



S.W. 625: Interpersonal Practice with Children & Youth

Winter 2015

Monday 9-12 PM; 2816 SSWB

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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, and 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's 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, experiential activities, 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. *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 instructors 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	A = 97-99	A - = 92-96
B+ = 89-91	B = 86-88	B - = 82-85
C+ = 79-81	C = 76-78	C - = 72-75
D = 66-71	E = less than 66	

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.

APA Format and Academic Honesty: Please refer to the American Psychological Association Publication Manual (often called the APA Style Manual) in the preparation of your writing assignments, and use APA formatting for all citations. There is some helpful information related to APA citation guidelines on the Main UM Library website at: <http://guides.lib.umich.edu/content.php?pid=80367&sid=596113>

It is critical to reference all sources of information or ideas you use in your writing; to do otherwise is academic dishonesty. Direct quotes in particular must be identified as such. Situations of apparent plagiarism or academic dishonesty will be reported and handled according to University policy.

Expectations for Written Work: It is expected that written work will be submitted free from excessive grammatical errors including misspelled words or incomplete sentences. You may find it helpful to have someone who is unfamiliar with your subject read your paper before you turn it in. An outside reader can tell you if your writing is not clear, if you omitted a word or phrase, or if you used the wrong word. Spell checkers and grammar checkers are useful tools, but not as reliable as a human reader. Please be sure to proofread your work!

For personal assistance with your writing, the School of Social Work now has a full time Writing Skills/Study Skills Coordinator to assist students with writing. Contact Betsy Williams (betsywil@umich.edu, Room 1696 SSW (in the Career Services office), 734-763-6259) to ask a quick question or to make an appointment for help with a paper draft or with other writing tasks. You may also make an appointment at the University of Michigan Sweetland Center for Writing (<http://www.lsa.umich.edu/sweetland/>; 734-764-0429).

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. Poster Introduction- Due Session 2 (5%)
2. Online TF-CBT Training- Completed by Session 3 (5%)
3. Engagement Handout- Due Session 4 (10%)
4. PCIT Online Training- Completed by Session 5 (5%)
5. Clinical Case Presentation and Consultation- Sessions 4, 6, and 7 (5%)
6. Assessment Paper- Due Session 8 (30%)
7. Intervention Paper- Due Session 11 (30%)
8. Attendance and Participation (10%)

Optional/Recommended Texts

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.

Additional Recommended Texts on Reserve at the Library:

1. Maruish, M. E. (2002) *Essentials of treatment planning*. NY: Wiley.
2. Friedberg, R.D., McClure, J.M., & Garcia, J. (2009) *Cognitive therapy techniques for children and adolescents: tools for enhancing practice*. NY: Guilford.
3. Fristad, M., Arnold, J. & Leffler, J. (2011). *Psychotherapy for children with bipolar and depressive disorders*. NY: Guilford.
4. Henggeler, S. Schoenwald, S. et al. (2009). *Multisystemic Therapy for Antisocial Behavior in Children and Adolescents*. NY: Guilford
5. 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.

Assignments:

- 1. Poster Introduction- 5% of final grade. Due Session 2 (1/26/15).**
 - a. Write a short (1-2 page) paper (upload onto CTools by 1/25 so we can create the venue to show it in class) covering the following:
Who are you? What is important for us to know about you? (For example, what is your learning style, your need for structure/flexibility, your professional pet peeves, topics that make you shut down, topics of particular interest to you?)
What do you bring, from prior experiences (classroom, field, life) to this class?
What are some of your specific areas of strength? What are some of your specific areas for improvement? What are your hopes and expectations from this class?
 - b. Prepare a PowerPoint slide that will be shown in class that best summarizes all of the above. When your slide shows up, you will be asked to respond to any

questions that class members have (up to a minute's worth). Submit your slide to CTools by 9am on Sunday, 1/25.

2. Completion of online Trauma-Focused Cognitive Behavioral Therapy training- 5% of final grade. Due Session 3 (2/2/15).

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 a copy as proof of your completion by 2/2/15 (Session 3).

