



Course & Session Number	SOWK 614.02 S02	Classroom	Online via Zoom
Course Name	School-aged Children (6-12) & Family Mental Health.		
Day(s) & Time	January 13 to February 18, 9am-3:50pm (Thursdays).		
Instructor	Alan McLuckie, PhD, RCSW, RMFT, CPT-S.	Office Hours	By appointment.
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SYLLABUS STATEMENT

Critical examination of policies, theories and models relevant to infant, child and adolescent mental health.

COURSE DESCRIPTION

In this course we will engage in an in-depth exploration of theories, policies, research, and practice models most relevant to working with the school-aged children and families at-risk for and impacted by neurodevelopmental and mental disorders. Theories, such as attachment, development, neurobiology and social justice will be critically re-examined as they relate to this population including the importance of environmental influences, such as school settings for socio-emotional development. Through experiential learning that mirrors real-world clinical practice, students will learn to synthesize theories and research to inform their diagnostic and intervention frameworks for working with diverse populations. Special attention will be paid to understanding, identifying and intervening with those presenting concerns and/or diagnoses typically emerging during this developmental period. Best-practice models will be explored. This course is delivered via an online format with learning opportunities extending to the course D2L workspace.

COURSE LEARNING OUTCOMES

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

1. Demonstrate a working knowledge of theories and frameworks that inform social work practice with school-age children (6-12 years) and families, including attachment, developmental

psychopathology, neurobiological-informed practice, resilience, as well as frameworks of mental health including biopsychosocial and social determinants.

2. Demonstrate an understanding of risk and protective factors that influence school-aged children's mental health and their cognitive, social and emotional development and how they influence, and are influenced by, interpersonal relationships, familial and contextual/environmental factors.
3. Demonstrate a working knowledge of assessment procedures including the disorders and diagnostic procedures of childhood within mental health classification systems (i.e., DSM-5), as well as a working knowledge of the use of screening tools/standardized assessment measures pertaining to school-aged children and their families.
4. Demonstrate a working knowledge to develop, implement and evaluate a range of psychosocial interventions for mental health relevant to school-age children and their families from diverse and marginalized communities.
5. Demonstrate a working knowledge to move through the various phases of evidence-based psychosocial intervention from engagement, assessment, formulation/case conceptualization, treatment planning, implementation, and evaluation relevant to school-age children and their families.
6. Demonstrate a critical understanding of those factors associated with ethical practice as a social worker with school-aged children and families from diverse and complex contexts.

LEARNING RESOURCES

REQUIRED TEXTBOOKS AND/OR READINGS

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). APA.

Weisz, J. R., & Kazdin, A. E. (Eds.) (2017). *Evidence-based psychotherapies for children and adolescent* (3rd ed.). The Guilford Press. [ProQuest Ebook Central - Detail page \(ucalgary.ca\)](#)

LEARNING TECHNOLOGIES AND REQUIREMENTS

A D2L site is set up for this course, which contains relevant class resources and materials. A laptop, desktop or mobile device with Internet access, microphone and speaker is required for D2L and Zoom access.

RELATIONSHIP TO OTHER COURSES

Students will have completed their first professional social work degree or its equivalent. Accordingly, students are expected to have a solid understanding of generalist social work practice and basic social work skills required to translate social work theory into practice. More specifically, the following capabilities are expected:

1. The knowledge and understanding of a person-in-environment social work framework that provides a base for applying and evaluating professional practice;
2. The ability to delineate your personal values and relate them to professional values; and

3. The competency to conduct appropriate assessments and interventions in an ethical, effective manner; and select models of intervention after a critical analysis of multiple models of intervention, understanding their empirical evidence.

Specific prerequisites for this course include the successful completion of SOWK 610 and 612. This course is the third of four courses in the Infant, Child, and Adolescent Mental Health cluster. This course provides an in-depth exploration of theories, frameworks, policies, and practice-based clinical processes examined in other courses, applying this knowledge and skill to working clinically with school-aged children and their families from diverse communities and contexts.

CLASS SCHEDULE

Class 1 - Synchronous Online Lecture via Zoom (January 13, 9:00am-11:50am): Clinical social work with school-age children and families.

- School-age populations present unique areas for risk and resilience: Examining person-in-environment factors beyond the perinatal and family context, including school, peer groups, as well as understanding and examining the role of mediators and moderators within complex and diverse contexts
- Clinical case management: Working with and within the context - Involving families/caregivers (family-centred care) and schools/educators and community partners (bioecologically-informed)
- Clinical practice with school-age children and families consistent with their developmental levels: A social justice issue for social workers

Required readings:

De Los Reyes, A., Augenstein, T. M., & Aldao, A. (2017). Assessment issues in child and adolescent psychotherapy. In J. R. Weisz & A. E. Kazdin (Eds.) *Evidence-based psychotherapies for children and adolescent* (3rd ed.) (pp. 537-554). The Guilford Press. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Kanter, J. (2016). Colette: a clinical case management perspective. *Clinical Social Work Journal*, 44, 341-344. <https://link-springer-com.ezproxy.lib.ucalgary.ca/article/10.1007/s10615-016-0593-2>

Manassis, K. (2014). Case formulation for school-age children. In K. Manassis (Ed.) *Case formulation with children and adolescents* (pp. 151-164). Guilford Publications. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Recommended readings:

Cohen, A. N., Drapalski, A. L., Glynn, S. M., Medoff, D., Fang, L. J., & Dixon, L. B. (2013). Preferences for family involvement in care among consumers with serious mental illness. *Psychiatric Services*, 64(3), 257-263.

<https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201200176>

National Association for Social Workers [NASW]. (2015). *NASW standards for social work case management*. NASW. Retrieved from

<https://www.socialworkers.org/LinkClick.aspx?fileticket=acrzqmEfhlo%3D&portalid=0>

Manassis, K. (2014). Communicating the case formulation and its treatment implications. In K. Manassis (Ed.) *Case formulation with children and adolescents* (pp. 184-197). Guilford Publications. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Course Learning Outcomes: 1, 2, 6

Class 2 – Synchronous Online Experiential Learning via Zoom (January 13, 1:00pm-3:50pm): Assessment, Formulation, and Diagnosis.

- Experiential learning & critical examination of the applications to diverse populations/contexts: General Biopsychosocial Assessment with school-aged children and caregivers/families

** No additional required readings for this class.*

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

Class 3 – Asynchronous Online Lecture (to be completed prior to January 20 at 9:00am): Neuroscience – Applications to Anxiety Disorders of school-aged populations.

- Applying developmental/neurodevelopmental theory to school-aged populations experiencing anxiety disorders within complex contexts

Required readings:

Cheesman, R., Rayner, C., & Eley, T. (2019). The genetic basis of child and adolescent anxiety. In S. Compton, M. A. Villabo, & H. Kristensen (Eds.). *Pediatric anxiety disorders* (pp. 17-46). Elsevier Science & Technology. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Lawrence, P. J., Waite, P., & Creswell, C. (2019). Environmental factors in the development and maintenance of anxiety disorders. In S. Compton, M. A. Villabo, & H. Kristensen (Eds.). *Pediatric anxiety disorders* (pp. 101-124). Elsevier Science & Technology. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Recommended readings:

Cohodes, E., M., & Gee, D. G. (2019). Etiological factors: basic neuroscience. In S. Compton, M. A. Villabo, & H. Kristensen (Eds.). *Pediatric anxiety disorders* (pp. 47-71). Elsevier Science & Technology. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Silverman, W. K., & van Schalkwyk, G. I. (2019). What is anxiety? In S. Compton, M. A. Villabo, & H. Kristensen (Eds.). *Pediatric anxiety disorders* (pp. 7-16). Elsevier Science & Technology. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Course Learning Outcomes: 1, 2, 6

Class 3.5 – Asynchronous Online Lecture (to be completed prior to January 20, 9:00am): Neuroscience- Applications to Trauma- and Stressor-Related Disorders of school-aged populations.

