UNIVERSITY OF MICHIGAN
School of Social Work

SW 625: Interpersonal Practice with Children and Youth

Instructor: Mary C. Ruffolo, Ph.D., LMSW
SSW Office: Room 2726
SSW Telephone: 734-936-4799
E-mail address: mruffolo@umich.edu

Credits: 3
PreReq: INTP 521
Class Meets on Fridays from 9:00 a.m. until 12:00 p.m. in SSW Room 2752

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:

1. 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. (Practice Behaviors 4.IP, 10.c.IP)

2. 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. (Practice Behaviors 3.IP, 9.IP, 10.b.IP)

3. 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. (Practice Behaviors 4.IP, 10.a.IP)

4. Identify the ways in which continuity or disruption in primary care relationships may impact children, adolescents, and the therapeutic relationship. (Practice Behaviors 1.IP, 10.a.IP)

5. 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. (Practice Behaviors 9.IP, 10.b.IP)

6. 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. (Practice Behaviors 2.IP, 3.IP, 6.IP, 9.IP, 10.c.IP)

7. Develop intervention skills in working with children, adolescents and their families. (Practice Behavior 10.c.IP)

8. 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. (Practice Behaviors 5.IP, 10.d.IP)

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. Victimized and underserved or inappropriately served children and adolescents and their families will also be emphasized.

Theme Relation to Promotion, Prevention, and 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.

Course Design:
The instructor will select required and recommended readings. Class format will include mini- lectures, discussion, case presentations, skills development sessions, online learning courses, class e-portfolio assignments, and use of multimedia. Written assignments will integrate theory, evidence-based research, and case analysis, and when possible, the student's practicum work. This course will use a flipped classroom approach to learning where students will complete core assignments/learning tasks prior to class sessions and during class sessions will engage in active learning activities.

Attendance in Class Sessions: As an advanced practice course, it is important that you attend each class session. The class sessions involve skill development experiences that go beyond course readings/learning tasks. In fact, in this course there is a requirement that students participate in Clinical Teams that require your regular participation during class sessions. *Missing class sessions will lower your grade since your participation as a co-learner is essential to meet the learning goals for this requirement. If you are not able to attend a particular class session, please notify the instructor prior to the class session so that arrangements can be made for you to address the material that you missed. If more than two sessions are missed –whatever the reason- the final grade at the end of the term will be lowered by 5 points for each session over two.*

Accommodations for Students with Disabilities: If you need an accommodation for a disability, please let me know at your earliest convenience. Some aspects of this course, the assignments, the in-class activities, and the way the course is usually taught may be modified to facilitate your participation and progress. As soon as you make me aware of your needs, we can work with the Office of Services for Students with Disabilities (SSD) to help us determine appropriate accommodations. Any information you provide is private and confidential and will be treated as such. For more information and resources, please contact the Services for Students with Disabilities Office at G664 Haven Hall, (734) 763-3000, (734) 615-4461 (TDD), (734) 619-6661 (VP) or Email ssdoffice@umich.edu .

Religious Holidays: Although the University of Michigan, as an institution, does not observe religious holidays, it has long been the University's policy that every reasonable effort should be made to help students avoid negative academic consequences when their religious obligations conflict with academic requirements. Absence from classes or examinations for religious reasons does not relieve students from responsibility for any part of the course work required during the period of absence. Students who expect to miss classes, examinations, or other assignments as a consequence of their religious observance shall be provided with a reasonable alternative opportunity to complete such academic responsibilities. It is the obligation of students to provide faculty with reasonable notice of the dates of religious holidays on which they will be absent.

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 Guide, Vol. 1, Sec. 8.01 states that an I grade *is used when illness or other compelling reasons prevent completion of work, and there is a definite plan and date for completion of course work approved by the instructor.* The student must formally request an incomplete from the instructor prior to the final week of classes.

Grading: Letter grades ranging from "A" to "E" are earned, with "+" or "-" distinguishing the degree of performance. Specific expectations for each assignment are provided in a later section of this syllabus.

Both content and format will be considered in assigning grades. Failure to follow APA guidelines for referencing will result in a lower grade. Each assignment will be given points and a corresponding letter grade. The criteria for each grade are as follows:

A+ = 100	B+ = 89-91	C+ = 79-81	D = 66-71
A = 97-99	B = 86-88	C = 76-78	E = less than 66
A -= 92-96	B -= 82-85	C- = 72-75	

Please note: A grade of B indicates mastery of the subject content at a level of expected competency for graduate study. A B grade indicates that the work has met the expectations of an assignment for graduate student performance. A grade in the A range is based on demonstration of skills beyond expected competency and at an exemplary, outstanding or excellent degree. A C grade range indicates minimal understanding of subject content and significant areas need improvement.

