or for canceled classes to be reschedule

RUBRIC FOR CP 794 Assignment #2
Alice Cohen--- Instructor

Assignment Components	Excellent	Very Good	Good	Fair
Assessment Components	Assessment includes child, family, and describes behavior across	Assessment includes child, family, describes behavior across	Assessment includes child and family but does not cover multiple	Assessment is limited to few domains, significant family members

	multiple domains. Includes child and family strengths and areas of distress. Notes previous assessments or diagnostic decisions. Good review of history of presenting problem.	multiple domains. Less discussion of strengths and previous assessments or diagnoses. Moderate review of history of presenting problem.	domains; domains of importance such as school may be missing. Minimal overview of previous assessment. Minimal inclusion of strengths. Minimal review of history of presenting problem.	or domains omitted. No inclusion of strengths. Previous assessments omitted. Little review of history of presenting problem.
Formulation and theory, research evidence	Formulation is supported by both current context and theory. Formulation is presented logically. Antecedents for current behavior are well reviewed. Formulation includes current social context.	Formulation is supported by current context and theory. Fewer citations to support formulation. Fewer antecedents included, less deep understanding of what drives present behavior.	Formulation is thinly supported by theory. Minimal review of behavioral antecedents. Formulation does not include current social context.	Formulation is unsupported by theory, social/familial context is minimally present. Minimal understanding of antecedents to behavior or impact on formulation. Very few citations to support theory
Cultural issues	Cultural issues are thoroughly addressed and include socio-economic status and discussion of cultural mores or norms	Cultural issues are thoroughly addressed, Cultural norms or family mores less so.	Cultural issues and/or family norms are referenced with little depth, particularly as to impact on the client.	Cultural issues are loosely referenced, family mores or norms less so. Lacks basic understanding.
Assignment Components	Excellent: A+ or A-	Very Good: A- or B+	Good: B	Fair: B- or C+
Self understanding	Thorough understanding of transference issues. Demonstrates	Thorough understanding of transference issues. Demonstrates	Less evidence or presence of understanding transference issues. Less	Little evidence of understanding of transference issues. Little

	rational detachment. Written evidence of good management of empathy/	some rational detachment. Written evidence of management of empathy less clear but present.	presence of written evidence of understanding of management of empathy.	evidence of written understanding of management of empathy.
Diagnosis	All 5 axes are represented in correct order and conform to the DSM. The primary dx conforms to the formulation and theory. The rationale for the dx is detailed and clear. Rule outs or multiple dx are explained clearly.	All 5 axes are represented in correct order and conform to the DSM. The primary dx less readily conforms to the rationale or formulation. Explanations for multiple dx are less clear.	All 5 axes are represented. Language used in the dx does not conform to the DSM. The dx rationale is not clearly represented. The conformity to the rationale is not as clear.	The diagnosis is not written in conformation with the DSM. The writer does not evidence understanding of multiaxial dx. The dx does not relate to the formulation.
Treatment Plan	Plan is comprehensive and evidences current evidenced based tx. Interventions are well described.	Plan is comprehensive, evidenced based tx is cited, interventions are less precisely described.	Plan is less comprehensive or evidenced based, but interventions are reasonable and appropriate.	Plan is less comprehensive; interventions may be missing key components. Interventions are not comprehensive or do not target presenting problem issues.

Assignment Components	Excellent: A+ or A-	Very Good: A- or B+	Good: B	Fair: B- or C+
Use of Reference Material	Brings the paper to a higher level, multiple references, especially interesting references or important research, thorough knowledge of references	Supplemented recommended references, adds depth to the paper, shows thorough knowledge of references	Uses recommended references appropriately, shows adequate knowledge of references	Superficial use of references, incomplete knowledge of references.
Writing and organization	Very high quality writing showing clarity, depth, and organization. Sentence structure and grammar make paper highly readable, salient info. is easily accessible	Good organization, grammar, and sentence structure, easy to grasp main points.	Adequate organization, sentence structure and grammar, may require additional reading to grasp main points.	Writing lacks clarity, formatting, and organization. Grammatical errors rampant.