- Applying developmental/neurodevelopmental theory to school-aged populations within complex contexts

Required readings:

- Bruce, J., Gunnar, M. R., Pears, K. C., & Fisher, P. A. (2013). Early adverse care, stress neurobiology, and prevention science: lessons learned. *Prevention Science, 14*(3), 247-256. <https://link-springer-com.ezproxy.lib.ucalgary.ca/article/10.1007/s11121-012-0354-6>
- Shonkoff, J. P., & Garner, A. S. (2011). The lifelong effects of early childhood adversity and toxic stress, *Pediatrics, 129*(1), e232-246. <https://pediatrics-aappublications-org.ezproxy.lib.ucalgary.ca/content/129/1/e232>

Recommended readings:

- Hostinar, C. E., & Gunnar, M. R. (2013). Future directions in the study of social relationships as regulators of the HPA axis across development. *Journal of Clinical Child and Adolescent Psychology, 42*(4), 564-575. <https://www-tandfonline-com.ezproxy.lib.ucalgary.ca/doi/full/10.1080/15374416.2013.804387>
- Schoorl, J., van Rijn, S., de Wied, M., van Goozen, S., & Swaab, H. (2018). Boys with oppositional defiant disorder/conduct disorder show impaired adaptation during stress: an executive functioning study. *Child Psychiatry & Human Development, 49*(2), 298–307. <https://link-springer-com.ezproxy.lib.ucalgary.ca/article/10.1007/s10578-017-0749-5>

Course Learning Outcomes: 1, 2, 6

Class 4 – Asynchronous Online Lecture (To be completed prior to February 3, at 9:00am): Neuroscience – Applications to Neurodevelopmental / Disruptive, Impulse-control, and Conduct Disorders of school-aged populations.

- Applying developmental/neurodevelopmental theory to school-aged populations with neurodevelopmental and/or disruptive disorders within complex contexts

Required readings:

- Barkley, R. A. (2017). *What causes ADHD?* Retrieved from <http://www.russellbarkley.org/factsheets/WhatCausesADHD2017.pdf>
- Matthys, W., Vanderschuren, L. J. M. J., & Schutter, D. J. L. G. (2013). The neurobiology of oppositional defiant disorder and conduct disorder: altered functioning in three mental domains. *Developmental Psychopathology, 25*(1), 193–207. <https://www-cambridge-org.ezproxy.lib.ucalgary.ca/core/journals/development-and-psychopathology/article/neurobiology-of-oppositional-defiant-disorder-and-conduct-disorder-altered-functioning-in-three-mental-domains/906E879A6BDB35C384EB8376EEE89538>

Recommended readings:

- Griffith, S. F., Arnold, D. H., Rolon-Arroyo, B., & Harvey, E. A. (2019). Neuropsychological predictors of ODD symptom dimensions in young children. *Journal of Clinical Child and Adolescent Psychology, 48*(1), 80–92. <https://www-tandfonline-com.ezproxy.lib.ucalgary.ca/doi/full/10.1080/15374416.2016.1266643>
- Hobson, C. W., Scott, S., & Rubia, K. (2011). Investigation of cool and hot executive function in ODD/CD independently of ADHD. *Journal of Child Psychology and Psychiatry, 52*(10), 1035–1043. <https://acamh-onlinelibrary-wiley-com.ezproxy.lib.ucalgary.ca/doi/full/10.1111/j.1469-7610.2011.02454.x>

Thapar, A., & Cooper, M. (2016). Attention deficit hyperactivity disorder. *The Lancet*, 387, 1240-1250. <https://www-sciencedirect-com.ezproxy.lib.ucalgary.ca/science/article/pii/S014067361500238X>

Class 5 – Asynchronous Online Lecture (To be completed prior to January 27, 10:30am) – Engagement, Assessment, and Diagnosis with Anxiety Disorders/ Trauma- and Stressor-Related Disorders: Part 1

- Conducting assessments with school-age children and families at-risk for and/or affected by anxiety disorders/trauma- and stressor-related disorders
- Differential applications of classification tools (DSM-5) to school-aged populations:
 - o DSM-5 Anxiety Disorders (i.e., Separation Anxiety Disorder, Social Anxiety Disorder, Specific Phobia); Trauma-and Stressor-related Disorders (i.e., PTSD, Adjustment Disorders)
- Designing and communication formulations, developing SMART goals and treatment plans that are developmentally appropriate and applicable for diverse populations
- Standardized screening tools and measures (PSI, SDQ, FAM, SCARED, MASC, CPSS, CAPS-CA-5, UCLA Child/Adolescent PTSD Reaction Index)
- Differential assessment and differential diagnosis

Required readings:

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). APA. [Separation Anxiety, Social Anxiety Disorder, Specific Phobia, PTSD, Adjustment Disorders].

Creswell, C., Parkinson, M., Thirlwall, K., & Willetts, L. (2016). Conducting a comprehensive assessment and establishing treatment goal. In C. Creswell, M. Parkinson, K. Thirlwall & L. Willetts (Eds.). *Parent-led CBT for child anxiety* (pp. 13-38). The Guilford Press. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Guberman, C., & Manassis, K. (2011). Symptomatology and family functioning in childhood anxiety with comorbid depression. *Journal of the Canadian Academy of Child Adolescent Psychiatry*, 20, 186-195. <https://www-ncbi-nlm-nih-gov.ezproxy.lib.ucalgary.ca/pmc/articles/PMC3143694/>

Peris, T. S., & Rozenman, M. (2019). Assessment of pediatric anxiety. In S. Compton, M. A. Villabo, & H. Kristensen (Eds.). *Pediatric anxiety disorders* (pp. 301-316). Elsevier Science & Technology. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Recommended readings:

Beidel, D., Le, T., & Willis, E. (2019). Social anxiety disorder: an update on diagnostics, epidemiology, etiology, assessment, treatment, unanswered questions, and future directions. In S. Compton, M. A. Villabo, & H. Kristensen (Eds.). *Pediatric anxiety disorders* (pp. 201-223). Elsevier Science & Technology. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Lavallee, K. L., & Schneider, S. (2019). Separation anxiety disorder. In S. Compton, M. A. Villabo, & H. Kristensen (Eds.). *Pediatric anxiety disorders* (pp. 151-176). Elsevier Science & Technology. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Oar, E. L., Farrell, L. J., & Ollendick, T. H. (2019). Specific phobia. In S. Compton, M. A. Villabo, & H. Kristensen (Eds.). *Pediatric anxiety disorders* (pp. 127-150). Elsevier Science & Technology. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

**Class 5.5 – Synchronous Online Integration Seminar via Zoom (January 27, 10:30am-11:50am):
Engagement, Assessment, and Diagnosis with Anxiety Disorders/ Trauma- and Stressor-Related
Disorders: Part 1.5**

- Conducting assessments with school-age children and families at-risk for and/or affected by anxiety disorders/trauma- and stressor-related disorders
- Differential applications of classification tools (DSM-5) to school-aged populations:
 - DSM-5 Anxiety Disorders (i.e., Separation Anxiety Disorder, Social Anxiety Disorder, Specific Phobia); Trauma-and Stressor-related Disorders (i.e., PTSD, Adjustment Disorders)
- Designing and communication formulations, developing SMART goals and treatment plans that are developmentally appropriate and applicable for diverse populations
- Standardized screening tools and measures (PSI, SDQ, FAM, SCARED, MASC, CPSS, CAPS-CA-5, UCLA Child/Adolescent PTSD Reaction Index)
- Differential assessment and differential diagnosis

