



UNIVERSITY OF MICHIGAN

SCHOOL OF SOCIAL WORK

SW 625, Sec 002
Interpersonal Practice
with Children and Youth
Spring/Summer 2012
Tuesdays 8:00-12:00pm

Daniel Fischer, LMSW
UMHHS C.S. Mott Children's Hospital
1500 E. Medical Center Dr. F8419
Ann Arbor, MI 48109-5251
Office: (734) 936-7023
Home: (734) 475-1428
Email: dfischer@umich.edu

Course Description

This course will examine practice theories and techniques for working directly with children, adolescents, and their caretakers. This course will emphasize evidence-based interventions that address diverse groups of children or adolescents within their social contexts (e.g., peer group, school, family, neighborhood). Special attention will be given to issues of diversity as it relates to building therapeutic relationships and intervening with children, adolescents and their families. The interaction between environmental risk factors, protective factors, promotive and developmental factors as they contribute to coping, resiliency, and disorder, as well as how these might vary by child or adolescent diversity factors, such as race, ethnicity, disadvantage, gender, sexual orientation, sexual identity and culture will also be covered.

Course Content

This course will present prevention, treatment, and rehabilitation models appropriate to interpersonal practice with children, youth and their families in a variety of contexts. Content will focus on the early phases of intervention, including barriers to engagement that may result from client-worker differences, involuntary participation on the part of the child, youth, or family, and factors external to the client-worker relationship, such as policy or institutional decisions that may influence or shape the therapeutic relationship. Since the intervention strategies taught in this course rely significantly on the social worker as a critical component of the change process, attention will be paid to the understanding of self as an instrument in the change process. A variety of evidence-based interventions for engaging children, youth, and their families (or other caretaking adults such as foster parents) will be presented. Assessment content will emphasize client and caretaker strengths and resources as well as risks to child or youth well-being that may result from internal or external vulnerabilities caused by trauma, deprivation, discrimination, separation and loss, developmental disability, and physical and mental illness. Particular attention will be paid to cultural, social, and economic factors that influence client functioning or the worker's ability to accurately assess the child, youth, or family. These assessments include attention to life-threatening problems such as addictions, suicidal ideation, and interpersonal violence.

Content on intervention planning will assist students in selecting interventions which are matched with client problems across diverse populations, cultural backgrounds, socio-political contexts, and available resources. These interventions will be based on a thorough assessment, appropriate to the child's or adolescent's situation, and sensitive to and compatible with the

child/adolescent's and family's expressed needs, goals, circumstances, values, and beliefs. Summary descriptions of developmental stages (i.e. infancy, toddlerhood, preschool age, school age, and adolescence) will be presented in terms of developmental characteristics and milestones, salient developmental challenges, and themes such as self-esteem and the development of peer relationships. Helping parents or other caretaking adults to understand the child's or youth's issues or behavior in developmental terms will also be discussed.

A range of evidence-based intervention approaches will be presented such as cognitive behavioral therapy, behavioral therapy, and parent management training. Promising practices for children and adolescents across child serving settings will also be reviewed. The use of play therapy in working with young children and children who have been traumatized will be explored. Since work with children and youth almost always requires multiple intervention modalities, attention will be given to creating effective intervention plans through the integration of different modalities. Those intervention methods that have been empirically demonstrated to be effective will be given particular emphasis. Methods for monitoring and evaluating interventions will also be discussed and demonstrated in this course.

Course Objectives

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

- Understand and address the impact of diversity (including ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation) of children, adolescents and their families and the social worker on practice process and outcomes.
- Describe and apply a number of assessment procedures (e.g. direct observation of or interviews with the client, parent or caretaker, and collateral contacts with teachers, caseworkers, or other professionals) that identify internal and external risk protective and promotive factors that may affect children and adolescents.
- Describe the primary developmental tasks and characteristics of childhood and adolescence as they relate to the selection and implementation of developmentally and culturally appropriate techniques for engaging and treating children and adolescents.
- Identify the ways in which continuity or disruption in primary care relationships may impact children, adolescents, and the therapeutic relationship.
- Engage in an assessment process that includes gathering information on the risk, protective and promotive factors at the intrapersonal, family, peer group, school and neighborhood levels in order to formulate and understanding of the child/adolescent's presenting problems and circumstances.
- Implement evidence-based prevention and intervention strategies (e.g. cognitive behavioral interventions, parent management training) that are compatible with child/adolescent and family or caretaker goals, needs, circumstances, culture, and values.
- Develop intervention skills in working with children, adolescents and their families.
- Monitor and evaluate interventions with regard to: effectiveness, sensitivity to diversity factors; impact of child/adolescent' and families' social identities on their experience of power and privilege; and appropriateness of the intervention to specific child/adolescent needs resulting from conditions such as maltreatment, deprivation, disability, and substance abuse.