Work Expectation: The University of Michigan expects a student to put in a minimum of two hours weekly preparation for each credit awarded in a graduate/professional school. Thus, you are expected to spend a minimum of six hours per week of preparation for this class. The assignments in this class have been developed to help the student systematically gain social work knowledge, to develop social work practice skills and values, and to enable the student to achieve successfully the goals and objectives of the course.

A Note on the Learning Environment:

While all of us come to this course with various experiences, skill sets and values, it is important that we respect diverse opinions and perspectives. The class is designed as a co-learning environment and one where class members are encouraged to try new skills and take risks. Your contribution as a "teacher and a learner" in the class will enhance the learning for all class members.

To facilitate the co-learning environment, the instructor will provide useful and constructive comments, facilitate a safe forum for discussion and learning and be responsive to students' questions both in and out of class.

A student is expected to be on time, prepared with questions from readings, DVDs and assignments, respectful of diverse perspectives, open to learning and to complete assignments on time.

All assignments are expected to be handed in on their due date prior to the class session start time and late assignments will be marked down 5% for every day late.

Course Requirements and Grading

1) Clinical Case Presentation and Case Summary/Reflection (Due on Date Assigned) 10%
2) Clinical Assessment Paper (Final Version)-Session 7 (10/17/2014) 35%
3) Clinical Intervention Paper (Final Version)-Session 11 (Nov. 14, 2014) 35%
4) Completion of the PCIT Training Certificate – Session 3 (Sept. 19, 2014) 5%
5) Completion of the TF-CBT Training Certificate –Session 10 (Nov. 7, 2014) 5%
6) Enhancing Engagement and Relationship Building with Children and Youth-Session 6 (Oct. 10, 2014) 10%
7) In Class Clinical Team and Recording of Skill Sessions 5%

REQUIRED TEXTS AND OPTIONAL RECOMMENDED TEXTS:

Required:

1) Barkley, R.A. (2013) *Defiant children (3rd edition): A clinician's manual for assessment and parent training.* NY: Guilford.
2) Barkley, R. A. & Robin, A. (2014) *Defiant teens (second edition) A clinician's manual for assessment and family intervention.* NY: Guilford.
3) Brent, D.A., Poling, K.D. & Goldstein, T.R. (2011). *Treating depressed and suicidal adolescents: a clinician's guide* NY: Guilford.
4) Allen, B. & Kronenberg, M. (2014). *Treating traumatized children: a casebook of evidence-based therapies.* NY: Guilford.

Optional/Recommended Texts on Reserve at the Library:

Maruish, M. E. (2002) *Essentials of treatment planning.* NY: Wiley.

Friedberg, R.D., McClure, J.M., & Garcia, J. (2009) *Cognitive therapy techniques for children and adolescents: tools for enhancing practice.* NY: Guilford.

Fristad, M., Arnold, J. & Leffler, J. (2011). *Psychotherapy for children with bipolar and depressive disorders.* NY: Guilford.

Henggeler. S. Schoenwald, S. et al. (2009. *Multisystemic Therapy for Antisocial Behavior in Children and Adolescents.* NY: Guilford

Stallard, P. (2002). *Think good- feel good: a cognitive behavior therapy workbook for children and young people.* NY: Wiley.

Several peer-reviewed articles and additional book chapters/intervention manuals are also required and are listed in the course syllabus and located on the c-tools site for the course. All required books and optional text resources when possible are on Course Reserves at Shapiro Library.

Assignments:

1.) **Clinical Case Presentation and Case Summary Reflection – 10 % of Final Grade**

Starting in October, each week clinical case presentations will be given by selected students as assigned. Each student will be assigned one in-class clinical case presentation during the semester. Students will present the clinical case in small group consultation teams. Presentations will be approximately 5 minutes long with clinical case discussion to follow each case for approximately another 10 minutes. The purpose of the clinical case presentation is to address a challenge from your practice where you would like feedback from the team members in order to gain a greater understanding or new perspectives in your work with children and adolescents. Often times the case presentations will be addressing areas where you as a worker have felt stuck or need additional feedback on a particular process or issue.