** No additional required readings for this class.*

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

**Class 6 – Synchronous Online Experiential Learning via Zoom (January 27, 1:00pm-3:50pm):
Assessment, Formulation, and Diagnosis: Anxiety Disorders/Trauma-and Stressor Related Disorders.**

- Experiential learning & critical examination of the applications to diverse populations/contexts: Specialized Assessment with school-aged children and caregivers/families experiencing: Anxiety Disorders/Trauma- and Stressor-Related Disorders

** No additional required readings for this class.*

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

Class 7 – Asynchronous Online Lecture (To be completed prior to February 3, 10:30am) – Psychosocial Interventions with Anxiety Disorders / Trauma- and Stressor-Related Disorders for school-aged children and their caregivers/families: Part 1

- Implementing treatment interventions that are trauma, cultural, and developmentally informed
- Evaluating treatment progress
- Collaborating with community partners (e.g., schools/educators) and key stakeholders
- Critically examining family-centred evidence-based interventions for anxiety disorders / trauma- and stressor-related disorders: cognitive behavioural therapy

Required readings:

Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2017). Trauma-focused cognitive-behavioral therapy for traumatized children. In J. R. Weisz & A. E. Kazdin (Eds.) *Evidence-based psychotherapies for children and adolescent* (3rd ed.) (pp. 253-271). The Guilford Press.
[ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Kendall, P. C., Crawford, E. A., Kagan, E. R., Furr, J. M., & Podel, J. L. (2017). Child-focused treatment of anxiety. In J. R. Weisz & A. E. Kazdin (Eds.) *Evidence-based psychotherapies for*

children and adolescent (3rd ed.) (pp. 17-34). The Guilford Press. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Recommended

- Dasari, M., & Knell, S. M. (2015). Cognitive-behavioural play therapy for children with anxiety and phobias. In H. G. Kaduson & C. E. Schaefer (Eds.) *Short-term play therapy for children* (3rd ed.) (pp. 25-53). The Guilford Press.
- Rathod, S., Kingon, D., Pinninti, N., Turkington, D., & Phiri, P. (2015). Cultural adaptation of cognitive behavioural therapy: principles and challenges: In S. Rathod, D. Kingon, N. Pinninti, D. Turkington, & P. Phiri (Eds.), *Cultural adaptation of CBT for serious mental illness: a guide for training and practice* (pp. 14-45). Wiley Blackwell. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)
- Villabo, M. A., & Compton, S. N. (2019). Cognitive behavioral therapy. In S. Compton, M. A. Villabo, & H. Kristensen (Eds.). *Pediatric anxiety disorders* (pp. 317-334). Elsevier Science & Technology. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

Class 7.5 – Synchronous Online Integration Seminar via Zoom (February 3, 10:30am-11:50am) – Psychosocial Interventions with Anxiety Disorders / Trauma- and Stressor-Related Disorders for school-aged children and their caregivers/families: Part 1.5

- Implementing treatment interventions that are trauma, cultural, and developmentally informed
- Evaluating treatment progress
- Collaborating with community partners (e.g., schools/educators) and key stakeholders
- Critically examining family-centred evidence-based interventions for anxiety disorders / trauma- and stressor-related disorders: cognitive behavioural therapy

** No additional required readings for this class.*

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

Class 8 - Synchronous Online Experiential Learning via Zoom (February 3, 1:00pm-3:50pm): Psychosocial Interventions with Anxiety Disorders / Trauma- and Stressor-Related Disorders: Part 2

- Experiential learning & critical examination of psychosocial intervention principles, practices, and process for diverse populations/contexts: Cognitive-behavioural therapy with anxiety disorders / trauma-and stressor-related disorders

** No additional required readings for this class.*

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

Class 9 - Asynchronous Online Lecture (To be completed prior to February 10, 10:30am): Assessment with Neurodevelopmental and Disruptive, Impulse-control and Conduct Disorders: Part 1

- Assessment, formulation and diagnosis
- Understanding the disorders of childhood in a school-age population and school-context

- DSM-5 Neurodevelopmental Disorders (i.e. LD, ADHD); Disruptive, Impulse-control and Conduct Disorders (i.e., ODD, CD, Intermittent Explosive Disorder)
- Biopsychosocial assessments and the McMaster Family Assessment
- Standardized screening tools and assessment measures (SNAP, BASC, CBCL, CPRS-R)
- Review of Psychoeducational assessments (WISC, WIAT) and Individual Program Plans (IPP): What do social workers need to know?

Required readings:

- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). APA. [ADHD, Specific Learning Disorder, Oppositional Defiant Disorder, Intermittent Explosive Disorder, Conduct Disorder].
- Burke, J. D., & Romano-Verthyelyi, A. M. (2018). Oppositional defiant disorder. In M. M. Martel (Ed.) *Developmental pathways to disruptive, impulsive-control and conduct disorders* (pp. 21-52). Academic Press. [Oppositional defiant disorder - ScienceDirect \(ucalgary.ca\)](#)
- McDonough-Caplan, H. M., & Beauchine, T. P. (2018). Conduct disorder: a neurodevelopmental perspective. In M. M. Martel (Ed.) *Developmental pathways to disruptive, impulsive-control and conduct disorders* (pp. 53-89). Academic Press. [Conduct disorder: A neurodevelopmental perspective - ScienceDirect \(ucalgary.ca\)](#)

Recommended readings:

- Canadian Attention Deficit Hyperactivity Disorder Resource Alliance [CADDRA]. (2018). *Canadian ADHD practice guidelines* (4th ed.). CADDRA. [Canadian ADHD Practice Guidelines | CADDRA](#)
- Howe, D. (2010). ADHD and its comorbidity: an example of gene-environment interaction and its implications for child and family social work. *Child & Family Social Work, 15*, 265-275. <https://onlinelibrary-wiley-com.ezproxy.lib.ucalgary.ca/doi/full/10.1111/j.1365-2206.2009.00666.x>
- Ryan, C., Epstein, N. B., Keitner, G. I., Miller, I. W., & Bishop, D. S. (2005). The McMaster model of family functioning. In C. Ryan, N. B. Epstein, G. I. Keitner, I. W. Miller, & D. S. Bishop (Eds). *Evaluating and treating families: the McMaster approach* (pp. 23-43). [The McMaster Model of Family Functioning | Christine Ryan, Nathan B. E \(ucalgary.ca\)](#)

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

Class 9.5 - Synchronous Online Integration Seminar (February 10, 10:30am-11:50am): Assessment with Neurodevelopmental and Disruptive, Impulse-control and Conduct Disorders: Part 1.5

- Assessment, formulation and diagnosis
- Understanding the disorders of childhood in a school-age population and school-context
 - DSM-5 Neurodevelopmental Disorders (i.e. LD, ADHD); Disruptive, Impulse-control and Conduct Disorders (i.e., ODD, CD, Intermittent Explosive Disorder)
- Biopsychosocial assessments and the McMaster Family Assessment
- Standardized screening tools and assessment measures (SNAP, BASC, CBCL, CPRS-R)
- Review of Psychoeducational assessments (WISC, WIAT) and Individual Program Plans (IPP): What do social workers need to know?

* No additional required readings for this class.

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

**Class 10 – Synchronous Online Experiential Learning via Zoom (February 10, 1:00pm-3:50pm):
Assessment with Neurodevelopmental and Disruptive, Impulse-control and Conduct Disorders: Part 2**

- Experiential learning & critical examination of the applications of assessment within diverse family contexts: Specialized Assessment McMaster Model of Family Assessment.