Course Design and Format

Class format will include lecture, discussion, case analysis, skills development sessions and viewing of videotapes. Written assignments will integrate theory, evidence-based research, and case analysis,

and when possible, the student's practicum work. There will be two examinations of short essay format, one at mid-term and one at the final session. The examinations will integrate theory, direct practice strategies and practicum experience, research and case analysis. Students are expected to attend all classes and participate in class activities and discussions. Excessive absence will result in the lowering of the students' grade.

Course Requirements and Grading

- Class Attendance and Participation 10%
- In-Class Clinical Case Presentation and Written Case Summary (ongoing) 20%
- Completion of TF-CBT Training – (Certificate due to instructor June 26th) 15%
- Clinical Case Assessment and Intervention Paper (Due: July 3rd) 40%
- Clinical Team Sessions and Clinical Interventions Practice (Paper due July 17th) 15%

Incompletes: Incompletes are given only when it can be demonstrated that it would be unfair to hold the student to the stated time limits of the course. The student must formally request an incomplete from the instructor prior to the final week of classes.

Class Attendance and Participation (10 points): Attendance is a requirement. Your grade will be affected negatively if you miss any classes without communication with the instructor.

Participation does not mean you need to talk a lot in class. It is more about bringing a positive learning attitude to the class and being present for each session. Each of us participates differently, and I will strive to honor that diversity among us.

In-Class Clinical Case Presentation and Written Case Summary (weekly by assignment) (20 points)

Each week 2 clinical case presentations will be given by selected students as assigned. Each student will be assigned one in-class presentation during the semester. Presentations will be approximately 15-20 minutes long with clinical case discussion to follow each case for approximately another 15-20 minutes.

The purpose of the clinical case presentation is to address any area where you would like feedback from the class in order to gain a greater understanding or new perspectives on the clinical case situation. Often the case presentation will be addressing areas where you as a clinician felt stuck or need additional feedback on a particular issue or clinical process variable.

Case presentations should follow the following format:

- (1) Share with the class your clinical questions or learning outcome you would like to address in the case presentation
- (2) Brief case description: presenting problem/concern, any critical issues, relevant histories (social, family, medical, psych, education). Please remember to protect confidentiality of any case material and alter case information to ensure that client systems are not able to be identified. The purpose of this background is to help us engage in the clinical formulation and intervention planning. Be concise in presenting this information.
- (3) Summary of your clinical formulation or impressions. Include how you incorporated best practice knowledge and skills in your assessment and clinical hypothesis development. Also discuss any worker/client system diversity factors that may have impacted on your clinical impressions and engagement process.
- (4) Interventions used and/or treatment plan goals. Links to any evidenced-based practices that you reviewed, to help in developing the intervention approach.

Written Case Summary: The case summary should be a reflection of what you learned about your clinical question or learning outcomes based on your own review of current practices and the feedback that you received from the class discussion. This summary should be 1-2 pages and submitted to the instructor one week post presentation.

Completion of the Trauma Focused CBT Online Training Course - submit certificate of completion to the instructor by June 26th (15 points)

There is no charge to register and complete the course. You can locate the online web course at the following link.

<http://tfcbt.musc.edu/>



Clinical Case Assessment and Intervention Paper – Due July 3rd (40 points)

The aim of this paper is to give you a chance to reflect on your clinical work in a concentrated and organized manner. **Option 2 is open only to those students not doing direct work with children, adolescents and/or their parents/families.**

Option 1: Select a clinical case (child or adolescent (and parents, if applicable) you have worked with in your field placement. This can be a newer case or a long-term case but one in which you at least have developed a working relationship.

Option 2: If you do not have a clinical case you may select a topic that focuses on a particular problem area of children/youth, preferably one not discussed in class (i.e., inter-racial adoption, autism spectrum disorders, sexual offenders, etc...). Please see me to discuss modifications in the assignment if this is the option you will be doing.

Utilize the intervention/practice research literature as it pertains to client issues and problem areas. You may use treatment manuals if available, peer-reviewed journal articles and selected documents or books. These sources should be current, published within the last ten to fifteen years.