Component 1: Clinical Case Presentation (5 Minutes) should follow the following format:

(1) Share with the class **your clinical question or learning outcome** you would like to address in this 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 information is to help us to engage in the clinical formulation and intervention planning. Keep this case description information to a minimum.
(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 or treatment plan goals**. Links to any evidence-based practices that you reviewed, to help you in developing the intervention approach.

Component 2: Consultation Team Discussion: Following your presentation, your consultation team will focus on providing feedback on your clinical question or learning outcome **(10 minutes)**

Component 3: Portfolio Entry:

After completing your case presentation, prepare a portfolio work project entry that highlights

- Your clinical question or learning outcome,
- A brief summary of the case situation (protecting confidentiality),
- Key points/resources identified from the team discussion (include links to at least two peer reviewed articles that address what we know about this clinical question or learning outcome)

This entry should be added within a week of the clinical case presentation in class.

2) Clinical Assessment and Case Formulation Assignment (35% of Final Grade)-Due by 9:00 a.m. before Class Session 7 (Oct. 17, 2014)

Please use the following guideline to complete the assignment.

Be sure your writing is brief, clear and jargon-free. **Remember, when completing this assignment to alter case information as needed to protect client confidentiality.** Use only initials or new names to identify the youth or family members.

If you are not actively engaged in working with a youth, you can select a volunteer experience where you worked with youth or previous work situation where you had an opportunity to engage youth in change, or a supervisor's case if you are working in a child or youth setting, or a clinical demonstration/training video/DVD to address the components of this assignment. Please meet with the instructor for additional clarification on how to complete this assignment when you are not working directly with youth.

Component 1: Address the following areas in your assessment summary:

1) Bio-psychosocial Assessment

Provide a description of the setting in which you are working with the youth, the reason for referral for services, summarize the youth's presenting problems/issues and any biopsychosocial assessment information you collected as part of the assessment of the youth. Prepare this segment of the assignment as a professional document that could be entered into the youth's record. *(Usually this summary is one and a half or two pages in length –single spaced)*

Include in the bio-psychosocial assessment the following information that may be obtained from the youth and parent(s)'/caregivers depending on your setting:

Description of the Presenting Issues and Referral Source
Family background and situation;
Physical functioning and health of youth;
Educational background and School performance,;
Cognitive functioning;
Psychological and emotional functioning;
Interpersonal and social relationships;
Ethnicity;
Religion and spirituality of youth/family;
Gender (including Gender Identity and Gender Expression);
Strengths and problem-solving capacity of youth and family;
Family income and use of community resources;
Potential barriers to treatment;
Clinical Impressions/Case Formulation

(In general, a case formulation usually involves the following steps: developing a comprehensive problem list, determining the nature of each problem, identifying patterns among the problems, developing a hypothesis to explain the problems, validate and refine hypothesis and test hypothesis (Maruish (2002, p. 117)) This is an important part of the assessment summary and should be at least half a page in the write-up).

Again, prepare this segment of the assignment as a professional document that could be entered into the youth's record.

2) Building the Therapeutic Alliance: Discuss what steps you took to form a therapeutic alliance with the youth, with what result. Reflect on the following:
   How did you engage and build a relationship with the youth?
   What diversity factors might have influenced the ways that you choose to engage with the youth (e.g., age of the youth, race of the youth, sexual identity of the youth, cognitive abilities, emotional and behavioral challenges, cultural or language issues, worker diversity factors). *(This should be one page single spaced)*

3) DSM-5 Diagnosis. If you had to classify the emotional and behavioral health challenges faced by the youth, identify the DSM-5 diagnosis you would use and give a rational for the selection of that diagnosis. *(This should be half a page-single spaced)*

Component 2:

Attach your biopsychosocial assessment and the other items in Component 1 as a work project on the class portfolio website.

Develop a powerpoint presentation that highlights the following:

i. A brief description of the assignment
ii. The tasks and skills involved in completing the assignment
iii. What are you taking from this assignment that will help guide your future clinical practice with this situation and future youth and families you may work with?

Add the powerpoint to the work project.
Highlight the competencies demonstrated in this work project and the practice behaviors using the online tools in the portfolio system.

3. Clinical Intervention Assignment (30% of Final Grade) – Due by 9:00 a.m. before Class Session 11 (Nov. 14, 2014)

Component 1:
Please use the following guideline to complete the clinical intervention paper. This paper should build from work you did in the Clinical Assessment paper. Once again, be sure your writing is brief, clear and jargon-free. Remember, when completing this assignment to alter case information as needed to protect client confidentiality. (Review the *Essentials of Treatment Planning (Maruish)* to guide your work.)