* No additional required readings for this class.

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

**Class 11 – Asynchronous Online Lecture (To be completed prior to February 17, 10:30am):
Psychosocial Interventions for Neurodevelopmental, Learning and Behavioural Disorders: Part 1**

- Critically examining family-centred evidence-based interventions for neurodevelopmental, disruptive, impulse-control and conduct disorders: collaborative problem solving

Required readings:

Frick, P. J., & Matlasz, T. M. (2018). Disruptive, impulsive-control, and conduct disorders. In M. M. Martel (Ed.) *Developmental pathways to disruptive, impulsive-control and conduct disorders* (pp. 3-20). Academic Press. [Disruptive, impulse-control, and conduct disorders - ScienceDirect \(ucalgary.ca\)](#)

Greene, R. W. (2016). The ALSUP. In R.W. Green, *Lost and found: helping behaviourally challenging students (and, while you're at it, all the others)* (pp. 36-59). John Wiley & Sons, Inc. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Recommended readings:

Campbell, J. M., Ruble, L. A., & Hammond, R. K. (2014). Children and adolescents with disabilities: implications for interventions. In H. T. Prout & A. L. Fedewa (Eds.), *Counseling and psychotherapy with children and adolescents: theory and practice for school and clinical settings* (pp. 357-398). John Wiley & Sons, Inc. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Pollastri, A., Epstein, L., Heath, G., & Ablon, J. (2013). The collaborative problem-solving approach: outcomes across settings. *Harvard Review of Psychiatry*, 21, 188-195. [Ovid: The Collaborative Problem Solving Approach: Outcomes Across Settings. \(ucalgary.ca\)](#)

Shapiro, J. P. (2015). Disruptive behavior in children. In J. P. Shapiro (Ed.). *Child and adolescent therapy* (2nd ed.) (pp. 326-359). John Wiley & Sons, Inc. [ProQuest Ebook Central - Reader \(ucalgary.ca\)](#)

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

**Class 11.5 – Synchronous Online Integration Seminar via Zoom (February 17, 10:30am-11:50am):
Psychosocial Interventions for Neurodevelopmental, Learning and Behavioural Disorders: Part 1.5**

- Critically examining family-centred evidence-based interventions for neurodevelopmental, disruptive, impulse-control and conduct disorders: collaborative problem solving

** No additional required readings for this class.*

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

**Class 12 – Synchronous Online Experiential Learning via Zoom (February 17, 1:00pm-3:50pm):
Psychosocial interventions for Neurodevelopmental, Learning and Behavioural Disorders: Part 2**

- Experiential learning & critical examination of the applications to diverse populations in school-based settings: Collaborative-problem Solving

** No additional required readings for this class.*

Course Learning Outcomes: 1, 2, 3, 4, 5, 6

ADDITIONAL CLASSROOM CONDUCT AND RELATED INFORMATION

EQUITY, DIVERSITY, INCLUSION AND RECONCILIATION

The Faculty of Social Work (FSW) is committed to promoting and actualizing equity, diversity, inclusion and reconciliation. We affirm that diversity and differences are enriching and valuable, and that they can strengthen our teaching, learning, research, and community connections. We aim to foster an inclusive, thriving environment for our students, staff, postdoctoral fellows, and community members. We acknowledge systemic inequities and compounded disadvantages due to intersectionality of social locations particularly for those who are members of the racialized, Indigenous peoples, disability and 2SLGBTQ+ communities, as well as those who have experienced socioeconomic, caregiving, religious, and cultural barriers to their education. We recognize, honour and integrate into our work diverse perspectives, experiences, and strengths. <https://socialwork.ucalgary.ca/about/about-faculty/equity-diversity-and-inclusion>

GUIDELINES FOR ZOOM SESSIONS IN ONLINE CLASSES

Students are expected to participate actively in all Zoom sessions. If you are unable to attend a Zoom session, please contact your instructor to arrange an alternative activity for the missed session (e.g., to review a recorded session) for your best learning experiences. Please be prepared, as best as you are able, to join class in a quiet space that will allow you to be fully present and engaged in Zoom sessions. Students will be advised by their instructor when they are expected, if they are able, to turn on their webcam (for group work, presentations, etc.). All students are expected to behave in a professional manner during the session.

MEDIA RECORDING FOR ASSESSMENT OF STUDENT LEARNING

The instructor may use media recordings as part of the assessment of students. This may include but is not limited to classroom discussions, presentations, clinical practice, or skills testing that occur during the course. These recordings will be used for student assessment purposes only and will not be shared or used for any other purpose.

ZOOM RECORDINGS OF ONLINE CLASSES

The instructor may record online Zoom class sessions for the purposes of supporting student learning in this class – such as making the recording available for review of the session or for students who miss a session. Students will be advised before the instructor initiates a recording of a Zoom session. These recordings will be used to support student learning only and will not be shared or used for any other purpose.

ASSESSMENT COMPONENTS

Assignment 1 (Required): Mental Health Literacy / Psychoeducation Resource Sheet - (worth 15%). This assignment may be completed individually, or students can **choose to complete this as a group** assignment with up to 3 other members of the class (**maximum group size is 4 students**). Please see below for details/requirements related to the group assignment option.

Due Date: To be completed by January 22 by 11:59pm MST

Aligned Course Learning Outcomes: 1, 2, 3, 4, 5, 6

Assignment Description:

Providing accurate and accessible educational and resource materials to young people, caregivers and/or families is an important aspect of a social worker's role while practicing in the field of children's mental health. Students will create educational materials directly relevant to **one** (1) of the following diagnostic areas covered within this course (i.e., **Social Anxiety Disorder; Specific Phobia; Posttraumatic Stress Disorder (PTSD); PTSD for Children 6 Years and Younger; Adjustment Disorders ADHD; Specific Learning Disorder; Oppositional Defiant Disorder, Intermittent Explosive Disorder, or Conduct Disorder**).

The purpose of this assignment is to practice and demonstrate the skill of knowledge-translation in order to provide clients with information relevant to help inform their decision making regarding accessing mental health services. The information materials developed should be written as if it will be given to/shared with **potential clients** considering/contemplating accessing mental health services, **but who have not yet accessed these services** (i.e., designed either for young people (6-12 years and/or caregivers/family members). Students should consider including (but are not limited to) the following:

- Provide clear and concise information summarizing the nature of the presenting problem/diagnosis, including such factors as a) diagnostic criteria; b) diagnostic features; c) prevalence, development and course; d) risk and prognostic factors; e) culture-related diagnostic issues; f) gender-related diagnostic issues; g) functional consequences; h) differential diagnosis; i) and comorbidity. This information should be written in a manner that is accessible to the intended audience (i.e., young person, caregiver/family member).
- Provide clear and concise information about evidence-based treatment(s) relevant to this presenting problem/diagnosis.

- Provide clear and concise information about actual resources that can be accessed for your selected diagnostic issue/diagnosis. You should include a brief description of the programming, including contact information/information pertinent to accessing the services such as fees, age-ranges for the service, hours of operation etc.). Students get to decide which location is of interest to them for these services. For example, these services DO NOT need to be Calgary-based services and can be related to a location relevant to the student(s). These services can also include online, web-based, Telehealth based etc.
- Provide materials that enhance coping and resilience for the young person and/or caregiver/family, or that challenge mental health stigma.
- In creating these materials, special consideration should be given to the reading level of the materials, and be inclusive/meaningful/accessible to diverse populations (e.g., culture, social location, language etc.).
- It is also important to consider that in order to heighten the chances of clients/patients reading mental health literacy/educational materials, these materials need to be engaging (e.g., visually etc.) and useful/meaningful (e.g., containing helpful information that is easily understood). Therefore, it is important to consider how best to balance the use of ‘content’ and the ‘process’ through which your materials convey/present this content.