For the paper, integrate information from the clinical case/problem area and the findings from your review under the following themes:

- Provide a concise clinical description of the case. This includes a description of the presenting problem, critical issues, psychosocial/developmental/family history. Include discussion of risk and protective factors and environmental issues and impact on child/adolescent/family functioning. (approximately 2 pages) **6 points or 15%**
- Discuss your clinical decision making on how you developed a treatment approach and intervention plan for this case. Indicate your rationale and clinical thinking for choosing the

approach you did. The relationship between your clinical hypothesis and treatment plan should be clearly stated, with particular emphasis on how you collaborated with the client and family in developing this plan. (approximately 3-4 pages) **14 points or 35%.**

- Describe in detail the intervention you used and how this relates to the current intervention practices/research for the identified problem areas. This should include critical incidents that occurred in treatment and assessment of client progress in terms of objectives of the treatment plan. Also discuss how you made adjustments in your approach along the way if needed (approximately 4-5 pages) **14 points or 35%.**
- Conclude with a discussion of what the client/family has evoked or could evoke in you. Also, you should include a brief critical evaluation of your intervention as it compares to this practice/research literature, addressing strengths and limitations of each (approximately 1-2 pages) **6 points or 15%.**

Papers are graded on:

- Quality of understanding of clinical issues (depth and accuracy of clinical hypothesis and ability to link this to the treatment goals and approach)
- Clarity of thoughts and expression
- Following the terms of the assignments/sections
- Quality of self-reflection and understanding of evidence-based practice literature

Papers must be thoroughly yet concisely written and should be 10-12 pages in length. Use APA format for references/citations. Please reference other's work as appropriate. Papers are to be typed, 12-font, and proofread.

Clinical Team Sessions and Clinical Interventions Practice - Paper due July 17th (15 points)

You will be assigned to a clinical team that you will work with throughout the semester. The clinical team will engage in in-class exercises and discussions that focus on skill practice, self-directed clinical based homework assignments, and integrative learning related to the lectures and course readings. At the conclusion of the course you will complete and submit a 2-3 page paper summarizing the learning that occurred in your clinical team and evaluating your own participation.

Students in Need of Accommodations

If you have a documented disability or condition that may interfere with your participation in this course, please schedule a private appointment with me as soon as possible to discuss accommodations for your specific needs. This information will be kept strictly confidential. For more information and resources, please contact the Services for Students with Disabilities office at G664 Haven Hall, (734) 763-3000. Also, if religious observances conflict with class attendance or due dates for assignments, please notify me so we can discuss appropriate arrangements.

Theme Relation to Multiculturalism & Diversity: Multiculturalism and Diversity will be addressed through discussion of child/adolescent/family-worker differences and power/privilege differentials based on ability, age, class, color, culture, ethnicity, family structure, gender (including gender identity and gender expression), marital status, national origin, race, religion or spirituality, sex, and sexual orientation. Case examples of intervention and readings will reflect this theme.

Theme Relation to Social Justice: Social Justice and Social Change will be addressed through discussion of differences between problems responsive to interpersonal practice interventions

and those which result from poverty, discrimination, and disenfranchisement, requiring systemic as well as individual interventions. Case advocacy for disadvantaged, deprived, victimized and underserved or inappropriately served children and adolescents and their families will also be emphasized.

Theme Relation to Promotion, Prevention, Treatment & Rehabilitation: Promotion, Prevention, Treatment, and Rehabilitation will be addressed through discussion of risk, protective and promotive factors across the child/adolescent's multiple contexts. Discussions will also emphasize intervention theories and techniques that support the child's or adolescents' developmental potentials.

Theme Relation to Behavioral and Social Science Research: Behavioral and Social Science Research will be addressed in relationship to the selection, monitoring, and evaluation of assessment and intervention methods with specific emphasis on evidence-based interventions in the areas of developmental psychopathology, attachment, risk, resiliency and coping, trauma, and maltreatment. Students will develop advanced skills necessary to implement evidence-based interventions and critically evaluate intervention theories and approaches used with child and adolescent populations.

Relationship to SW Ethics and Values: Social work ethics and values in regard to confidentiality, self-determination, and respect for cultural and religious differences are particularly important when working with children and youth. Social workers working with children and adolescents often need to make critical intervention decisions which may have to balance risks to the child's or adolescent's safety or emotional well-being with their need for ongoing connection to their families and communities. This course will cover the complexities of ethical dilemmas as they relate to work with child and adolescent populations and the ways that the professional Code of Ethics may be used to guide and resolve value and ethical issues.

Intensive Focus on Privilege, Oppression, Diversity and Social Justice (PODS): This course integrates PODS content with a special emphasis on the identification of theories, practice and/or policies that promote social justice, illuminate injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will support students developing a vision of social justice, learn to recognize and reduce mechanisms that support oppression and injustice, work toward social justice processes, apply intersectionality and intercultural frameworks and strengthen critical consciousness, self knowledge and self awareness to facilitate PODS learning.