1. Select 2 areas you identified in the clinical assessment paper (from your case formulation section) to focus on in more detail in this intervention paper.
2. For each area identified (2 are required for this assignment):
    - Develop a goal for the youth situation,
    - Discuss techniques and strategies you might use in your work with the youth and family.
    - Identify the smaller steps involved in working toward the goal
    - Highlight how you will incorporate the youth and family feedback related to addressing the goal.
3. Create a treatment/intervention chart for each goal. The chart should include:
    - a column that identifies each problem,
    - the goal for each problem
    - key objectives, the strategies/techniques to be used,
    - who will be involved in carrying out the strategies/techniques,
    - a proposed timeline,
    - strengths and barriers.

    Prepare this segment of the paper as a professional document that could be added to a youth's case file.
4. Identify at least one standardized measure that you use or will use to monitor change over time with each problem area. Discuss how you might use the measures selected and the benefits of using this measure as it relates to change efforts. Be sure to include the source for the measure and when possible the actual measure.
5. Discuss how clinical social work values informed your work with this youth in the development of this intervention plan. Refer to the NASW Code of Ethics as a guide for your response in this section. Discuss at a minimum two values or ethical principles relevant to your case situation.
6. Provide an annotated bibliography of a minimum of 3 sources that you used in your review of the evidence to support the selection of strategies/techniques for each problem. For each of the sources in the annotated bibliography, include the reference citation and a brief summary of the key points from this source (one to two paragraphs).

Component 2:

Attach your materials from Component 1 as a work project on the class portfolio website.
Develop a powerpoint presentation that highlights the following:

A brief description of the assignment
The tasks and skills involved in completing the assignment
What are you taking from this assignment that will help guide your future clinical practice with this situation and future youth and families you may work with?

Add the powerpoint to the work project.
Highlight the competencies demonstrated in this work project and the practice behaviors using the online tools in the portfolio system.

4.) Completion of the Parent Child Interaction Online Training Course
5% of the Final Grade
Due Prior to Session 3 (Sept. 19, 2014)

There is no charge to register and complete the course. It will take you approximately 10 hours to complete. You can locate the online web course at the following link:

http://pcit.ucdavis.edu/pcit-web-course/

Once you receive your certificate, prepare to submit this work as a project for the class portfolio website Complete the following steps:

Develop a powerpoint presentation that highlights the following:

i. A brief description of the assignment

ii. The tasks and skills involved in completing the assignment

iii. What are you taking from this assignment that will help guide your future clinical practice with this situation and future youth and families you may work with?

Add the powerpoint and the certificate as a new project on the class portfolio website.

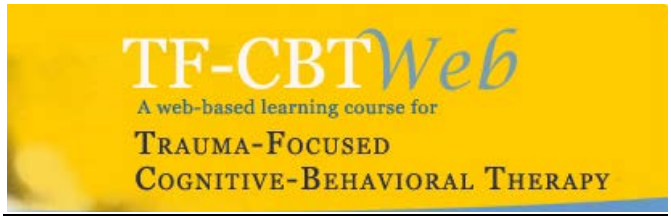
Highlight the competencies demonstrated in this work project and the practice behaviors using the

online tools in the portfolio system.

5) Completion of the Trauma Focused CBT Online Training Course
5% of the Final Grade
Due Prior to Class Session 10 (Nov. 7, 2014)

There is no charge to register and complete the course. The online course will take approximately 8 to 10 hours to complete. You can locate the online web course at the following link.

http://tfcbt.musc.edu/



Once you receive your certificate, prepare to submit this work as a project for the class portfolio website Complete the following steps:

Develop a powerpoint presentation that highlights the following:

i. A brief description of the assignment

ii. The tasks and skills involved in completing the assignment

iii. What are you taking from this assignment that will help guide your future clinical practice with this situation and future youth and families you may work with?

Add the powerpoint and the certificate as a new project on the class portfolio website.

Highlight the competencies demonstrated in this work project and the practice behaviors using the

online tools in the portfolio system.

6) Enhancing Engagement and Relationship Building with Children, Youth and Families (10% of Final Grade) Due by Session 6 (Oct. 10, 2014).

This assignment is an opportunity to share a resource with your peers related to building relationships or enhancing engagement with children and youth.

Add to your class portfolio website, one project or work that highlights a popular resource (e.g., song, poem, book, film, game, TV show) that you have used or plan to use to enhance engagement and relationship building with children and youth.

