Fall 2023

Course & Session Number	SOWK 652 S01	Classroom	HNSC 336
Course Name	Infant, Early Childhood (0-5 years), and Parental Mental Health in Complex and Diverse Contexts		
Dates and Time	Start of Classes: October 19, 2023 End of Classes: November 30, 2023 Dates and Time: In-person Thursdays 9-11:50am & 1-3:50pm; October 19, 26; November 2, 9, 23, 30 Add/Drop/Withdrawal Dates: Please refer to the course-specific deadline in your Student Centre[1].		
Instructor	Alan McLuckie, PhD, RCSW	Office Hours	As requested and by appointment.
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OUR COMMITMENT TO EQUITY, RACIAL JUSTICE, DIVERSITY, INCLUSION AND DECOLONIZATION

The Faculty of Social Work (FSW), University of Calgary (UCalgary), is committed to promoting and actualizing equity, racial justice, diversity, inclusion and decolonization. We affirm that diversity and uniqueness are enriching and valuable, and that they can strengthen our teaching, learning, research, scholarship, and community connections. We aim to foster an inclusive, thriving and equitable environment for our students, non-academic and academic staff, and community members. We take the stand that equity does not mean sameness in treatment of people, but rather requires measures and accommodations for diverse life experiences and circumstances to ensure that no one of a particular social group is disadvantaged, underrepresented or overlooked in all aspects of our work. We intend to address systemic inequities and compounded disadvantages due to intersectionality of social locations, particularly for those who are members of racialized communities, Indigenous peoples, Black peoples, persons with disabilities, migrant groups (including refugees and immigrants), 2SLGBTQ+ communities, linguistic minorities as well as those who have experienced socioeconomic, caregiving, religious, political, and/or cultural barriers to their education and employment. We also recognize, honour, and integrate into our work diverse perspectives, ways of knowing and doing, experiences, and strengths. An anti-oppressive lens, particularly intersectional, anti-colonial, anti-racist and decolonizing frameworks, will inform our work.

Please refer to our full statement of our Commitment to Equity, Racial Justice, Diversity, Inclusion and Decolonization, our Statement on Anti-Black Racism and the work of the faculty's Anti-Black Racism Task Force, our Statement on Anti-Asian Racism, and the university's Indigenous Strategy.

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[1] In the Enrolled Courses table, under Deadlines, click on the Calendar icon by each course and the deadlines will appear.

Critical examination of policies, theories, and practice models relevant to infant and parental mental health.

COURSE DESCRIPTION

This course begins with an exploration of theories and frameworks that inform clinical social work practice with infants, young children, parental mental health, and families. We will explore infant and child development in the context of sensitive/critical developmental periods, relational development and attachment theory, as well as the relationship between development and neuroscience. We then turn towards a comprehensive exploration of mental health practice with infants/young children, families, and the caregiver(s)-child relationship. We will pay attention to the importance of parental mental health and wellness, and the reciprocal influences between young children and their caregiver(s) within unique, diverse and often complex, developmental contexts. Through experiential learning that mirrors real-world clinical practice, you will learn to synthesize theories and research on areas including development, attachment, neurobiology, and social justice to inform your assessment, formulation, diagnostic, and intervention frameworks for this population. You will learn to critically analyze policy and its effects on program design and implementation across multiple levels of service delivery (i.e., prevention, early-intervention and acute care). You will learn to understand, identify, and intervene using best practice models, with those presenting concerns or diagnoses that typically emerge during this critical period of child development.

COURSE LEARNING OUTCOMES

Upon completion of this course, students will:
1. Demonstrate a working knowledge of theories and frameworks that inform social work practice with infants, young children, caregivers, 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 the mental health and cognitive, social, and emotional development of infants and young children 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 early childhood within mental health classification systems (i.e., DC:0-5/DSM-5-TR), as well as a working knowledge of the use of screening tools/standardized assessment measures pertaining to infants, young children, and caregivers.

4. Demonstrate a working knowledge to develop, implement, and evaluate a range of psychosocial interventions for mental health relevant to infants, young children, caregivers, and 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 relative to this population.

