SCHOOL OF SOCIAL WORK
UNIVERSITY OF MICHIGAN

SW 625, Sec 002 Interpersonal Practice with Children and Youth
Course Syllabus

Spring/Summer Term 2016
Tuesdays 8:00-12:00pm

Instructor: Daniel Fischer, LMSW
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Office Hours: By appointment only *(please email to schedule an appointment as needed)*

Course Description

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

Course Content

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

Content on intervention planning will assist students in selecting interventions which are matched with client problems across diverse populations, cultural backgrounds, socio-political contexts, and available resources. These interventions will be based on a thorough assessment,

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

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

Course Objectives

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

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

Students in Need of Accommodations

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

Student Mental Health and Wellbeing

University of Michigan is committed to advancing the mental health and wellbeing of its students. If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, services are available. For help, contact ***Counseling and Psychological Services (CAPS)*** at (734) 764-8312 and *https://caps.umich.edu* during and after hours, on weekends and holidays, or through its counselors physically located in schools on both North and Central Campus. You may also consult ***University Health Services (UHS)*** at (734) 764-8320 and *https://www.uhs.umich.edu/mentalhealthsvcs* or for alcohol or drug concerns see *www.uhs.umich.edu/aodresources* . For a listing of other mental health resources available on and off campus, visit http://umich.edu/~mhealth/ .

Theme Relation to Multiculturalism & Diversity

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

Theme Relation to Social Justice: Social Justice and Social Change will be addressed through discussion of differences between problems responsive to interpersonal practice interventions and those which result from poverty, discrimination, and disenfranchisement, requiring systemic as well as individual interventions. Case advocacy for disadvantaged, deprived, victimized and underserved or inappropriately served children and adolescents and their families will also be emphasized.

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

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

Relationship to SW Ethics and Values

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

adolescent populations and the ways that the professional Code of Ethics may be used to guide and resolve value and ethical issues.

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

Course Design and Format

Class format will include lecture, discussion, case analysis, skills development sessions and viewing of videotapes. All assignments will integrate theory, evidence-based practice research, and case analysis, and when possible, the student's practicum work. The majority of class session will include two hours of the lecture topic, 45 minutes of clinical team practice and discussions and 1 hour of clinical case presentations and discussions. Students are expected to attend all classes and participate in class activities and discussions. More than one absence will result in the lowering of the students' grade.

COURSE REQUIREMENTS/ASSIGNMENTS AND GRADING

- Class Attendance and Participation in Clinical Team Sessions and Practices (20pts) 10%
- In-Class Clinical Case Presentation and Self-Reflection Summary (written reflections due within one week of in-class presentation) (40pts) 20%
- Completion of TF-CBT On-Line Training – (Certificate Due June 7th) (30pts) 15%
- Take-home Examination #1 (Due Tuesday June 14th at 11:59pm) (40pts) 20%
- Completion of PCIT On-Line Training – (Certificate Due June 28th) (30pts) 15%
- Take-home Examination #2 (Due Friday July 15th at 11:59pm) (40pts) 20%

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

Class Attendance and Participation, and Clinical Team Sessions and Clinical Interventions Practice – weekly in-class (20 points)

Attendance is a requirement. Your grade will be affected negatively if you miss more than one class or any classes without communication with the instructor.

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

You will be assigned to a clinical team that you will work with throughout the semester. The clinical team will engage in in-class exercises and discussions that focus on skill practice, self-directed clinical based homework assignments, and integrative learning related to the lectures and course readings (jigsaw technique).