- Provide a description of the resource and how it might be used in engagement with youth. For example, if you are working with young children, you might want to use segments the Finding Nemo film to help the child understand more about loss/grief. You would talk about the segments you would use and how you would apply it.
- In the presentation of the popular resource be sure to identify the target population;
- The lessons learned from using this resource;
- The source so others can locate this resource and
- Any diversity factors to consider in the use of this resource.

Be sure to add your resource prior to Session 5.

6. In-Class Clinical Team Skill Sessions and Role Play Demonstrations (5% of Final Grade)

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 role plays that focus on skill practice and integrative learning tasks related to course readings. You will periodically be recorded as the social work clinician practicing the skills with your team members.

Each team member needs to be the clinician in a recorded role play at least once in the term. Select one of the times that you are recorded as the social work clinician to engage in a more detailed review of your skill development. For that role play, review the recording and complete a brief form (see below and this form is also located on ctools under Resources) to assess your skill acquisition. While this is not graded assignment, the instructor will review your recordings. This is a way for you to reflect on your skill development. Submit to the instructor this form through c-tools and also put the recorded role-play in your MBox (share this recording with the instructor for review).

Please put a mark on the lines below to indicate how well you did on the following two components in the role play.

Listening

Did not always listen to child/youth and/or parent/caregiver

I----------I

Listened to the child/youth and/or parent/caregiver

Skill Demonstration _____

Was not able to demonstrate the skill effectively

I----------I

Demonstrated the skill effectively

My reflection on the overall role play and skill demonstration (what you did well, areas for further development, challenges in using this skill) (1 page reflection)

Course Schedule: (Note * items are required readings the other readings are recommended)

Session 1 (Sept. 5, 2014)
Review of Course Expectations….Creating the Learning Environment
Multi-systems Approach to Work with Children, Adolescents and Families
Role of Evidence-Based and Empirically Supported Interventions in Clinical Social Work Practice

Kazak, A.E., Hoagwood, K., Weisz, J., Hood, K., Kratochwill, T., Vargas, L.A. & Banez, G. (2010) A Meta-systems approach to evidence-based practice for children and adolescents. *American Psychologist 65/2, 85-97.*

Mitchell, P.F. (2011) Evidence-based practice in real-world services for young people with complex needs: New opportunities suggested by recent implementation science. *Child and Youth Services Review* 33, 207-216.

Southam-Gerow, M.A., Rodriguez, A., Chorpita, B.F. & Daleiden, E.L. (2012) Dissemination and implementation of evidence based treatments for youth: challenges and recommendations. *Professional Psychology: Research and Practice.* Advance online pub. Doi:10.1037/a0029101.

Session 2 (Sept. 12, 2014)
Developmental Considerations in Assessment and Intervention Planning
Influence of Diversity Factors in Accessing Services and Engagement
Steps in Building a an Intervention/Treatment Plan
A look at your own clinical approach to engagement and intervention with children/adolescents and families
NASW Code of Ethics and Clinical Practice

*Alegria, M., Atkins, M., Farmer, E., Slaton, E., & Stelk, W. (2010). One size does not fit all: Taking diversity, culture and context seriously. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(1-2), 48-60.

*Falicov, C. (2014) MECA: A meeting place for culture and therapy. *Latino families in therapy (2nd ed.)* (pp. 17-50) NY: Guilford Publications.

*Holmbeck, G.N., Devine, K.A. & Bruno, E.F. (2010) Developmental issues and considerations in research and practice. In Weisz, J.R. & A. E. Kazdin (Eds) E*vidence-based psychotherapies for children and adolescents (2nd ed)* Guilford Press, NY, NY pp. 28-39.

*Landy, S. & Bradley, S. (2014). Difficulties and disorders of attachment and social development. *Children with multiple mental health challenges: an integrated approach to intervention. (pp. 295-332) NY: Springer Publishers.*

*Maiter, S.. (2009). Using an anti-racist framework for assessment and intervention in clinical practice with families from diverse ethno-racial backgrounds. *Clinical Social Work Journal, 37*(4), 267.

Cummings, J. R., Ponce, N. A., & Mays, V. M. (2010). Comparing racial/ethnic differences in mental health service use among high-need subpopulations across clinical and school-based settings. *Journal of Adolescent Health, 46*(6), 603-606.

Lindsey, M.A., Chambers, K., Pohle, C., Beall P. & Lucksted, A. (2013). Understanding the behavioral determinants of mental health service use by urban, under-resourced black youth: adolescent and caregiver perspectives. *Journal of Child and Family Studies* 22:107-121.