Course Schedule and Topics and Required Reading Assignments

TEXT:

Weisz, JR, & Kazdin, AE. (2010). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press.

TREATMENT MANUALS:

Kendall, P.C. (2006). *Cognitive-Behavioral Therapy for Anxious Children: Therapist Manual (3rd ed)*. Ardmore PA: Workbook Publishing, Inc.

Clarke, G.N., Lewinsohn, P.M., & Hops H. (2001). *Instructor's manual for Adolescents Coping with Depression course*. Retrieved from Kaiser Permanente Center for Health Research website: www.kpchr.org/public/acwd/acwd.html

Fischer, D.J., Fraley, S., Postlewaite, K., Salada, G., Leskinen, E., & Ruffolo, M.C., (2006). *Supervision Manual: Implementing Cognitive-Behavioral Interventions in School Settings*. State of Michigan Medicaid Match Project.

Himle, J.A., Fischer, D.J., Van Etten, M.L., & Janeck, A.S. (2001). *Group Cognitive-Behavioral Therapy for adolescents with OCD: treatment manual for Therapists*.

Additional readings will be available on CTools at course site INTP 625 002 SS12.

Course Schedule

Session 1 - May 8, 2012:

Psychosocial Assessment, Developmental Considerations, Ethical Issues, Diversity Factors and Use of Evidenced Based Interventions

Kazdin, AE and Weisz, JR. (2010). Introduction: Context, background, and goals. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 3-9).

Hoagwood, KE & Cavaleri, MA. (2010). Ethical issues in child and adolescent psychosocial treatment. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 10-27).

Holmbeck, GN, Devine, KA, & Bruno, EF. (2010). Developmental issues and considerations in research and practice. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 28-39).

Huey, SJ & Polo, AJ. (2010). Assessing the effects of evidence-based psychotherapies with ethnic minority youths. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 451-465).

Kendall, P.C., Chu, B., Gifford, A., Hayes, C., & Nauta, M. (1998). Breathing Life into a manual: Flexibility and creativity with manual-based treatments. *Cognitive and Behavioral Practice*, 5, 177-198.

Maiter, S (2009). Using an anti-racial framework for assessment and intervention in clinical practice with families from diverse ethno-racial backgrounds. *Clinical Social Work Journal*, 37, 267-276.

Alegria, M, Atkins, M, Farmer, E, Slaton, & Stelk, W. (2010). One size does not fit all: Taking diversity, culture and context seriously. *Administration and Policy in Mental Health and Mental Health Services Research*, 37, 48-60.

Session 2 - May 15, 2012

Cognitive-Behavioral Interventions for Anxiety and Depression

Kendall, P.C. (2006). *Cognitive-behavioral Therapy for Anxious children: Therapist manual (3rd ed)*. Ardmore PA: Workbook Publishing, Inc.

Kendall, PC, Furr, JM, & Podell, JL. (2010). Child-focused treatment of anxiety. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 45-60).

Walkup, J.T., Albano, A.M., Piacentini, J., Birmaher, B., Crompton, S.N., Sherrill, J.T., Ginsburg, G.S., Rynn, M.A., McCracken, J., Waslick, B., Iyenger, S., March, J.S., & Kendall, P.C. (2008). Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *The New England Journal of Medicine*, 359, 26, 2753-2766.

Session 3 - May 22, 2012

Cognitive-Behavioral Interventions for Anxiety and Depression

Pahl, KM & Barrett, PM. (2010). Interventions for anxiety disorders in children using group cognitive-behavioral therapy with family involvement. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 61-79).

Clarke, GN, Lewinsohn, PM, & Hops H. (2001). Instructor's manual for Adolescents Coping with Depression course. Retrieved from Kaiser Permanente Center for Health Research website: www.kpchr.org/public/acwd/acwd.html

Weersing, VR & Brent, DA. (2010). Treating depression in adolescents using cognitive-behavioral therapy. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 126-139).

Session 4 – May 29, 2012

Cognitive-Behavioral Interventions for Anxiety and Depression

Fischer, DJ Fraley, S, Postlewaite, K, Salada, G, Leskinen, E, & Ruffolo, MC. (2006). Supervision Manual: Implementing Cognitive-Behavioral Interventions in School Settings. State of Michigan Medicaid Match Project.

Clarke, GN & Debar, LL. (2010). Group cognitive-behavioral treatment for adolescent depression. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 110-125).