In-Class Clinical Case Presentation and Written Case Summary (weekly by assignment) (40 points)

Each week 2 clinical case presentations will be given by selected students as assigned. Each student will be assigned one in-class presentation during the semester. Presentations will be 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:

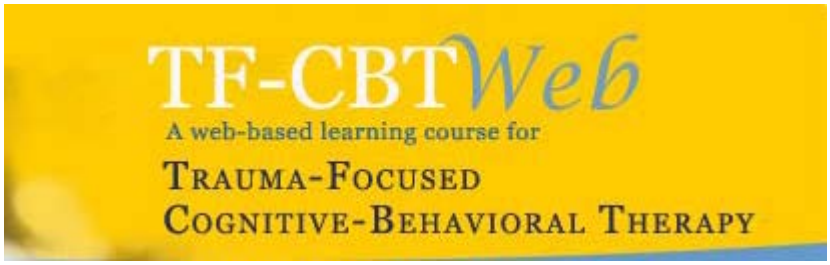
(1) Share with the class your clinical questions or learning outcome you would like to address in the case presentation. For purposes of the presentation you should have 2-3 questions for the class to address in discussion.
(2) Brief case description: presenting problem/concern, any critical issues,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

Self-Reflection Summary: The 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 by the class session one week post presentation.

Completion of the Trauma Focused CBT Online Training Course - submit certificate of completion to the instructor by June 7th at 8am (30 points)

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

http://tfcbt.musc.edu/



Take Home Examination #1– Due Tuesday June 14th at 11:59pm (40 points)

The take home examination will involve you using information from class lectures and the course readings to respond to brief clinical scenarios to describe details in how to implement various evidenced based intervention with children and youth. For example, for a clinical scenario of pediatric depression, you would describe how you would implement a treatment plan using cognitive behavior therapy to address this problem. This would include: affect education, mood monitoring, behavioral activation strategies, cognitive techniques, mood management (relaxation and breathing retraining) and problem solving techniques. The goal is to have you respond as you would in a job interview when discussing intervention strategies for particular problems and cases. This exam will cover the first half of the class sessions.

Completion of the Parent Child Interaction Therapy Online Training Course – submit certificate of completion to the instructor by June 28th at 8:00am (30 points)

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

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

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Take Home Examination #2– Due Friday July 15th at 11:59pm (40 points)
The take home examination will involve you using information from class lectures and the course readings to respond to brief clinical scenarios to describe details in how to implement various evidenced based intervention with children and youth. For example, for a vignette on child behavioral issues, you would describe how you would use parent training/behavior management or play therapy techniques to address this problem. The goal is to have you respond as you would in a job interview when discussing intervention strategies for particular problems and cases. The second exam will cover the 2nd half of the class sessions.

Course Grading Scale *(Total points available 200).*

A	**(200-190 points)**	**C+**	**(159-154 points)**
A-	**(189-180 points)**	**C**	**(153-148 points)**
B+	**(179-174 points)**	**C-**	**(147-140 points)**
B	**(173-168 points)**	**D**	**(139-130 points)**
B-	**(167-160 points)**	**F**	**(less than 130 points)**

COURSE SCHEDULE, TOPICS AND REQUIRED READING ASSIGNMENTS

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

Barkley, RA (2013). *Defiant Children: A Clinician's Manual for Assessment and Parent Training (3rd Edition).* New York: Guilford Press.

Gil, E (2011). Helping Abused and Traumatized Children: Integrating Directive and Nondirective Approaches. New York: Guilford press.

Additional readings will be available on Canvas at course site INTP 625 002 SS16.

COURSE SCHEDULE

SESSION 1 - MAY 10, 2016:
Psychosocial Assessment, Developmental Considerations, Ethical Issues, Diversity Factors and Use of Evidenced Based Interventions
Kazdin, AE and Weisz, JR. (2010). Introduction: Context, background, and goals. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition.* NewYork: Guilford Press (pp. 3-9).

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

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

SESSION 2 - MAY 17, 2016
Cognitive-Behavioral Interventions for Anxiety and Depression
Kendall, PC, Furr, JM, & Podell, JL. (2010). Child-focused treatment of anxiety. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 45-60).

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

SESSION 3 - MAY 24, 2016
Cognitive-Behavioral Interventions for Anxiety and Depression
Pahl, KM & Barrett, PM. (2010). Interventions for anxiety disorders in children using group cognitive-behavioral therapy with family involvement. In JR Weisz & AE Kazdin, (Eds.).

Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition. New York: Guilford Press (pp. 61-79).