Mustanski, B., Newcomb, M.E. & Garofalo, R. (2011) Mental health of lesbian, gay and bisexual youths: a developmental resiliency perspective. *Journal of Gay and lesbian Social Services* 23/2, 204-225.

Neblett, E.W., Rivas-Drake, D. & Umana-Taylor, A. (2012). The promise of racial and ethnic protective factors in promoting ethnic minority youth development. *Child Development Perspectives* 6(3), 295-303.

Page, M.J., Lindahl, K. & Malik, N. (2013). The role of religion and stress in sexual identity and mental health among lesbian, gay and bisexual youth. *Journal of Research on Adolescence* 23(4), 665-677.

Page, T. (2011) Attachment Theory and Social Work Treatment. In F.J. Turner *Social work treatment: interlocking theoretical approaches(5th edition)* Oxford University Press, NY,NY pp. 30-47.

Smokowski, P., Evans, C., Cotter, K. & Webber, K. (2013). Ethnic identity and mental health in American Indian youth: examining mediation pathways through self-esteem and future optimism. *Journal of Youth and Adolescence* DOI 10.1007's10964-013-9992-7.

Session 3 and 4 (Online PCIT Certificate Assignment is due prior to Session 3) (Sept. 19 and Sept. 26, 2014)
Parent Management Training in Work with Young Families and Youth
Parent-Child Interaction Therapy and Skills
Play Therapy

** Allen, B. & Kronenberg, M. (2014). Treating traumatized children: a casebook of evidence-based therapies. NY: Guilford. Chapters 9, 10 &11*

*Hembree-Kigin, T. L., & McNeil, C. B. (1995). *Parent-child interaction therapy*. New York: Plenum Press. Chap. 3 (pp. 22-47) and Chap. 5 (pp. 71-99).

*Kazdin, A. E. (2005). *Parent management training: Treatment for oppositional, aggressive, and antisocial behavior in children and adolescents.* Oxford, UK: Oxford University Press. Chapter 3 (pp. 65-89) and Manual (pp. 249-372)

*Eyberg, S. & Members of the Child Study Laboratory (1999). *Parent-Child Interaction Therapy: Integrity Checklists and Session Materials.* PCIT International Version 2.10 Updated February 2010.

*Falicov, C. (2014) MECA: Raising children in culture and context.. *Latino families in therapy (2nd ed*.) (pp. 355-377) NY: Guilford Publications.

*Hoagwood, K.E., Cavaleri, M.A., Olin, S., Burns, B.J., Slaton, E., Gruttadaro, D. & Hughes, R. (2010) Family support in children's mental health: a review and synthesis. *Clinical Child and Family Psychol Review 13, 1-45.*

*Kaduson, H., & Schaefer, C. E. (2006). *Short-term play therapy for children*. New York: Guilford Press. Chap. 2 (pp. 22-50) and Chap. 7 (pp. 169-201).

Lenze, S.N., Pautsch, J., & Luby, J. (2011). Parent-child Interaction Therapy Emotion Development: a novel treatment for depression in preschool children. *Depression and Anxiety* 28: 153-159.

McCabe, K., & Yeh, M. (2012). Parent-child interaction therapy for Mexican Americans: Results of a pilot randomized clinical trial at follow-up. *Behavior Therapy* 43, 606-618.

Thomas, R. & Zimmer-Gembeck, M. (2011) Accumulating evidence for Parent-Child Interaction Therapy in the prevention of child maltreatment. *Child Development* 82 (1), 177-192.

Session 5 and Session 6 (The Enhancing Engagement and Relationship Building Resource is Due prior to Session 6) (Oct. 1, and Oct. 8, 2014)
Behavioral Management

* *Barkley, R.A. (2013) Defiant children (3rd edition): A clinician's manual for assessment and parent training. NY: Guilford.*

* *Barkley, R. A. & Robin, A. (2014) Defiant teens (second edition) A clinician's manual for assessment and family intervention. NY: Guilford.*

Friedberg, R.D., McClure, J.M., & Garcia, J.H. (2009). Behavioral Interventions. In *Cognitive Therapy Techniques for Children and Adolescents: Tools for enhancing practice.* NY: Guilford Press. (pp. 79-120).

