UNIVERSITY OF MICHIGAN
School of Social Work

SW 625: Interpersonal Practice with Children and Youth

COURSE NUMBER:	SW 625-001
MEETING DATES/TIME:	Wednesdays 9-12pm (September 16—December 9, 2015)
ROOM:	3752 SSWB
INSTRUCTOR:	Colleen E. Crane MSW, LCSW, LMSW
EMAIL:	kennac@umich.edu.
Emergency:	248-330-3585

OFFICE HOURS: Tuesday 12:00-1:00pm
Tuesday 5:00-6:00pm
Wednesday 8:00-9:00am or by appointment
OFFICE: 2740 SSWB

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)

Course Design

The instructor will select required and recommended readings. 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.

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 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.

Faculty Approved 09/03/2014

A. Academic Conduct and Integrity

Please see Chapter 12: Student Code of Academic and Professional Conduct in the *Student Guide to the Master's in Social Work Degree Program* (http://www.ssw.umich.edu/studentGuide) for a discussion of student responsibilities for academic conduct and integrity. In particular, please pay attention to issues related to plagiarism. Students who are found responsible for academic misconduct are subject to disciplinary action up to and including dismissal from the School of Social Work, revocation of degree, or any other sanction deemed appropriate to address the violation. This includes using work from other courses in this course and presenting it as new material for completion of assignments.

Writing Assistance

I take reviewing and grading your written work very seriously. I ask that you take pride in your written work and ask for help if needed. I am available to review assignments for feedback and editing, if there is time. However, if you need additional assistance, the SSW has a resource for you. Please check out: https://sites.google.com/a/umich.edu/ssw-writing-help/. The School of Social Work Writing Assistance is located in career services. They are also available for assistance in writing your resume, cover letter, and goal statement if needed. There is also a link to OWL Purdue on CANVAS. OWL Purdue is a great resource for everything related to APA format and style. Here is the link as well: https://owl.english.purdue.edu/owl/resource/560/01/

Accommodations for Students with Disabilities

If you need accommodations for a disability or other special need, please let me know as early as possible (by the third week of class) so that we can work out the necessary arrangements. Also note that Office of Student Services in the SSW offers support to students with disabilities, as well as students with other issues such as emotional, health, family, and financial problems. Please see Chapter 19: Students with Disabilities-Relevant Policies in the *Student Guide to the Master's in Social Work Degree Program* (http://www.ssw.umich.edu/studentGuide) for additional resources.

Religious Observances

Please notify me (by the third week of class) if religious observances conflict with class or due dates for assignments so that we can make appropriate arrangements.

B. Assignments:

Attendance is necessary for participation to occur but attendance alone is not enough –you have to actively engage – ask and answer questions, make comments. Participation counts for 10% of your overall grade. If you are to miss more than 1 class during the semester, you will need to speak with me, as an additional writing assignment will be required of you.

Typically each week we'll have some combination of lecture, small group discussion and full class discussion. Lecture outline will be posted on CANVAS before the night of the lecture. Each week there will be assigned readings. As we progress through the semester, I will begin to highlight readings based on our class discussions. Each week, in discussion you will be asked about the core concepts and relevant implications of these concepts. Core concepts should link from one week to the next in the sense that you should be asking yourself (and me) how the current week's content relates to what we already learned. The goal of the discussions is to create an active learning context in which each week's content is actively linked to prior content so that by the end of the semester, students will have a linked memory structure, facilitating later recall and use of the material in class and in the field.

Please note that if you are more than 15 minutes late to class, your participation for that day will be marked accordingly. Class begins promptly at 9:10am; a sign in sheet will be passed around and collected shortly after. As social workers it is important that we value the time of the clients and families we work with, by arriving on time and participating in class we are working to instill those values from the beginning of our practice. This class serves as the foundation of your practice as a social worker!!

C. Grading:

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 due at the start of class, or when stated on CANVAS. This means that you need to make time for printing out your paper, or if submitting it on line, time for potential technology related issues. Each day your assignment is late, 1 point will be deducted from your final grade for that assignment. A rewrite will not include points that were deducted for a late submission.

D. Course Requirements:

Class Participation & Attendance	On-going	10%
Completion of the PCIT Training	10/7/15	10%
Completion of TF-CBT Training	11/17/15	10%
Clinical Case Presentation & Reflection Paper	As assigned	20%
Clinical Assessment Paper	11/11/15	25%
Clinical Intervention Paper	12/11/15	25%

REQUIRED TEXTS AND OPTIONAL RECOMMENDED TEXTS:

Required:

Brent, D.A., Poling, K.D. & Goldstein, T.R. (2011). *Treating depressed and suicidal adolescents: a clinician's guide* NY: Guilford.

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 CANVAS site for the course. All required books and optional text resources when possible are on Course Reserves at Shapiro Library.

Assignments:

1) Clinical Case Presentations & Reflection. Reflection is due one week after your presentation:

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 a maximum of 15 minutes long with clinical case discussion to follow each case for approximately another 15 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 question(s) or learning outcome you would like to address in the case presentation. For purposes of the presentation you should have 1-2 questions for the class to address in discussion. (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 cannot 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(s) 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 approximately 2-3 pages and submitted to the instructor one week post presentation. If you are presenting on the last day of class, your summary will be due on December 15th by 5pm.