Jigsaw Readings Clinical Teams
Team 1: Kendall, P. C., Cummings, C. M., Villabø, M. A., Narayanan, M. K., Treadwell, K., Birmaher, B., ... & Gosch, E. (2015). Mediators of change in the Child/Adolescent Anxiety Multimodal Treatment Study. *Journal of consulting and clinical psychology*, *84*(1), 1.

Team 2: Hudson, J. L., Keers, R., Roberts, S., Coleman, J. R., Breen, G., Arendt, K., ... & Eley, T. C. (2015). Clinical Predictors of Response to Cognitive-Behavioral Therapy in Pediatric Anxiety Disorders: The Genes for Treatment (GxT) Study. *Journal of the American Academy of Child & Adolescent Psychiatry*. 6, 454-463.

Team 3: Gordon-Hollingsworth, A. T., Becker, E. M., Ginsburg, G. S., Keeton, C., Compton, S. N., Birmaher, B. B., ... & Suveg, C. M. (2015). Anxiety Disorders in Caucasian and African American Children: A Comparison of Clinical Characteristics, Treatment Process Variables, and Treatment Outcomes. *Child Psychiatry & Human Development*, *46*(5), 643-655.

Team 4: Schleider, J. L., Ginsburg, G. S., Keeton, C. P., Weisz, J. R., Birmaher, B., Kendall, P. C., ... & Walkup, J. T. (2015). Parental Psychopathology and Treatment Outcome for Anxious Youth: Roles of Family Functioning and Caregiver Strain. *Journal of Consulting and Clinical Psychology*, *Vol 83(1)*, 213-224

SESSION 4 – MAY 31, 2016
Cognitive-Behavioral Interventions for Anxiety and Depression
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).

Bearman, SK, Ugueto, A, Alleyne, A, & Weisz, JR. (2010). Adapting cognitive-behavioral therapy for depression to fit diverse youths and contexts. In JR Weisz & AE Kazdin, (Eds.). *Evidenced-Based Psychotherapies for Children and Adolescents: 2nd edition*. New York: Guilford Press (pp. 466-481).

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

Jigsaw Readings Clinical Teams
Team 1: Craig, S. L., Austin, A., & Alessi, E. (2013). Gay affirmative cognitive behavioral therapy for sexual minority youth: A clinical adaptation. *Clinical Social Work Journal*, *41*(3), 258-266.

Team 2: Austin, A., & Craig, S. L. (2015). Empirically Supported Interventions for Sexual and Gender Minority Youth. *Journal of Evidence-Informed Social Work*, (ahead-of-print), 1-12.

Team 3: 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.

Team 4: Hong, JS, Espelage, DL, & Kral, MJ. (2011). Understanding suicide among sexual minority youth in America: an ecological systems analysis. *Journal of Adolescence, 34*, 885-894.

SESSION 5 – JUNE 7, 2016

Dialectical Behavior Therapy and Childhood Trauma

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

Felitti, VJ, Anda, RF, Nordenberg, D, Williamson, DF, Spitz, AM, Edwards, V, Koss, MP, and James, JS. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE study). *American Journal of Preventative Medicine, 14*, 245-258.

Jigsaw Readings Clinical Teams

Team 1: Goldstein, T. R., Fersch-Podrat, R. K., Rivera, M., Axelson, D. A., Merranko, J., Yu, H., ... & Birmaher, B. (2015). Dialectical behavior therapy for adolescents with bipolar disorder: results from a pilot randomized trial. *Journal of child and adolescent psychopharmacology*, *25*(2), 140-149.

Team 2: Courtney, D. B., & Flament, M. F. (2015). Adapted dialectical behavior therapy for adolescents with self-injurious thoughts and behaviors. *The Journal of nervous and mental disease*, *203*(7), 537-544.

Team 3: Larkin, H., Felitti, V. J., & Anda, R. F. (2014). Social work and adverse childhood experiences research: Implications for practice and health policy. *Social work in public health*, *29*(1), 1-16.

Team 4: Vander Stoep, A, Adrian, M, McCauley, E, Crowell, SE, Stone, A, & Flynn, C. (2011). Risk for suicide ideation and suicide attempts associated with co-occurring depression and conduct problems in early adolescence. *Suicide and Life-Threatening Behavior*, 41, 316-329.