LEARNING RESOURCES

REQUIRED TEXTBOOKS AND/OR READINGS

American Psychiatric Association [APA]. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed. Text Revision). APA. (Available at the bookstore for purchase)

Zeanah, C. H. (Ed.) (2019). *Handbook of infant mental health* (4th ed.). The Guilford Press. (Available online via the U of C, Taylor Family Digital Library). https://ebookcentral-proquest-com.ezproxy.lib.ucalgary.ca/lib/ucalgary-ebooks/detail.action?docID=5500255

LEARNING TECHNOLOGIES AND REQUIREMENTS

A D2L site is set up for this course, which contains required readings and other 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

This course is the second of four courses in the Infant, Child, and Adolescent Mental Health cluster. This course builds on the foundational theory and practice-based work examined in SOWK 650 and extends the theoretical and practice-based work to examine in-depth clinical practice with infants, young children, caregivers and families.

CLASS SCHEDULE

Important Dates for Fall 2023
- o Start of Term: Monday, August 28, 2023
- o First Day of Classes: Tuesday, September 5, 2023
- o End of Term: Friday, December 22, 2023
- o Last Day of Classes: Wednesday, December 6, 2023
- o Fee Deadline: Friday, September 22, 2023
- o Labour Day, no classes: Monday, September 4, 2023
- o National Day for Truth and Reconciliation, no classes: Saturday, September 30, 2023
- o Thanksgiving Day, no classes: Monday, October 9, 2023
- o Remembrance Day, no classes: Saturday, November 11, 2023 (observed Monday, November 13)
- o Term Break, no classes: November 12-18, 2023

Dates	Topic	Required Readings
Oct. 19th Morning 9:00-11:50am	**Infant, and Preschool Mental Health: A subspeciality for Social Work** • The field of infant/early-childhood mental health: Where we've been, where we are, and where we're going? • Social work's unique role in infant/early-childhood mental health.	Walsh, T. B., Paris, R., Ribaudo, J., & Gilkerson, L. (2021). Locating infant and early childhood mental health at the heart of social work. *Social Work, 66*(3), 187-196. Zeanah, C. H., & Zeanah, P. D. (2019). Infant mental health: The science of early experience. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 5-24). The Guilford Press.
Oct. 19th Afternoon 1:00-3:50pm	**Early Childhood Mental Health: Policy, Programming, and Research** • Levels of service provision (3-tier and 4-tier levels of care). From universal/primary prevention to acute services. • Direct and indirect services: Who is your client? • Context is key: Do scopes of practice for clinical social work include policy, research, & advocacy work? • Ethical practice: Knowing the practice standards, best-practice guidelines, and legislation relevant to clinical practice with early-childhood populations, their caregivers, and families.	Adair, C. E. for the Mental Health Commission of Canada [MHCC]. (2021). *Performance measurement in infant and early childhood mental health and well-being in Canada: Key messages and resources from a rapid scoping review*. MHCC. Available from https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2021-07/Performance_Measurement_Infant_Early_Childhood_Mental_Health_Well_Being_Canada_Eng.pdf MHCC. (2020). *Early childhood mental health: "What we heard"-Report summary*. MHCC. Available from https://www.mentalhealthcommission.ca/wp-content/uploads/drupal/2020-11/ECMH_What_We_Heard_Report_eng_0.pdf
Oct. 26th Morning 9:00-11:50am	**Theories, frameworks and approaches to Infant and Early Childhood Mental Health** • Applying developmental theory to infants/early childhood. • Genetics, epigenetics, gene-environment interactions (G X E), gene-environment correlations (*r*GE). • Typical development/ developmental milestones (sensitive/critical	Dismukes, A. R., Shirtcliff, E. A., & Drury, S. S. (2019). Genetic and epigenetic processes in infant mental health. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 63-80). The Guilford Press. Troller-Renfree, S., & Fox, N. A. (2016). Sensitive periods of development: Implications for risk and resilience. In J. L. Luby (Ed.) *Handbook of preschool mental health: Development, disorders and treatment* (pp. 3-26). The Guilford Press.