This material will be no longer than two (2) pages (front and back of a letter-sized piece of paper; brochure format is acceptable) using 11-point font. References throughout the paper and on the reference page are required to conform to APA format [American Psychological Association, 2020 Publication Manual (7th ed.)]. Assignments are to be submitted via the D2L dropbox.

Group Option: If students choose to complete assignment #1 as a group (**maximum four (4) students** per group), the members of the group are responsible for the following: a) forming their own group and selecting a topic area/focus for the assignment (i.e., diagnosis covered in this course), b) prior to the submission of the assignment to the instructor the group will send an email to the instructor (CC'd to all group members) identifying/confirming the membership of their group; c) if membership of the group changes prior to the submission, an email reflecting this change will be sent to the instructor CC'd to all involved students, d) names of all group members must be included on the submitted document, and e) it is encouraged that every member of the group uploads a copy of the final assignment under their own name to ensure that their efforts are recognized and that a mark is assigned to every member of the group (i.e., for a group of three students, all three students will upload the identical version of the assignment to D2L dropbox under their own user profile).

Assessment Criteria: A marking/grading rubric will be provided via D2L. If students choose to complete this assignment as a group, a single grade and feedback is provided for that assignment. This grade is provided to each member of the group and comprises 15% of the total grade for the course. It is the responsibility of the group members to hold each other accountable for the equity of contribution to the final product, and barring exceptional circumstances, all members of the group will be assigned the same grade by the instructor.

Assignment 2 (Optional): Knowledge-based quiz regarding the DSM-5 Diagnostic Criteria (worth 5%): Anxiety Disorders/Trauma- and Stressor-Related Disorders.

Due Date: To be **completed by January 26th** at 11:59pm MST. This is an optional assignment. You have the choice to complete none, one, or both of the open-book DSM quizzes (i.e., Assignment #2

and Assignment #4) as a means of reviewing your comprehension/retention of the DSM-5 diagnostic criteria. If you **do not** complete both of the open-book quizzes, the final closed-book DSM quiz (i.e., Assignment #6) is worth 20% of the total course grade/mark. If you complete one of the optional open-book DSM quizzes (worth 5% of the course grade), the final DSM quiz (Assignment #6) is reweighted to be worth 15% of the total grade. If you choose to complete both open-book DSM quizzes (Assignments #2 and #4), the final closed-book DSM quiz (Assignment #6) is reweighted to be worth 10% of the total course grade. Once optional DSM quizzes (i.e., Assignment #2 and/or #4) are submitted for grading, the grade for this assignment will stand, and students are not permitted to drop this assignment/grade at a later time in favour of reweighting Assignment #6).

Aligned Course Learning Outcomes: 1, 2, 3, 6

Assignment Description:

This online open book 10-question multiple choice quiz evaluates your knowledge of materials from the DSM-5 related to the **Diagnostic Criteria** for 1.) the following Anxiety Disorders: **Separation Anxiety Disorder, Social Anxiety Disorder; Specific Phobia** and 2.) the following Trauma- and Stressor-Related Disorders: **Posttraumatic Stress Disorder (PTSD), PTSD for Children 6 Years and Younger, and Adjustment Disorders**. This quiz is completed via D2L.

Assessment Criteria: This a multiple-choice quiz with four potential responses (A, B, C, D). Correct responses are summed to a total score and converted to a percentage of the course total.

Assignment 3 (worth 30%): Demonstration of clinical competencies: Case formulation and diagnosis related to the school-age population and Anxiety Disorders/Trauma- and Stressor-Related Disorders. Students have the **option/choice of doing either Assignment #3 OR Assignment #7**. Students must complete one assignment related to case formulation/diagnosis.

Due Date: February 5th by 11:59pm MST

Aligned Course Learning Outcomes: 1, 2, 3, 4, 5, 6

Assignment Description:

From a case scenario provided in class related to the school-age population, you will a) write a case formulation that accounts for bio-psycho-social influences including familial and social cultural factors and risk and protective factors, and b) discuss possible diagnoses pertaining to mental/developmental disorders that may apply to this case, as well as discuss possible differential diagnoses. You may consider speaking to such factors as the engagement process, stages of client change, cultural/socio-cultural factors (i.e., gender, race, socio-economic status), and factors such as risk and resilience.

You will write up your formulation and diagnoses as if you were writing a professional report to be placed in the client/patient file in a manner consistent with social work values and professional standards and will accurately reflect the case materials (i.e., virtual case file). You should draw directly from course materials including theories, frameworks and/or research.

This submitted paper will be **no longer than four (4) double-spaced typed pages** excluding references using 11-point font and 1-inch margins. References throughout the paper and on the

reference page are required to conform to APA format [American Psychological Association, 2020 *Publication Manual* (7th ed.)].

Assessment Criteria: A grading/marking rubric will be available via D2L.

Assignment 4 (Optional): Knowledge-based quiz regarding the DSM-5 Diagnostic Criteria (worth 5%): Neurodevelopmental and Disruptive, Impulse-control and Conduct Disorders

Due Date: To be **completed by February 9th** at 11:59pm MST. This is an optional assignment. You have the choice to complete none, one, or both of the open-book DSM quizzes (i.e., Assignment #2 and Assignment #4) as a means of reviewing your comprehension/retention of the DSM-5 diagnostic criteria. If you **do not** complete both of the open-book quizzes, the final closed-book DSM quiz (i.e., Assignment #6) is weighted to 20% of the total course grade/mark. If you complete one of the optional open-book DSM quizzes (each worth 5% of the course grade), the final DSM quiz (Assignment #6) is reweighted to be worth 15% of the total grade. If you choose to complete both open-book DSM quizzes (Assignments #2 and #4), the final closed-book DSM quiz (Assignment #6) is reweighted to be worth 10% of the total course grade. Once optional DSM quizzes (i.e., Assignment #2 and/or #4) are submitted for grading, the grade for this assignment will stand, and students are not permitted to drop this assignment/grade at a later time in favour of reweighting Assignment #6).

Aligned Course Learning Outcomes: 1, 2, 3, 6

Assignment Description:

This online open book 10-question multiple choice quiz evaluates your knowledge of materials from the DSM-5 related to the ***Diagnostic Criteria*** for 1.) the following Neurodevelopmental Disorders: **ADHD, Specific Learning Disorder**, and 2.) the following Disruptive, Impulse-Control, and Conduct Disorders: **Oppositional Defiant Disorder, Intermittent Explosive Disorder, and Conduct Disorder**. This quiz is completed via D2L.

Assessment Criteria: This a multiple-choice quiz with four potential responses (A, B, C, D). Correct responses are summed to a total score and converted to a percentage of the course total.

Assignment 5: Demonstration of clinical competencies (worth 30%): Conducting a simulated intervention, and critically evaluating their work via process recording in relation to a case vignette related to the school-age population and Anxiety Disorders/Trauma- and Stressor-Related Disorders. Students have the **option/choice of doing either Assignment #5 or Assignment #8**. Students must complete one assignment related to simulated intervention demonstration.

Due Date: February 12th by 11:59pm MST.