SESSION 6 – JUNE 14, 2016

Play therapy

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

Ray, D., Bratton, S., Rhine, T., & Jones, L. (2001). The effectiveness of play therapy: Responding to the critics. *International Journal of play therapy*, *10*(1), 85-108.

Baggerly, J., & Jenkins, W. W. (2009). The effectiveness of child-centered play therapy on developmental and diagnostic factors in children who are homeless. *International Journal of Play Therapy*, *18*(1), 45-55.

Ray, D. C., Schottelkorb, A., & Tsai, M. H. (2007). Play therapy with children exhibiting symptoms of attention deficit hyperactivity disorder. *International Journal of Play Therapy*, *16*(2), 95.

SESSION 7 – JUNE 21, 2016

Parent Training/Behavior Management
Barkley, RA (2013). *Defiant Children: A Clinician's Manual for Assessment and Parent Training (3rd Edition).* New York: Guilford Press.

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

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

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

SESSION 8 – JUNE 28, 2016
Parent Training/Behavior Management
Barkley, RA (2013). *Defiant Children: A Clinician's Manual for Assessment and Parent Training (3rd Edition).* New York: Guilford Press.

Jigsaw Readings Clinical Teams
Team 1: Baumann, A. A., Powell, B. J., Kohl, P. L., Tabak, R. G., Penalba, V., Proctor, E. K., ... & Cabassa, L. J. (2015). Cultural adaptation and implementation of evidence-based parent-training: A systematic review and critique of guiding evidence. *Children and Youth Services Review*, *53*, 113-120.

Team 2: Coard, S.I., Wallace, S.A., Howard C. Stevenson, H.C., & Brotman, L.M. (2004). Towards culturally relevant preventive interventions: The consideration of racial socialization in parent training with African American families. *Journal of Child and Family Studies, 3*, 277-293.

Team 3: Ortiz, C., & Del Vecchio, T. (2013). Cultural diversity: Do we need a new wake-up call for parent training? *Behavior therapy*, *44*(3), 443-458.

Team 4: Barker, CH, Cook, KL, & Borrego Jr., J. (2010). Addressing cultural variables in parent training programs for latino families. *Cognitive and Behavioral Practice, 17*, 157-166.

SESSION 9 – JULY 5, 2016
Chronic Illness in Children and Adolescents: Work with children and caregivers including schools
Compas, B., Jaser, S., Dunn, M., & Rodriguez, E. (2012). Coping with chronic illness in childhood and adolescence. *Annual Review of Clinical Psychology, 8*, 455-480.

SESSION 10 – JULY 12, 2016
Motivational Interviewing

Erickson, S. J., Gerstle, M., & Feldstein, S. W. (2005). Brief interventions and motivational interviewing with children, adolescents, and their parents in pediatric health care settings: a review. *Archives of pediatrics & adolescent medicine*, *159*(12), 1173-1180.

Jigsaw Readings Clinical Teams

Team 1: Cushing, C. C., Jensen, C. D., Miller, M. B., & Leffingwell, T. R. (2014). Meta-analysis of motivational interviewing for adolescent health behavior: Efficacy beyond substance use. *Journal of consulting and clinical psychology*, *82*(6), 1212.

Team 2: Barnett, E., Sussman, S., Smith, C., Rohrbach, L. A., & Spruijt-Metz, D. (2012). Motivational Interviewing for adolescent substance use: a review of the literature. *Addictive behaviors*, *37*(12), 1325-1334.

Team 4: Clair, M., Stein, L. A. R., Soenksen, S., Martin, R. A., Lebeau, R., & Golembeske, C. (2013). Ethnicity as a moderator of motivational interviewing for incarcerated adolescents after release. *Journal of substance abuse treatment*, *45*(4), 370-375.

Team 5: Miller, W. R., & Rollnick, S. (2009). Ten things that motivational interviewing is not. *Behavioural and cognitive psychotherapy*, *37*(02), 129-140.

SESSION 11 – JULY 19, 2016

Case presentations and course wrap-up

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