Substance Abuse and Mental Health Services Administration. *Interventions for disruptive behavior disorders: evidence-based and promising practices.* HHS Pub. No. SMA 11-4634. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Midouhas, E., Yogaratnam, A., Flouri, E. & Charman, T. (2013). Psychopathology trajectories of children with autism spectrum disorder: the role of family poverty and parenting. *Journal of the American Academy of Child and Adolescent Psychiatry.* 52 (10), 1057-1065.e1

Session 7 and Session 8 (Note that the Clinical Assessment Assignment is Due Prior to Session 7) Oct. 15 and Oct. 24, 2014)
Cognitive Behavioral Interventions for Depression and Anxiety Disorders

Brent, D., Poling, K.D. & Goldstein, T.R. (2011) text: Chapter 2: Assessment and Treatment of Suicidal Ideation and Behavior
Brent, D., Poling, K.D. & Goldstein, T.R. (2011) text: Chapter 4: Getting Started
Brent, D., Poling, K.D. & Goldstein, T.R. (2011) text: Chapter 5: Chain Analysis and Treatment Planning
Brent, D., Poling, K.D. & Goldstein, T.R. (2011) text: Chapter 6: Behavioral Activation and Emotion Regulation
Brent, D., Poling, K.D. & Goldstein, T.R. (2011) text: Chapter 7: Cognitive Restructuring, Problem-Solving and Interpersonal Effectiveness

Beidas, R., Benjamin, C.L., Puleo, C.M., Edmunds, J.M. & Kendall, P.C. (2010). Flexible applications of

the Coping Cat Program for anxious youth. *Cognitive and Behavioral Practice, (17), 142-153.*

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

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).

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

Marshal, M., Dietz, L., Friedman, M., Stall, R., Smith, H. et al. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: a meta analytic review. *Journal of Adolescent Health* 49, 115-123.

Podell, J., Mychailyszyn, M., Edmunds, J., Puleo, C., & Kendall, P. (2010). The coping cat program for anxious youth: The fear plan comes to life. *Cognitive and Behavioral Practice,*

SAMHSA (2012) *Preventing suicide: a toolkit for high schools.* HHS Publication No SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Saulsberry, A., Corden, M., Taylor-Crawford, K., Crawford, T., Johnson, M., Froemel, J., Walls, A., Fogel, J., Marko-Holgan, M. & Van Voorhees, B. (2013). Chicago urban resiliency building (CURB): an internet based depression-prevention intervention for urban African American and Latino adolescents. *Journal of Child and Family Studies* 22: 150-160.

Session 9 (Oct. 29, 2014)
Multisystemic Therapy and Motivational Enhancement Work with Adolescents

*Foster, S., Cunningham, P., Warner, S., McCoy, D., Barr, T., & Henggeler, S. (2009). Therapist behavior as a predictor of black and white caregiver responsiveness in multisystemic therapy. *Journal of Family Psychology, 23*(5), 626-635.

*Henggeler, S., Letourneau, E., Chapman, J., Borduin, C., Schewe, P., & McCart, M. (2009). Mediators of change for multisystemic therapy with juvenile sexual offenders. *Journal of Consulting and Clinical Psychology, 77*(3), 451-62.

*Ogden, T., & Hagen, K. (2009). What works for whom? gender differences in intake characteristics and treatment outcomes following multisystemic therapy. *Journal of Adolescence, 32*(6), 1425-1435.

*Ryan, S., Cunningham, P., Foster, S., Brennan, P., Brock, R. & Whitmore, E. (2013) Predictors of therapist adherence and emotional bond in multisystemic therapy: testing ethnicity as a moderator. *Journal of Child and Family Studies* 22: 122-136.

*Naar-King, s. & Suarez, M. (2011). The spirit of motivational interviewing. *Motivational interviewing with adolescents and young adults.* (pp. 16-180) NY: Guilford.

*Hernandez, L., Barnett, N. et al. (2011). Alcohol problems. In S. Naar-King & M. Suarez (Eds.) *Motivational interviewing with adolescents and young adults.* (pp. 85-91) NY: Guilford.

*Webb, C., Scudder, M., Kaminer, Y., and Kadden, R. *The motivational enhancement therapy and cognitive-behavioral therapy supplement: 7 sessions of cognitive behavioral therapy for adolescent cannabis users, Cannabis Youth Treatment Series, Vol. 2.* HHS Publication No. (SMA) 08-3954. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (2002).

Curtis, N., Ronan, K., Heiblum, N., & Crellin, K. (2009). Dissemination and effectiveness of multisystemic treatment in New Zealand: A benchmarking study. *Journal of Family Psychology, 23*(2), 119-129.