Aligned Course Learning Outcomes: 1, 2, 3, 4, 5

Assignment Description:

Part A: In relation to a clinical vignette used in the course related to the school-aged population, each student is required to produce a shortened video demonstration (approximately 30 minutes duration) of a simulated counselling session informed by cognitive-behavioural therapy. It is

recommended you use a partner from class to role-play the 'client' due to their familiarity with the clinical vignette. ***Please note that due to COVID related restrictions, it is considered acceptable to complete this assignment via Zoom. If you conduct the role-play via Zoom, you are responsible for approaching this simulation clinical interaction, as if you were engaging with a client via Zoom and conducting this 'session' via Zoom. This clinical role-play demonstration should NOT be a scripted interaction. A link to the Zoom recording (video and audio) should be submitted via dropbox. Alternately, you are responsible to record your simulated session and upload the link to dropbox (i.e., using the YuJa video platform available at UCalgary or using YouTube). If you elect to use YouTube it is highly recommended that you utilize a "de-listed page" for your privacy. Please ensure that your submitted documents contain a) your name, and b) which aspect(s) of CBT you are demonstrating. You are encouraged to review the link before submitting to ensure that this video is operational and can be viewed without difficulty.

Part B: To accompany the video from Part A, students are required to review their video and create a 'process recording' of their session (a template will be provided). Specifically, students are required to select two (2) sub-sections from their video (each approximately 5 minutes in length) in order to analyze/critique key aspects of their interaction with the simulated client and/or application of aspects of the simulated therapy session.

Sub-section #1 will reflect an aspect of the intervention with the simulated client that you are pleased/satisfied with and/or accurately demonstrates the intended technique.

Sub-section #2 will reflect an aspect of the intervention that you are displeased/dissatisfied with and/or you believe to be a less than full demonstration of the intended technique

Consistent with 'process recording' formats (template provided in class) students will be sure to reference the specific time on your video that these interactions (i.e., start and stop time of the sub-section). Students will provide a critical analysis of their selected interactions detailing why you were either pleased/satisfied or displeased/dissatisfied with the interaction or application of the intended technique. Regarding your analysis of sub-section #2, where you were dissatisfied, you may also consider discussing alternative ways of interacting with the simulated client and/or alternative applications of your selected intervention. Although reflective in nature, this analysis should draw upon and, where applicable, make explicit reference to course materials, including readings, class discourse and experiential activities.

Assessment Criteria: A grading/marking rubric will be available via D2L.

Assignment 6 (Required): Knowledge-based quiz regarding the DSM-5 Diagnostic Criteria. This is a required assignment. If you **did not complete** both of the open-book quizzes (i.e., Assignments #2 and #4), this final closed-book DSM quiz is worth 20% of the total course grade/mark. If you complete one of the optional open-book DSM quizzes (worth 5% of the course grade), this assignment is reweighted to be worth 15% of the total grade. If you **did complete** both open-book DSM quizzes (Assignments #2 and #4), this final closed-book DSM quiz (i.e., Assignment #6) is reweighted to be worth 10% of the total course grade.

Due Date: To be completed online via Zoom at the start of class (9:00am) February 17, 2022.

Aligned Course Learning Outcomes: 1, 2, 3, 6

Assignment Description:

This online closed book 20-question multiple choice quiz evaluates your knowledge of materials from the DSM-5 related to the ***Diagnostic Criteria*** for 1.) the following Anxiety Disorders: **Separation Anxiety Disorder, Social Anxiety Disorder and Specific Phobia**; 2.) the following Trauma- and Stressor-Related Disorders: **Posttraumatic Stress Disorder (PTSD), PTSD for Children 6 Years and Younger, and Adjustment Disorders**, 3.) the following Neurodevelopmental Disorders: **ADHD, and Specific Learning Disorder**, and 4.) the following Disruptive, Impulse-control, and Conduct Disorders: **Oppositional Defiant Disorder, Intermittent Explosive Disorder, and Conduct Disorder**. This quiz is completed during class time.

Assessment Criteria: This a multiple-choice quiz with four potential responses (A, B, C, D). Correct responses are summed to a total score and converted to a percentage of the course total.

Assignment 7: Demonstration of clinical competencies (worth 30%): Case formulation and diagnosis related to the school-age population and Neurodevelopmental Disorders/Disruptive, Impulse-control, and Conduct Disorders. Students have the **option/choice of doing either Assignment #7 or Assignment #3**. Students must complete one assignment related to case formulation/diagnosis.

Due Date: February 19th by 11:59pm MST

Aligned Course Learning Outcomes: 1, 2, 3, 4, 5, 6

Assignment Description:

From a case scenario provided in class related to the school-age population, you will a) write a case formulation that accounts for bio-psycho-social influences including familial and social cultural factors and risk and protective factors, and b) discuss possible diagnoses pertaining to mental/developmental disorders that may apply to this case, as well as discuss possible differential diagnoses. You may consider speaking to such factors as the engagement process, stages of client change, cultural/socio-cultural factors (i.e., gender, race, socio-economic status), and factors such as risk and resilience.

You will write up your formulation and diagnoses as if you were writing a professional report to be placed in the client file in a manner consistent with social work values and professional standards and will accurately reflect the case materials (i.e., virtual case file). You should draw directly from course materials including theories, frameworks and/or research.

This submitted paper will be **no longer than four (4) double-spaced typed pages** excluding references using 11-point font and 1-inch margins. References throughout the paper and on the reference page are required to conform to APA format [American Psychological Association, 2020 *Publication Manual* (7th ed.)].

Assessment Criteria: A grading/marking rubric will be available via D2L.

Assignment 8: Demonstration of clinical competencies (worth 30%): Conducting a simulated intervention, and critically evaluating their work via process recording in relation to a case vignette

related to the school-age population and Neurodevelopmental Disorders/Disruptive, Impulse-control, and Conduct Disorders. Students have the option/choice of doing either Assignment #8 or Assignment #5. Students must complete one assignment related to simulated intervention demonstration.

Due Date: February 27th by 11:59pm MST

Aligned Course Learning Outcomes: 1, 2, 3, 4, 5

Assignment Description:

Part A: In relation to a clinical vignette used in the course related to the school-aged population, each student is required to produce a shortened video demonstration (approximately 30 minutes duration) of a simulated counselling session informed by Collaborative Problem Solving. It is recommended that you use a partner from class to role-play the 'client' due to their familiarity with the clinical vignette. ***Please note that due to COVID related restrictions, it is considered acceptable to complete this assignment via Zoom. If you conduct the role-play via Zoom, you are responsible for approaching this simulation clinical interaction, as if you were engaging with a client via Zoom and conducting this 'session' via Zoom. This clinical role-play demonstration should **NOT** be a scripted interaction. A link to the Zoom recording (video and audio) should be submitted via dropbox. Alternately, you are responsible to record your simulated session and upload the link to dropbox (i.e., using the YuJa video platform available at UCalgary or using YouTube). If you elect to use YouTube it is highly recommended that you utilize a "de-listed page" for your privacy. Please ensure that your submitted documents contain a) your name, and b) which aspect(s) of CPS you are demonstrating. You are encouraged to review the link before submitting to ensure that this video is operational and can be viewed without difficulty.

Part B: To accompany the video from Part A, students are required to review their video and create a 'process recording' of their session (a template will be provided). Specifically, students are required to select two (2) sub-sections from their video (each approximately 5-minutes in length) in order to analyze/critique key aspects of their interaction with the simulated client and/or application of aspects of the simulated therapy session.