	developmental periods).	
Oct. 26th Afternoon 1:00-3:50pm	**The Developing Brain: Neurobiology & Implications for Infant Mental Health** • Neurobiological development within the infant/early childhood period; implications of parental wellness. • The neuroscience of attachment. • Experience-expectant and experience-dependent plasticity.	Berens, A. E., & Sadler, L. S. (2019). Neurobiology of fetal and infant development: Implications for infant mental health. In C. H. Zeanah (Ed.) *Handbook of infant mental health* (pp. 41-62). The Guilford Press. Bullins, J., Jha, S. C., Knickmeyer, R., & Gilmore, J. (2016). Brain development during the preschool period. J. L. Luby (Ed.) *Handbook of preschool mental health: Development, disorders and treatment* (pp. 73-97). The Guilford Press.
Nov. 2nd Morning 9:00-11:50am	**Assessment, formulation, and diagnosis with infants and young children within a relational context: Part I** • Principles, practices and processes: Gathering child development and caregiver-child relational data to inform assessment and formulation. • Standardized measures (ASQ, ASQSE, NCAST). • Parent/Caregiver-child relationship observation methods.	Godoy, L., Davis, A., Heberle, A., Briggs-Gowan, M., & Carter, A. S. (2019). Caregiver report measures of early childhood social-emotional functioning. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 259-278). The Guilford Press. Larrieu, J. A., Midddleton, M. A., Kelley, A. C., & Zeanah, C. H. (2019). Assessing the relational context of infants and young children. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 279-300). The Guilford Press.
Nov. 2nd Afternoon 1:00-3:50pm	**Assessment, formulation, and diagnosis with infants and young children within a relational context: Part II** • Classification tools (DC:0-5 and/or DSM-5-TR) applied to infant, early childhood, and parental mental health. • Disorders of infancy and early childhood: An overview. • Implications for and interactions with attachment and socio-emotional- behavioural functioning of the child, caregiver(s) and family.	Manassis, K. (2014). The process of case formulation and considerations for preschoolers. In K. Manassis (Ed.) *Case formulation with children and adolescents* (pp. 132-150). The Guilford Press. Zeanah, C. H., & Lieberman, A. (2016). Defining relational pathology in early childhood: The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood DC:0-5 approach. *Infant Mental Health Journal, 37*(5), 509-520.

Nov. 9th Morning 9:00-11:50am	**Trauma-and Stressor Related Disorders and Anxiety Disorders of Infancy/Preschool Assessment, Diagnosis, and Intervention: Part I** • In-depth examination of Reactive Attachment Disorder, Disinhibited Social Engagement Disorder, PTSD, Selective Mutism, Eating and Feeding Disorders, Sensory Overresponsivity, Separation Anxiety, and Adjustment Disorders including diagnostic features, prevalence, development and course, and comorbidity. • Differential Dx: Adjustment Disorders, Oppositional Defiant Disorder, Other Conditions That May be a Focus of Clinical Attention (Abuse and Neglect, Relational Problems).	Finelli, J., Zeanah, C. H., & Smyke, A. T. (2019). Attachment disorders in early childhood. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 452-466). The Guilford Press. Miron, D., & Sturdy, W. (2019). Posttraumatic stress disorder in young children. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 451-438). The Guilford Press.
Nov. 9th Afternoon 1:00-3:50pm	**Trauma-and Stressor Related Disorders and Anxiety Disorders of Infancy/Preschool Assessment, Diagnosis, and Intervention: Part II** • Experiential learning & critical examination of the applications: Interventions (Circle of Security).	Coyne, J., Powell, B., Hoffman, K., & Cooper, G. (2019). The circle of security. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 259-278). The Guilford Press.
Nov. 16th	***** Term Break – No Classes *****	
Nov. 23rd Morning 9:00-11:50am	**Autism Spectrum Disorder Part I: Assessment, Diagnosis, and Intervention.** • In-depth examination of ASD including diagnostic features, prevalence, development and course, and comorbidity. • Differential diagnosis: Intellectual Developmental Disorder, Social (Pragmatic) Communication Disorders, Selective Mutism, & Stereotypic Movement Disorder, Attachment Disorders • Review of interventions for ASD.	Barton, M. L., & Chen, J. (2019). Autism spectrum disorder. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 313-329). The Guilford Press. Marrus, N., & Constantino, J. (2016). Autism spectrum disorder. In J. L. Luby (Ed.) *Handbook of preschool mental health: Development, disorders and treatment* (pp. 187-218). The Guilford Press.