Presentations will start September 30th. A sign-up sheet will be distributed on the first day of class.

Please attach your PowerPoint presentation to your written case summary. A hard copy is required for completion of the assignment.

2) Completion of the PCIT Training. Due October 7, 2015

PCIT Web Course

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

In 2011, the UCD PCIT Training Center developed the "PCIT for Traumatized Children" Web Course: a free, 10-hour, 11-module web course to provide fundamental information about providing PCIT. This web course was designed to increase access to information about PCIT and to make it easier for more therapists to learn the skills necessary to aid a greater number of families. The web course gives trainees a solid foundation in PCIT and partially fulfills the requirements to be a certified PCIT therapist. The course uses a combination of instruction, video examples, and interactive exercises to educate therapists on the principles of PCIT.

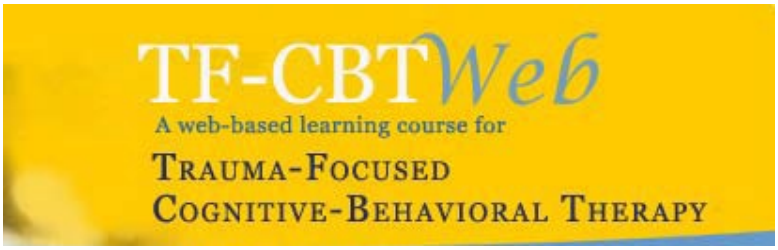
http://pcit.ucdavis.edu/pcit-web-course/ (Links to an external site.)

Once you have completed the training, please write a brief 1-2 page summary concerning the training. Please unload your certificate of completion at the end of your reflection.

1. A brief description of the training in your own words.

2. What will you take from completing this course that will help you guide your future practice or involvement with children and families?

3) Completion of the TF-CBT Training. Due November 17, 2015



This on-line course is sponsored by the National Child Traumatic Stress Network. The website for this curriculum is www.musc.edc/tfcbt (Links to an external site.). ***It takes some time, so you may want to get started early in the semester.***

Complete the internet course on the use of Trauma-Focused Cognitive Behavioral Therapy, by Cohen, Mannarina and Debringer, and turn in your certificate of completion with a short 1-2 page reflection paper. The course takes about 10 hours and will be completed at your own pace outside of class. **You will earn 10 continuing education credits for taking this course and a certificate of completion that can be reflected in your resume.**

Once you have completed the training, please write a brief 1-2 page summary concerning the training. Please unload your certificate of completion at the end of your reflection.

1. A brief description of the training in your own words.

2. What will you take from completing this course that will help you guide your future practice or involvement with children and families?

4) Clinical Assessment Paper. Due November 11, 2015.

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.

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.

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

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.

Second Part of Assignment:

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

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)*

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)*

5. Clinical Intervention. Due December 11, 2015 by midnight on CANVAS.

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. (What are the theories or empirically supported interventions that you are using to guide your work?).
    - Identify the smaller steps involved in working toward the goal (How do you build a therapeutic alliance with this child or family?).
    - Highlight how you will incorporate the youth and family feedback related to addressing the goal (Potential roadblocks? How might you address them?).
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. http://guides.lib.umich.edu/tests
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. http://www.socialworkers.org/pubs/code/code.asp
6. Reflect on your learning: What are you taking from this paper that will help you guide your future clinical practice with children, youth and families that you may work with? What skills have you gained or enhanced through the development of this paper?
7. Use at least 5 individual peer reviewed resources from in class references or references you have obtained on your own. Create a works cited page.

Course Schedule:

(Note * items are required readings the other readings are recommended)

There are several guest speakers that I am waiting to hear from; therefore, topics covered on specific days may change to accommodate their schedules. These changes will be posted on CANVAS if and when they occur.

Session 1 (Sept. 16, 2015)

Review of Course Expectations…. Creating the Learning Environment
Multi-systems Approach to Work with Children, Adolescents and Families
Development, Attachment, Interactional, and Psychodynamic Theories
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. 23, 2015)

Developmental Considerations in Assessment and Intervention Planning
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
Creating a Child-Friendly Therapy Space
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 (Sept. 30 and October 7, 2015)

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 (Oct. 14 and Oct. 21, 2015)

Behavioral Management
ADHD
ODD
Dialectical Behavioral Therapy

** 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).

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Session 7 and Session 8 (Oct. 28 and November 4, 2015)

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

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Session 9 (November 11, 2015)

Multisystemic Therapy and Motivational Enhancement Work with Adolescents
Bipolar Disorder and Substance Abuse

*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.

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****NO CLASS WEDNESDAY NOVEMBER 25th FOR THANKSGIVING HOLIDAY BREAK****

Session 10 and Session 11 (Nov. 18 and December 2, 2015)

Interventions to Address Trauma, Terrorism and Disasters
Trauma-Focused Cognitive-Behavior Therapy

*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.

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

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Session 12 (December 9, 2015)

Next Steps

*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