***Sub-section #1** will reflect an aspect of the intervention with the simulated client that you are pleased/satisfied with and/or accurately demonstrates the intended technique.*

***Sub-section #2** will reflect an aspect of the intervention that you are displeased/dissatisfied with and/or you believe to be a less than full demonstration of the intended technique*

Consistent with 'process recording' formats (template provided in class) students will be sure to reference the specific time on your video that these interactions (i.e., start and stop time of the sub-section). Students will provide a critical analysis of their selected interactions detailing why you were either pleased/satisfied or displeased/dissatisfied with the interaction or application of the intended technique. Regarding your analysis of sub-section #2, where you were dissatisfied, you may also consider discussing alternative ways of interacting with the simulated client and/or alternative applications of your selected intervention. Although reflective in nature, this analysis should draw

upon and, where applicable, make explicit reference to course materials, including readings, class discourse and experiential activities.

Assessment Criteria: A grading/marking rubric will be available via D2L.

Participation Grade (worth 5%): Students should actively participate in all classroom activities (lectures, discussions, and experiential exercises) and in demonstrating your professionalism in a manner consistent with social work ethics and standards of practice. For example, students are expected to demonstrate the same standards of behavior in the classroom environment and on D2L as they would in professional social work venues such as meeting with clients, supervisors, or in attending agency meetings.

Due date: Evaluations are completed at the end of each day of class. It is the responsibility of students to evaluate their participation and submit this evaluation to the correct D2L drop box to inform the final participation grade assigned by the instructor.

Aligned Course Learning Outcomes: 1, 2, 3, 4, 5

ADDITIONAL ASSESSMENT AND EVALUATION INFORMATION

ATTENDANCE AND PARTICIPATION EXPECTATIONS

Participation means demonstrating personal and professional engagement in the learning process. If a situation arises that precludes class attendance, the student should apprise the instructor. It is neither the instructor's responsibility to determine why a student was not in class nor is it the instructor's responsibility to advise the student of what was missed by a student's absences or tardiness to class. Your absence deprives the class of your contribution to the collective learning process, including discussions and experiential activities. As the knowledge and skills covered in this course are often sequential in nature, it is important for students who have missed a portion of the course to take all necessary steps to understand this missed material in order to be prepared to learn the subsequent competencies.

GUIDELINES FOR SUBMITTING ASSIGNMENTS

Assignments will only be accepted for submission via the D2L dropbox for this specific course, unless specific alternate guidelines are provided during the course. Please ensure that your full name is on each page of the assignment (i.e., footer).

LATE ASSIGNMENTS

Late assignments will be accepted only in exceptional circumstances and at the discretion of the course instructor. It is the students responsibility to communicate with the instructor to discuss possible extensions, otherwise assignments submitted after the posted deadline may be penalized with a grade reduction (i.e., A+ becomes, A or B+ becomes a B etc.) at the instructors discretion.

EXPECTATIONS FOR WRITING

Unless otherwise stated your written submission should be using 11-point font and 1-inch margins. References throughout the paper and on the reference page are required to conform to APA format [American Psychological Association, 2020 *Publication Manual* (7th ed.)]. Unless stated otherwise, written submissions should be of a professional quality that includes full sentences, correct spelling and grammar, as well as organized in a coherent manner. If you need writing support, please connect with the Student Success Centre, at: <https://www.ucalgary.ca/student-services/student-success/writing-support>

ACADEMIC MISCONDUCT

It is expected that all work submitted in assignments is the student’s own work, written expressly by the student for this particular course. Students are reminded that academic misconduct, including plagiarism, has serious consequences, as set out in the University Calendar: <http://www.ucalgary.ca/pubs/calendar/current/k.html>

GRADING

A student’s final grade for the course is the sum of the separate assignments. It is not necessary to pass each assignment separately in order to pass the course. The University of Calgary [Undergraduate Grading System](#) and Faculty of Social Work Percentage Conversion will be used. This grading system overrides the grading system in D2L. The rounding up of grades will occur when the earned grade is calculated to be greater than, or equal to a .5, in situations where this will result in an elevation of the submitted Letter Grade (i.e., 84.5 will be rounded up to 85; 89.5 will be rounded up to 90; 94.5 will be rounded up to 95 etc.). The rounding of grades only occurs in relation to the calculation of the final course grade (i.e., overall course grade for both modules) and not to individual assignments. The University of Calgary [Graduate Grading System](#) and Faculty of Social Work Percentage Conversion will be used.

Grade	Grade Point	Description	Percentage Range
A+	4.0	Outstanding	95-100
A	4.0	Excellent – superior performance, showing comprehensive understanding of subject matter	95-100
A-	3.7	Very Good Performance	90-94
B+	3.3	Good Performance	85-89

B	3.0	Satisfactory performance. Note: The grade point value (3.0) associated with this grade is the minimum acceptable average that a graduate student must maintain throughout the programme as computed at the end of each year of their program.	80-84
B-	2.7	Minimum pass for students in Graduate Studies. Note: Students who accumulate two grades of “B-” or lower can be required by the Faculty to withdraw from the programme regardless of the grade point average.	75-79
C+	2.3	All grades below “B-” are indicative of failure at the graduate level and cannot be counted towards Faculty of Graduate Studies course requirements.	70-74
C	2.00		65-69
C-	1.70		60-64
D+	1.30		55-59
D	1.00		50-54
F	0.00		Below 50

COURSE EVALUATION

Student feedback will be sought at the end of the course through the standard University and Faculty of Social Work course evaluation forms. Students are welcome to discuss the process and content of the course at any time with the instructor.

ADDITIONAL SUGGESTED READINGS

- Angus, D. J., Schutter, D. J. L. G., Terburg, D., van Honk, J., & Harmon-Jones, E. (2016). A review of social neuroscience research on anger and aggression. In E. Harmon-Jones, & M. Inzlicht (Eds). *Social Neuroscience: biological approaches to social psychology* (pp. 221- 246). Routledge. <https://www-taylorfrancis-com.ezproxy.lib.ucalgary.ca/chapters/edit/10.4324/9781315628714-12/review-social-neuroscience-research-anger-aggression-douglas-angus-dennis-schutter-david-terburg-jack-van-honk-eddie-harmon-jones?context=ubx&refId=02eb6149-2fd0-4d5b-a549-21b43cc63138>
- Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture reconceptualized in developmental perspective: a bioecological model. *Psychological Review*, 101(4), 68-586. <https://bit.ly/2Rno1mV>
- Burbach, F. R., & Stanbridge, R. I. (2007). Developing family-inclusive mainstream mental health services. *Journal of Family Therapy*, 29, 21-43. <https://onlinelibrary-wiley-com.ezproxy.lib.ucalgary.ca/doi/full/10.1111/j.1467-6427.2007.00367.x>