Nov. 23rd Afternoon 1:00-3:50pm	**Autism Spectrum Disorder- Part II: Assessment, Diagnosis, and Intervention.** • Experiential learning & critical examination of the applications: <u>Ax, Dx and Tx for ASD.</u>	***No Required Readings***
Nov. 30th Morning 9:00-11:50am	**Early Intervention, Prevention, and Caregiver(s) Focused Interventions; Part I** • In-depth examination of Peripartum (Postpartum) Depression, Intergenerational Trauma, Family/Domestic Violence, Fetal Alcohol Disorder (Neurobehavioural Disorders Associated with Prenatal Alcohol Exposure) • Person-in-environment: Working systemically, from a developmentally-informed, culturally-sensitive/safe orientation, anti-oppressive and trauma-informed approaches.	Boris, N. W., Renk, K., Lowell, A., & Kolomeyer, E. (2019). Parental substance abuse. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 187-202). The Guilford Press. Murray, L., Halligan, S., & Cooper, P. (2019). Post-natal depression and young children's development. In C. H. Zeanah (Ed.). *Handbook of infant mental health* (pp. 172-188). The Guilford Press.
Nov. 30th Afternoon 1:00-3:50pm	**Early Intervention, Prevention, and Caregiver(s) Focused Interventions; Part II** • Experiential learning & critical examination of the applications: <u>Prevention, early-interventions, and caregiver-focused Tx.</u>	Wood, B. L., Hargreaves, E., & Marks, M. N. (2004). Using the Working Model of the Child Interview to assess postnatally depressed mothers' internal representations of their infants: A brief report. *Journal of Reproductive and Infant Psychology, 22*(1), 41–44. Zeanah, C. H., & Benoit, D. (1995). Clinical applications of a parent perception interview in infant mental health. *Child and Adolescent Psychiatric Clinics of North America, 4*(3), 539-554.

Assignment 1: Demonstration of Knowledge Regarding Screening and Assessment Measures for Infant/Preschool Mental Health Populations (worth 10%)

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

Due Date: To be uploaded to D2L by November 1 by 11:59pm MST.

Grade Value: (Value 10%)

Assignment Description:

Assessment is a key clinical competency for practitioners working in the area of infant/preschool mental health. To effectively guide your clinical formulation, diagnosis, and/or treatment plan, an accurate assessment is vital. This assignment can be completed individually or in dyads/triads (maximum size of groups is three [3] members). Student(s) will select one (1) screening tool, or assessment measure that is relevant to clinical work with the infant/preschool mental health population (this can include measures for caregivers and/or family-based measures, as long as there is clear relevance to the developmental group covered in this course [i.e., 0-5 years]). If you decide to work in dyads/triads, the composition of this small group (i.e., group membership) will be established by the students.

The presentation will consist of 5-7 slides (which will include audio recordings of group members presenting the materials). The maximum number of slides is seven (7), including title page and reference page. Please clearly label the names of all group members on the uploaded slide presentation. One member of each group is responsible for uploading their group's slide show/presentation to the D2L Discussion board, by the due date. The focus of the presentation will be a critical review of the selected screening/assessment measure, including, but not limited to:
   a) Describe the purpose and/or clinical utility of the screening tool/assessment measure (i.e., what specifically is the selected tool designed to help the clinician identify/assess?)
   b) Describe the tool with some detail (e.g., number of items, types of questions [e.g., Likert], scoring procedure, completed by worker/caregiver etc.).
   c) Provide a clear and concise overview of the reliability and validity, drawing upon research to support any assertions with appropriate citations. Consider reporting on the specific population the tool is valid for (e.g., age range) including a critical review of the applicability/relevance to the population, including determining if the tool has been normed on a specific population (i.e., if you select a standardized measure, you may decide to present a critique of the relevance of the normative sample in relation to your population).
   d) Describe any additional factors that social workers should be aware to inform their use of this tool (e.g., cost, level of training/restrictions for usage, bias, alternative tools).
   e) Provide a clear and concise critique of how your selected screening/assessment measure resonates with social work values (e.g., are there any tension points with social work values)?
   f) Provide clear and accurate references for all materials and present these in a manner consistent with APA 7th edition formatting.