Hogue, A., Henderson, C., Dauber, S., Barajas, P., Fried, A. & Liddle, H. (2008). Treatment adherence, competence, and outcome in individual and family therapy for adolescent behavior problems. *Journal of Consulting and Clinical Psychology, 76*(4), 544-555.

Letourneau, E., Ellis, D., Naar-King, S., Cunningham, P., & Fowler, S. (2010). Case study: Multisystemic therapy for adolescents who engage in HIV transmission risk behaviors. *Journal of Pediatric Psychology, 35*(2), 120-127.

Session 10 and Session 11 (Note that the TF-CBT certificate needs to be submitted prior to Session 10 and the Clinical Intervention Assignment is Due Prior to Session 11) (Nov. 7 and Nov. 14, 2014)

Interventions to Address Trauma, Terrorism and Disasters
Trauma-Focused Cognitive-Behavior Therapy
Completion of the TF-CBT Online Course Prior to Class –Submit Certificate

**Allen, B. & Kronenberg, M. (2014). Treating traumatized children: a casebook of evidence-based therapies. NY: Guilford. Chapters 1, 2, 3, 4,5*

*Cohen, J., Mannarino, A., Kliethermes. M. & Murray, L. (2012). Trauma-focused CBT for youth with complex trauma. *Child Abuse and Neglect* 36, 528-541.

*Walker, D., Reese, J., Hughes, J., & Troskie, M. (2010). Addressing religious and spiritual issues in trauma-focused cognitive behavior therapy for children and adolescents. *Professional Psychology, Research and Practice, 41*(2), 174-180.

Cohen, J., Berliner, L., & Mannarino, A. (2010). Trauma focused CBT for children with co-occurring trauma and behavior problems. *Child Abuse Neglect, 34*(4), 215-224.

Cohen, J., & Mannarino, A. (2008). Trauma-focused cognitive behavioural therapy for children and parents. *Child and Adolescent Mental Health, 13*(4), 158-162.

Cohen, J. & Mannarino, A. (2011). Trauma-Focused CBT for traumatic grief in military children. *Journal of Contemporary Psychotherapy* 41, 219-227.

Jaycox, L., Cohen, J., Mannarino, A., Walker, D., Langley, A., Gegenheimer, K., et al. (2010). Children's

mental health care following Hurricane Katrina: A field trial of trauma-focused psychotherapies. *Journal of Traumatic Stress, 23*(2), 223-231.

La Greca, A. & Silverman, W. (2012) Interventions for youth following disasters and acts of terrorism.

University of Miami. (2003). *Helping Children Cope with the Challenges of War and Terrorism: A Guide for Caring Adults and Children.* http://www.7-dippity.com/other/UWA_war_book.pdf

Session 12 (Nov. 21, 2014)
Dialectical Behavioral Therapy

*Miller, A. L., Rathus, J. H., Linehan, M., & Ebrary, I. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York: Guilford Press. Chap. 3 (pp. 38-70), Chap. 4 (pp. 71-95) and Chap. 10 (pp. 210-244)

*Groves, S., Backer, H., van den Bosch, W. & Miller, A. (2012). Review: Dialectical behavior therapy with adolescents. *Child and Adolescent Mental Health* 17(2), 65-75/

Geller, B., & DelBello, M. P. (2003). *Bipolar disorder in childhood and early adolescence*. New York:Guilford Press. Chaps. 12-14 (pp. 255-313).

Katz, L., Fotti, S., & Postl, L. (2009). Cognitive-behavioral therapy and dialectical behavior therapy: Adaptations required to treat adolescents. *The Psychiatric Clinics of North America, 32*(1), 95-109.

Session 13 (Dec. 3, 2014)
Next Steps/Panel of Experts from the Field

*Sexton, T., Chamberlin, P., Landsverk, J., Ortiz, A., & Schoenwald, S. (2010). Action brief: Future directions in the implementation of evidence based treatment and practices in child and adolescent mental health. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(1-2), 132-134.

*Sexton, T., & Kelley, S. (2010). Finding the common core: Evidence-based practices, clinically relevant evidence, and core mechanisms of change. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(1-2), 81-88.

*Stiffman, A., Stelk, W., Horwitz, S., Evans, M., Outlaw, F., & Atkins, M. (2010). A public health approach to children's mental health services: Possible solutions to current service inadequacies. *Administration and Policy in Mental Health and Mental Health Services Research, 37*(1-2), 120-12

Special Website for Evidence-Based and Promising Practices:

SAMHSA's National Registry of Evidence-based Programs and Practices

http://nrepp.samhsa.gov/