Crisp, C. & McCave, E.L. (2007). Gay affirmative practice: a model for social work practice with gay, lesbian and bisexual youth. *Child and Adolescent Social Work Journal*, 24, 403-421.

Session 5 – June 5, 2012

Suicide Assessment and Intervention

Hong, JS, Espelage, DL, & Kral, MJ. (2011). Understanding suicide among sexual minority youth in America: an ecological systems analysis. *Journal of Adolescence*, 34, 885-894.

Nader Stoep, A, Adrian, M, McCauley, E, Crowell, SE, Stone, A, & Flynn, C. (2011). Risk for suicide ideation and suicide attempts associated with co-occurring depression and conduct problems in early adolescence. *Suicide and Life-Threatening Behavior*, 41, 316-329.

Jacobson, CM & Mufson, L. (2010). Treating adolescent depression using interpersonal psychotherapy. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 140-155).

Session 6 – June 12, 2012

Cognitive-Behavioral Interventions and problem-Solving Interventions for Bipolar Disorders

Fristad, MA, Verducci, JS, Walters, K, & Young, ME. (2009). Impact of multifamily psychoeducational psychotherapy in treating children aged 8 to 12 years with mood disorders. *Archives of General Psychiatry*, 66, 1013-1021.

Hlastala, SH & Frank, E. (2006). Adapting interpersonal and social rhythm therapy to the developmental needs of adolescents with bipolar disorder. *Development and Psychopathology*, 18, 1267-1288.

Lundahl, BW, Kunz, C, Brownell, C, Tollefson, D, & Burke, BL. (2010). A meta-analysis of motivational interviewing: Twenty-five years of empirical studies. *Research on Social Work Practice*, 20, 137-160.

Session 7 – June 19, 2012

Play therapy

Douglas Davies (2010). *Child Development: A Practitioner's Guide (3rd Edition)*. New York: Guilford Press.

Eliana Gil. (2011). *Helping Abused and Traumatized Children: Integrating Directive and Nondirective Approaches*. New York: Guilford Press.

Session 8 – June 26, 2012

Cognitive-Behavioral Interventions for OCD and Post-Traumatic Stress Disorder

Himle, J.A., Fischer, D.J., Van Etten, M.L., & Janeck, A.S. (2001). Group Cognitive-Behavioral Therapy for adolescents with OCD: Treatment Manual for Therapists.

Franklin, ME, Freeman, J, & March, JS. (2010). Treating pediatric obsessive-compulsive disorder using exposure-based cognitive-behavioral therapy. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 80-92).

Fischer, DJ, Himle, JA, & Thyer, BA. (2005). Using multiple evaluation methods to assess client progress: A female adolescent with obsessive-compulsive disorder. In C.W. LeCroy and J. Daley, Eds., *Case Studies in child, adolescent, and family treatment*. Belmont, CA: Brooks/Cole, pp. 254-265.

Cohen JA, Mannarino AP, & Deblinger, E. (2010). Trauma-focused cognitive-behavioral therapy for traumatized children. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 295-311).

Cohen, JA, Berlinger, L, & Mannarino, A. (2010). Trauma focused CBT for children with co-occurring trauma and behavior problems. *Child Abuse and Neglect*, 34, 215-224.

Session 9 – July 3, 2012

Parent Training/Behavior Management

Forgatch, MS & Patterson, GR. (2010). Parent management training – Oregon model: An intervention for antisocial behavior in children. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 159-178).

Coard, S.I., Wallace, S.A., Howard C. Stevenson, H.C., & Brotman, L.M. (2004). Towards culturally relevant preventive interventions: The consideration of racial socialization in parent training with African American families. *Journal of Child and Family Studies*, 3, 277-293.

Lau, A.S. (2006). Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent training. *Clinical Psychology: Science and Practice*, 13, 295-310.

Barker, CH, Cook, KL, & Borrego Jr., J. (2010). Addressing cultural variables in parent training programs for latino families. *Cognitive and Behavioral Practice*, 17, 157-166.

Session 10 – July 10, 2012

Parent Training/Parent-Child Interaction Therapy

Eyberg, SM & Zisser, A. (2010). Parent-child interaction therapy and the treatment of disruptive behavior disorder. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 179-193).

Kazdin, AE (2010). Problem-solving skills training and parent management training for oppositional defiant disorder and conduct disorder. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 211-226).

Session 11 – July 17, 2012

Interventions for Substance Abuse Prevention and Treatment

Waldron, HB & Brody, JL (2010). Functional family therapy for adolescent substance use disorders. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 401-415).

Liddle, HA (2010). Treating adolescent substance abuse using multidimensional family therapy. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 416-432).