Assessment Criteria: A grading/marking rubric will be available via D2L. The Late Bank is **NOT** applicable for Assignment 1 (i.e., the late bank cannot be used). If working in a dyad/triad, students will receive one grade for their submission with all members sharing the same grade.

Assignment 2: Knowledge-based quiz regarding the DSM-5-TR (worth 5%)

Due Date: To be completed outside of class between November 3 to November 8 by 11:59pm MST (must be completed no later than November 8 by 11:59pm MST).

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

Assignment Description: This online, open book five (5) question multiple choice quiz provides a mechanism for evaluating knowledge of materials related to the DSM-5-TR **Diagnostic Criteria** for disorders covered during this course including, Reactive Attachment Disorder; Disinhibited Social Engagement Disorder; Posttraumatic Stress Disorder (in Children 6 Years and Younger); Adjustment Disorders; and Avoidant/Restrictive Food Intake 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. The Late Bank is **NOT** applicable for Assignment 2 (i.e., the late bank cannot be used).

Assignment 3: Knowledge-based quiz regarding the DSM-5-TR (worth 5%)

Due Date: To be completed outside of class between November 19 to November 22 by 11:59pm MST (must be completed no later than November 22 by 11:59pm MST).

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

Assignment Description: This online, open book five (5) question multiple choice quiz provides a mechanism for evaluating knowledge of materials related to the DSM-5-TR **Diagnostic Criteria** for disorders covered during this course including, Intellectual Developmental Disorders; Autism Spectrum Disorder; Social (Pragmatic) Communication Disorder; Selective Mutism; Separation Anxiety 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. The Late Bank is **NOT** applicable for Assignment 3 (i.e., the late bank cannot be used).

Assignment 4: Demonstration of Clinical Competencies: Formulation, Diagnosis, Treatment Plan (worth 30%)

Due Date: November 29th by 11:59pm MST

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

Assignment Description:

From a case scenario provided in class, you will create and provide a) a formulation that accounts for influences including familial and social cultural factors and risk and protective factors, b) discuss possible diagnoses that may apply to this case, as well as discuss possible differential diagnoses, and c) prepare a multi-model treatment plan. 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, diagnosis, and treatment plan as if you were writing a professional report to be placed in the client file and will be based on, and accurately representative of the case materials (i.e., virtual case file). You will also discuss the possible diagnosis/differential diagnoses in a professional manner (i.e., you are not simply listing the diagnosis [diagnoses] that could be applicable). The formatting for this assignment is to be consistent with the template. This submitted formulation and diagnosis component of the assignment will be **no longer than five (5) double-spaced typed pages** (excluding references) using 11-point Calibri font and 1-inch margins. As the formatting for this assignment is to be consistent of a clinical report/document, it is **NOT** expected that students will explicitly reference materials/resources (i.e., literature) in their paper. However, if sources are drawn upon, then they should be referenced in a manner conforming to APA guidelines [American Psychological Association, 2020 Publication Manual (7th ed.)]. Assignments are to be submitted via the D2L Dropbox.

Assessment Criteria: A grading/marking rubric will be available via D2L. This assignment is eligible for the Late Bank (i.e., you are permitted to use the late bank days for this assignment).

Assignment 6: Knowledge-based Quiz Regarding the DSM-5-TR Diagnostic Criteria (worth 20%).

Due Date: To be completed in-class (9:00-9:40am) November 30, 2023.