3. Engagement and Relationship Building Handout- 10% of final grade. Due Session 4 (2/9/15).

This assignment offers an opportunity to share a resource or activity with your peers related to building relationships or enhancing engagement with children and youth. Prepare a handout that describes a resource (i.e. poem, song, film, book, story, game, TV show, and object) or an activity that you either have used or plan to use to enhance engagement and relationship building with a child or adolescent in a clinical setting. Be sure to include the following:

- i. Description of the resource or activity
- ii. The intended goal or connection that you hope to achieve through the resource or activity. (For example, are you hoping to elicit a client's sense of identity, or are you hoping that a particular activity will illuminate a client's resilience?)
- iii. Examples of discussion points that will facilitate your client's connection to the resource or activity.
- iv. Target population (With whom would you use this activity/resource? For example, is this tailored for a specific age range or for a particular type of client?)
- v. Any diversity factors to consider in the use of this resource?

Upload your handout by 9PM on 2/8, and come to class prepared to talk about your resource/activity.

4. Completion of online Parent-Child Interaction Therapy training- 5% of final grade. Due Session 5 (2/16/15).

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 a copy as proof of your completion by 2/16 (Session 5).

5. Clinical case presentation and consultation- 5% of final grade. Due Sessions 4, 6, & 7, as assigned.

Students will be assigned to present a clinical case for discussion on one of the four specified class sessions (sessions 4, 6, and 7). Students should come to their assigned class session prepared to present on a clinical case from their current or previous work in the field. Students will present their case to the class as they would to a consultation team or within group supervision in the field. Presentations will be approximately 5 minutes long, with clinical case discussions to follow for approximately another 10 minutes. The purpose of the clinical case presentation is to address a challenge from your practice about which you would like feedback in order

to gain a greater understanding or new perspectives in your work with children and adolescents. Often times the case presentations will address areas where you as a worker have felt stuck or need additional feedback on a particular process or issue. Case presentation should include the following:

- i. Share your clinical question or the learning outcome that you hope to address in the discussion.
 - ii. Brief case description: presenting problem or concern, any critical issues, relevant histories (social, family, medical, psychological educational).*
 - iii. Summary of your clinical formulation or impressions.
 - iv. Summary of any interventions used or treatment plan goals.
- *Be sure to protect client confidentiality of any case material, and alter case information to ensure that client systems are not able to be identified.

6. Assessment paper- 30% of final grade. Due Session 8 (3/16/15).

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 instructors for additional clarification on how to complete this assignment when you are not working directly with youth.*

Component 1: Assessment Summary. *(Typically one and a half to two pages in length, single-spaced.)*

Address the following areas in your assessment summary:

- a. Information gathering.
Describe your method of gathering information. Did you use an interview method, a four corners assessment, or other means of information-gathering? In what setting did you gather information (i.e. the home, an office, a school?) To what extent did your client's developmental level or presentation contribute to your method of assessment? From whom did you gather information (e.g., only your client, client's family members, school personnel, community workers?)
- b. 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 bio-psychosocial 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. Include in the bio-psychosocial assessment the following information that may be obtained from the youth and parent(s)/caregivers depending on your setting:
 - i. Description of the Presenting Issues and Referral Source
 - ii. Family background and situation
 - iii. Physical functioning and health of youth

- iv. Educational background and School performance
- v. Cognitive functioning
- vi. Psychological and emotional functioning
- vii. Interpersonal and social relationships
- viii. Ethnicity
- ix. Religion and spirituality of youth/family
- x. Gender (including Gender Identity and Gender Expression)
- xi. Strengths and problem-solving capacity of youth and family
- xii. Family income and use of community resources
- xiii. Potential barriers to treatment
- xiv. 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).

Component 2: Building the Therapeutic Alliance. *(One page, single-spaced.)*

Discuss what steps you took to form a therapeutic alliance with the youth, and with what result. Reflect on the following:

- a. How did you engage and build a relationship with the youth?
- b. What diversity factors might have influenced the ways that you chose 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)?

Component 3: DSM-5 Diagnosis. *(Half a page, single-spaced.)*

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 rationale for the selection of that diagnosis.

7. Intervention paper- 30% of final grade. Due Session 11 (4/6/15).

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 clear and jargon-free. Remember, when completing this assignment to alter case information as needed to protect client confidentiality.