- Chafouleas, S. M., Koriakin, T. A., Roundfield, K. D., & Overstreet, S. (2019). Addressing childhood trauma in school settings: a framework for evidence-based practice. *School Mental Health, 11*(1), 40-53. <https://link-springer-com.ezproxy.lib.ucalgary.ca/article/10.1007/s12310-018-9256-5>
- Cicchetti, D., & Toth, S. L. (2017). Using the science of developmental psychopathology to inform children and adolescent psychotherapy. In J. R. Weisz & A. E. Kazdin (Eds.) *Evidence-based psychotherapies for children and adolescent* (3rd ed.) (pp. 484-500). The Guilford Press. <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=4844824&ppg=557>
- Fisher, P. A., Beauchamp, K. G., Roos, L. E., Noll, L. K., Flannery, J., & Delker, B. C. (2016). The neurobiology of intervention and prevention in early adversity. *Annual Review of Clinical Psychology, 12*, 331-357. <https://www-annualreviews-org.ezproxy.lib.ucalgary.ca/doi/10.1146/annurev-clinpsy-032814-112855>
- Gunn, W. B., Haley, J., Prouty, A. M., & Robertson, J. (2014). Systemic approaches: family therapy. In H. T. Prout & A. L. Fedewa (Eds.). *Counseling and psychotherapy with children and adolescents: Theory and practice for school and clinical settings* (pp. 317-356). John Wiley & Sons, Inc. <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=1889212&ppg=331>
- Huey, S. J., & Polo, A. J. (2017). Evidence-based psychotherapies with ethnic minority children and adolescents. In J. R. Weisz & A. E. Kazdin (Eds.) *Evidence-based psychotherapies for children and adolescent* (3rd ed.) (pp. 361-378). The Guilford Press. <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/detail.action?docID=4844824>
- Johnson, V. A., Kemp, A. H., Heard, R., Lennings, C. J., & Hickie, I. B. (2015). Childhood-versus adolescent-onset antisocial youth with conduct disorder: psychiatric illness, neuropsychological and psychosocial function. *PLoS One, 10*(4), e0121627.
- Josephson, A. M. (2007). Practice parameter for the assessment of the family. *Journal of the American Academy of Child & Adolescent Psychiatry, 46*(7), 922-937. <https://www-sciencedirect-com.ezproxy.lib.ucalgary.ca/science/article/pii/S0890856709621833>
- Henderson, S. W., & Martin, A. (2014). Case formulation and integration of information in child and adolescent mental health. In J. M. Rey (Ed.), *IACAPAP e-textbook of child and adolescent mental health*. International Association for Child and Adolescent Psychiatry and Allied Professions. Retrieved from <http://iacapap.org/wp-content/uploads/A.10-CASE-FORMULATION-2014.pdf>
- Manassis, K. (2014). Communicating the case formulation and its treatment implications. In K. Manassis (Ed.) *Case formulation with children and adolescents* (pp. 184-197). Guilford Publications. <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=1683361&ppg=198>
- Manassis, K. (2014). Using formulation to inform the treatment plan. In K. Manassis (Ed.) *Case formulation with children and adolescents* (pp. 198-214). Guilford Publications. <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=1683361&ppg=212>
- Martel, M. M., Goh, P., Smith, T., & Lee, C. A. (2018). Developmental pathways. In M. M. Martel (Ed.) *Developmental pathways to disruptive, impulsive-control and conduct disorders* (pp. 299-314). Academic Press. <https://www-sciencedirect-com.ezproxy.lib.ucalgary.ca/book/9780128113233/developmental-pathways-to-disruptive-impulse-control-and-conduct-disorders>

- Noordermeer, S. D. S., Luman, M., & Oosterlaan, J. (2016). A systematic review and meta-analysis of neuroimaging in oppositional defiant disorder (ODD) and conduct disorder (CD) taking attention-deficit hyperactivity disorder (ADHD) into account. *Neuropsychology Review* 26, 44-72. <https://link-springer-com.ezproxy.lib.ucalgary.ca/article/10.1007/s11065-015-9315-8>
- Peeverill, M., & McLaughlin, K. A. (2017). Harnessing the neuroscience revolution to enhance child and adolescent psychotherapy. In J. R. Weisz & A. E. Kazdin (Eds.) *Evidence-based psychotherapies for children and adolescent* (3rd ed.) (pp. 537-554). The Guilford Press. <https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/reader.action?docID=4844824&ppg=557>
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UNIVERSITY OF CALGARY POLICIES AND SUPPORTS

PROFESSIONAL CONDUCT

As members of the University community, students and staff are expected to demonstrate conduct that is consistent with the University of Calgary Calendar <http://www.ucalgary.ca/pubs/calendar/current/k.html>

Students and staff are also expected to demonstrate professional behaviour in class that promotes and maintains a positive and productive learning environment. Consistent with the aims of the Social Work Program and the University of Calgary, all students and staff are expected to respect, appreciate, and encourage expression of diverse world views and perspectives; to offer their fellow community members unconditional respect and constructive feedback; and to contribute to building learning communities that promote individual and collective professional and personal growth. While critical thought and debate is valued in response to concepts and opinions shared in class, feedback must always be focused on the ideas or opinions shared and not on the person who has stated them.

Students and staff are expected to model behaviour in class that is consistent with our professional values and ethics, as outlined in the Canadian Association for Social Workers, Code of Ethics (2005) and the Alberta College of Social Work Standards of Practice (2019). Both can be found online at:

<https://acsw.ab.ca/site/practice-resources?nav=sidebar>

ACADEMIC ACCOMMODATION

It is the student's responsibility to request academic accommodations according to the University policies and procedures. Students seeking an accommodation based on disability or medical concerns should contact Student Accessibility Services (SAS). SAS will process the request and issue letters of accommodation to instructors. For additional information on support services and accommodations for students with disabilities, visit www.ucalgary.ca/access/. Students who require an accommodation in relation to their coursework based on a protected ground other than disability should communicate this need in writing to their instructor. The full policy on Student Accommodations is available <https://ucalgary.ca/legal-services/sites/default/files/teams/1/Policies-Student-Accommodation-Policy.pdf>

RESEARCH ETHICS

"If a student is interested in undertaking an assignment that will involve collecting information from members of the public, they should speak with the course instructor and consult the CFREB Ethics Website (<http://www.ucalgary.ca/research/researchers/ethics-compliance/cfreb>) before beginning the assignment.

ACADEMIC MISCONDUCT

For information on academic misconduct and its consequences, please see the University of Calgary Calendar at <http://www.ucalgary.ca/pubs/calendar/current/k.html>

INSTRUCTOR INTELLECTUAL PROPERTY

Course materials created by professor(s) (including presentations and posted notes, labs, case studies, assignments and exams) remain the intellectual property of the professor(s). These materials may NOT be reproduced, redistributed or copied without the explicit consent of the professor. The posting of course materials to third party websites such as note-sharing sites without permission is prohibited. Sharing of extracts of these course materials with other students enrolled in the course at the same time may be allowed under fair dealing.

COPYRIGHT LEGISLATION

All students who use materials protected by copyright are expected to comply with the University of Calgary policy on Acceptable Use of Material Protected by Copyright (<https://ucalgary.ca/legal-services/sites/default/files/teams/1/Policies-Acceptable-Use-of-Material-Protected-by-Copyright-Policy.pdf>) and requirements of the copyright act (<https://laws-lois.justice.gc.ca/eng/acts/C-42/index.html>) to ensure they are aware of the consequences of unauthorised sharing of course materials (including instructor notes, electronic versions of textbooks etc.). Students who use material protected by copyright in violation of this policy may be disciplined under the Non-Academic Misconduct Policy <https://www.ucalgary.ca/pubs/calendar/current/k.html>.

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

Student information will be collected in accordance with typical (or usual) classroom practice. Students' assignments will be accessible only by the authorized course faculty. Private information related to the individual student is treated with the utmost regard by the faculty at the University of Calgary.

SEXUAL AND GENDER-BASED VIOLENCE POLICY

The University recognizes that all members of the University Community should be able to learn, work, teach and live in an environment where they are free from harassment, discrimination, and violence. The University of Calgary's sexual violence policy guides us in how we respond to incidents of sexual violence, including supports available to those who have experienced or witnessed sexual violence, or those who are alleged to have committed sexual violence. It provides clear response procedures and timelines, defines complex concepts, and addresses incidents that occur off-campus in certain circumstances. Please see the policy available at <https://www.ucalgary.ca/legal-services/university-policies-procedures/sexual-and-gender-based-violence-policy>

OTHER IMPORTANT INFORMATION

Please visit the Registrar's website at: <https://www.ucalgary.ca/registrar/registration/course-outlines> for additional important information on the following:

- Wellness and Mental Health Resources
- Student Success
- Student Ombuds Office
- Student Union (SU) Information
- Graduate Students' Association (GSA) Information