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

Assignment Description:

This in-person **closed book** (i.e., DSM-5 or any other reference resources are not permitted) 20-question multiple choice quiz evaluates your knowledge of the DSM-5-TR related to the **Diagnostic Criteria** for the following disorders, Intellectual Developmental Disorders; Autism Spectrum Disorder; Social (Pragmatic) Communication Disorder; Selective Mutism; Separation Anxiety Disorder; Reactive Attachment Disorder; Disinhibited Social Engagement Disorder; Posttraumatic Stress Disorder (in Children 6 Years and Younger); Adjustment Disorders; and Avoidant/Restrictive Food Intake Disorder. This quiz is **completed within class.**

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- Assessment or Intervention (Video) (worth 30%).

Due Date: December 8th by 11:59pm MST

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

   *** Note: Students must complete either option A **OR** option B***

Description for Assignment 7 Option A: Direct-Tertiary Care Service (Assessment or Intervention)

Students choose to demonstrate via video recording either an assessment **OR** an intervention informed by the practices/procedures covered in this course (e.g., assessment interview with a parent/caregiver; facilitating a therapeutic parent-child relational interaction, engaging a parent/caregiver in an intervention consultation, informed by COS etc.). You are **NOT** permitted to complete a demonstration comprised of general/ generic interview skills or eclectic techniques/skills. You will upload your video to D2L Dropbox. When submitting their video, it is the student's responsibility to clearly state in the D2L description box which option that are demonstrating (i.e., Option A or B, and the focus of their demonstration).

The ability to conduct an assessment and/or intervention is an important competence (skill and knowledge) for social workers engaged with mental health populations/service users. This assignment will help support students moving from a theoretical knowledge/understanding of assessment/intervention procedures towards synthesizing this knowledge into their skill base and clinical practice repertoire. Students are required to produce a brief video (approximately 30 minutes duration) demonstrating a shortened/truncated interview. For the purposes of this assignment the student will conduct a portion of an interview informed by the assessment OR intervention practices/procedures covered in the course. Due to time constraints of the video demonstration assignment, it will NOT be possible to complete an entire session (please do **NOT** try and rush to complete a full interview in 30 minutes, as this will negatively impact the quality of your demonstration). This video demonstration assignment will **NOT** include the informed consent process, as this has been demonstrated in a previous course.

Students are encouraged to complete this assignment with a partner from class (i.e., who plays the role of the interviewee). However, this is not a strict requirement, only a suggestion, as this allows students to gain the valuable experience of being an interviewer as well as being interviewed. Regardless, this interview skill demonstration must be completed with another person, who is able to participate fully in such an activity. It is preferred that videos be completed with the interviewer and interviewee in the same room (i.e., the in-person simulated interview is video recorded. However, if this is not possible students are permitted to conduct the interview via Zoom, with the caveat that the cameras of both participants must be turned on and both the interviewer and interviewee must be visible throughout the interview. For example, in Zoom, you are required to use the gallery view that shows both parties throughout the entire video, regardless of who is speaking. Students are responsible to ensure that video and sound quality are adequate prior to uploading their video file to D2L for evaluation. As noted above, it is recommended, although not required for you to use a partner from class to role-play a 'client'. If the student elects to use a simulated client that is not a classmate, it is **NOT permitted to use an actual client** in your video recording. The case vignette materials utilized in Assignment 4 can be employed in this assignment to provide your role play partner with sufficient materials to inform the portrayal of a client. If you intend to demonstrate your skill using a younger child as a role play partner/simulated client, please **consult with the instructor** prior to beginning this assignment for parameters to support the success of this simulated activity.

Assessment Criteria: A grading/marking rubric will be available via D2L. Only the student acting in the role of the simulated clinical social worker will be evaluated/graded for this assignment. This assignment is eligible for the Late Bank (i.e., you are permitted to use the late bank days for this assignment).