- 1. Select two 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 (two are required):
 - 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's and family's feedback related to addressing the goal.

3. Create a treatment/intervention chart for each goal. Prepare this segment of the paper as a professional document that could be added to a youth's case file. 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
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. 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).

Course Schedule

(Note: Items marked with * are required readings; the others are recommended.)

Session 1 (1/12/15)

- Introductions to the course and each other
- Multi-systems approach to working with children, adolescents, and families
- Role of evidence-based and empirically supported interventions in clinical social work practice.
- Locations/Settings of services: mental health agencies, schools, child welfare, community organizations
- What goes into the client- overview of the process, no matter what type of specific approach you take. (Helping Model Exercise.)
- The “arc” of IP work with children/adolescents. (Helping Process Handout.)

Readings:

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 practices 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) Disemmination and implementation of evidence-based treatments for youth: Challenges and recommendations. *Professional Psychology: Research and Practice*. Advance online pub. Doi:10.1037/a002910.

Session 2 (1/26/15) (Due: Poster Introduction)

- Assessments and Evaluations (including four corners, FBAs, bio-psychosocial assessments)
- Developmental considerations in assessments
- Influence of diversity factors in accessing services and engagement
- A look at your own clinical approach to engagement and intervention with children/adolescents and families

Readings:

*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.

*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) *Evidence-based psychotherapies for children and adolescents* (2nd Ed.) Guilford Press, NY, NY pp. 28-39.

*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

Session 3 (2/2/15)- (Online TF-CBT Training is due prior to Session 3)

- Cognitive-behavioral therapy
- Trauma-focused CBT
- Applications to depression, anxiety, ODD, PTSD
- Trauma and the brain

Readings:

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).

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*, 17, 131-142.

Session 4 (2/9/15) (Due: Engagement Handout Assignment)

- In class case consultations
- Engagement
- Goal-setting (with clients)
- Therapeutic trust and rapport

Readings TBD

Session 5 (2/16/15) (Online PCIT Training is due by Session 5)

Guest speaker: Bianka Von Kulajta, LMSW, Ann Arbor Preschool and Family Center, Ann Arbor Public Schools

- Working with young children- engagement, rapport, ethics, approaches
- Play Therapy
- Parent-Child Interaction Therapy

Readings:

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).

Session 6 (2/23/15) (Due: Come prepared for case consultation)

- In class case consultations
- Steps in building an intervention/treatment plan

Readings TBD

Session 7 (3/9/15)

- In class case consultations
- Working specifically with adolescents- issues that arise and are prevalent in adolescence
- Motivational interviewing
- Working with parents/families of children and adolescents

- Self-injurious behavior
- Suicide and suicidal ideation

Readings:

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.

*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.

*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.

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

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.

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).

Session 8 (3/16/15) (Due: Assessment Paper)

- DBT – Jonathan Marin, LMSW, Child and Adolescent Psychiatry, will speak to us about his work.

Readings:

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

*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/

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)

Session 9 (3/23/15)

- Adventure therapy

Readings TBD

Session 10 (3/30/15)

- Values and code of ethics in clinical work (confidentiality, informed consent, mandated reporting, etc.)
- Ethical dilemmas
- Use of self in clinical work- managing self-disclosure, countertransference
- Managing resistance

Readings:

*Corey, G., Corey, M.S., Corey, C., & Callanan, P. (2015). *Issues and ethics in the helping professions* (9th ed.). Stamford, CT: Cengage Learning. Chap. 1 (pp. 4-36), Chap. 2 (pp. 38-66), and Chap. 10 (pp. 370-400).

*NASW Delegate Assembly (2008). *NASW Code of Ethics*. Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>

Session 11 (4/6/15) (Due: Intervention paper)

- Alternative, creative approaches to clinical work
- Incorporating art, music, literature, writing and games into clinical work.
- Group work and facilitation with children and adolescents

Readings TBD

Session 12 (4/13/15)

- Progress monitoring/review/evaluating the effectiveness of interventions

Readings:

*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

Session 13 (4/20/15)

- Self-care
- Endings/Termination/Closure

Readings TBD