Description for Assignment 7 Option B: Indirect (Primary or Secondary) Prevention Initiative

The ability to engage in prevention-based initiatives for infant/preschool populations (i.e., 0-5 years) is an important skill for social workers engaged with mental health populations/user groups. This assignment will help support students moving from a theoretical knowledge/understanding of the needs of this population and move towards synthesizing this knowledge into their skill base and clinical practice repertoire. Students are required to produce a brief video (approximately 30 minutes duration) where they are conducting a webinar (i.e., online psychoeducational presentation) that includes slides (maximum of 15 slides including title page and references), where they are speaking to their choice of audiences (e.g., parents/caregivers,

foster parents, child welfare/protection works, teachers/educators etc.) on a topic of their choice of relevant focus on prevention as it relates to the infant/preschool population at-risk for mental health and/or developmental difficulties (e.g., substance-use, exposure to domestic/family violence, adversity, intergenerational trauma, poverty/low resource access etc.).

Students are permitted to conduct the webinar via Zoom and/or any other technology that allows for high quality video/audio recording and simultaneous presentation of slides/visually engaging materials. This presentation is **NOT** completed live, as it will be recorded and uploaded to D2L. Students are responsible to ensure that video and sound quality are adequate prior to uploading their video file to D2L for evaluation. When submitting their video, it is the student's responsibility to clearly state in the D2L description box which option that are demonstrating (i.e., Option A or B, and the focus of their demonstration). This is NOT a group-based assignment. Students who select this option must complete this webinar on their own, from preparation through presentation.

Assessment Criteria: A grading/marking rubric will be available via D2L. Only the student acting in the role of the presenter/social worker will be evaluated/graded for this assignment. This assignment is eligible for the Late Bank (i.e., you are permitted to use the late bank days for this assignment).

ADDITIONAL ASSESSMENT AND EVALUATION INFORMATION

ATTENDANCE AND PARTICIPATION EXPECTATIONS
Students are expected to attend class regularly and to be fully present and engaged in class activities and discussions. These are part of the participation grade, as outlined in the assessment components section above.

GUIDELINES FOR SUBMITTING ASSIGNMENTS
Submission instructions for each assignment are individually outlined. For assignments with a Dropbox, assignments may be submitted in Word format. Assignments should have a file name as follows: "Full name and assignment number" (e.g., Jane Smith Assignment 2). Assignments are due by 11:59 p.m. on their due date. Please note that it is the student's responsibility to keep a copy of each submitted assignment and to ensure that the proper version is submitted.

LATE ASSIGNMENTS
A 5 day 'Late Bank' will be available to all students, and they can use these days at their own discretion and without explanation. You do not need to let the instructor know ahead of time that you are using days in your Late Bank for a task. Rather, simply make a note in Dropbox when you submit the task that you are using your late bank days when you submit. **The late bank is only available for Assignments 4 and/or Assignment 7** (i.e., you cannot use the late back for Assignment 1, 2, 3, 5, or 6). Please note that the five (5) days in your late bank is **five days total** (i.e., not 5 days per assignment). Once you have used up your 5 Late Bank days, a penalty of 10% per day will apply for assignments submitted late, without prior communication and approval from the course instructor.

EXPECTATIONS FOR WRITING
All assignments will be assessed partly on writing skills. Writing skills include not only surface correctness (grammar, punctuation, sentence structure, etc.) but also general clarity and organization. Sources used in research papers must be properly documented and referenced in APA 7th edition format. 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 Graduate Grading System and Faculty of Social Work Percentage Conversion will be used.

Grade	Grade Point	Description	Percentage Range
A+	4.0	Outstanding performance	95-100
A	4.0	Excellent performance	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. **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 of "C+" or lower are indicative of failure at the graduate level and cannot be counted toward 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
CR		Completed Requirements	

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. Student feedback (optional) will also be sought weekly through the student feedback form posted to D2L.

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's Code of Conduct.

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).

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. 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. Please refer to the full policy on Student Accommodations.

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 before beginning the assignment.

Academic Misconduct

For information on academic misconduct and its consequences, please refer to the Integrity and Conduct section in the University of Calgary Calendar.

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 and requirements of the Copyright Act 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.

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 and Gender-based 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.

Other Important Information

Please visit the Registrar's website 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
- Emergency Evacuation/ Assembly Points
- Safewalk