

SW625-004: Interpersonal Practice with Children and Youth
Course Syllabus

Tuesdays, 8a – 12N
Room B684 SSWB

Instructor: Daphne Brydon, LMFT, LMSW
Email: dmbrydon@umich.edu
Phone: 734-272-5634 (call / text)
Office Hours: After class on Tuesdays / by appt (*Please call/email to schedule an alternate time*)

REQUIRED TEXTBOOKS: There is no textbook for this course.

The materials for this course are housed on the University's web-based course management platform "Canvas." You can log in here: <https://umich.instructure.com>. Readings will be available on Canvas, organized by class date or available directly from a website. Students are expected to complete all readings prior to class.

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 that 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 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 this course, students using a social work practice framework 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.

RELATIONSHIP OF THE COURSE TO CURRICULAR THEMES:

Social Justice: 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.

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.

Social Work Ethics & 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.

The NASW Code of Ethics www.socialworkers.org/pubs/code/code.asp

INTENSIVE FOCUS ON PRIVILEGE, OPPRESSION, DIVERSITY, and SOCIAL JUSTICE (PODS): This course integrates PODS content and skills with a special emphasis on the identification of theories, practice, and/or policies that promote social justice, illuminate social injustices and are consistent with scientific and professional knowledge. Through the use of a variety of instructional methods, this course will facilitate PODS learning and support students' development toward: a vision of social justice; learning social justice processes; applying intersectional and intercultural frameworks; and overall strengthening of critical consciousness, self-knowledge, and self-awareness.

LEARNING NEEDS AND ACCOMMODATIONS: If you need or desire an accommodation for a disability, please let me know as soon as possible. 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 throughout the terms. 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 information and resources, please contact the Services for Students with Disabilities Office:

Location: G664 Haven Hall

Phone: (734) 763-3000 / TDD: (734) 615-4461 / VP: (734) 619-6661

Email: ssdoffice@umich.edu

HEALTH and WELLNESS SERVICES: Health and wellness encompasses situations or circumstances that may impede your success within the program. The Office of Student Services offers health and wellness services that are directed to the MSW student body. Feel free to contact Health and Wellness Advocates Lauren Davis (laurdavi@umich.edu) or Nyshourn Price-Reed (ndp@umich.edu) at 734-936-0961 regarding any health, mental health, or wellness issue. This could include need for advocacy and referral to University or community resources, financial resources or counseling. The MSW student Guide to Health and Wellness can be found at http://www.ssw.umich.edu/current/Health_Wellness_Guide.pdf.

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 Service (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/>.

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 the responsibility for any part of the course work required during the period of absence. Students who expect to miss classes, examinations, or other assignments due to 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: 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 the course work approved by the instructor.* The student must formally request in incomplete from the instructor prior to the final week of classes.

A NOTE ON THE CLASSROOM LEARNING ENVIRONMENT: Quality social workers must be self-aware, self-reflective, and open to exploring our own histories and issues regarding any given concern or population. **Be prepared to reflect on and explore your own family history, social systems, experiences, identity, cultural background and assumptions regarding all forms of diversity.** There will be a variety of ways that students can do this through critical thinking, assignments and active participation in class discussions and activities. My hope is to co-create a class environment where we will feel safe enough to take some risks - in sharing who we are and the questions we are grappling with related to the course content - and this is yet another reason I stress the importance of class participation and attendance.

I expect we will be honest, sensitive, and respectful with one another in preparation for quality social work practice. It is my hope that you will share opinions and feedback with others in discussions and exercises, and when you do so, please try to state them in a *respectful* and *constructive* manner. Also, prepare yourself to hear varying opinions and feedback non-defensively, and to use those data or challenge them constructively. Please practice tolerance, not expecting yourself or your classmates to be polished in discussions about issues that can be challenging and confusing.

We can expect to blunder and make mistakes in the classroom so that we are better prepared when we are in the field; please ***honor this process***.

USE of ELECTRONICS DURING CLASS: Please avoid the use of electronics during the course. If you need to take a phone call or respond to a text message or email, please step out of the class and return when you are done. It is expected that your computer will only be used to take notes during lectures or instructor-specified times during the class.

COURSE REQUIREMENTS: Students are expected to attend all classes for the full time frame, complete assigned reading(s) for each week, participate in class activities/discussions, and complete all assignments on time.

ATTENDANCE and PARTICPATION: Your attendance and participation reflects the basic elements of any social work relationship – to show up **and** remain present.

If you need to miss a class, in part or in total, you are required to notify me via email (dmbrydon@umich.edu) or phone/text (734-272-5634) **in advance of our class meeting time**. Failure to communicate an absence to the instructor will result in an automatic one-point deduction toward your final grade. Missing more than one class, in part or in total for any reason, will result in a one-point automatic deduction toward your final grade. Additionally, chronic and/or significant tardiness will count toward an absence. If, for any reason, I have concerns about your participation or attendance, I will discuss my concerns with you in a timely fashion.

I fully recognize levels of participation may vary based on comfort and interest in topics of discussion. The participation dynamic mirrors one you might experience throughout your social work practice; I encourage you to be proactive in recognizing these moments for yourself and take action, as appropriate. I will do my best to honor each student's participation level in the course. Please communicate any difficulty you are experiencing related to course material and discussions and I will do my best to help resolve the matter or identify appropriate support services if requested.

CLINICAL DISCUSSION GROUPS: Each student will be assigned to a clinical team with whom they will work throughout the semester. Clinical teams will be assigned during the first class session and will meet during weekly class sessions to engage in in-class exercises and discussions that focus on skills practice, clinical based homework assignments, and integrative learning related to the lectures and course readings.

READINGS: All course readings will be available on the school’s web-based course management platform, Canvas. Readings are organized in Modules by class date, or they will be available directly from a website. You can log in to Canvas here: <https://umich.instructure.com>.

Students are expected to **complete all readings prior to class**.

SW 625_SpSu 2016: GRADING GUIDELINES

YOUR GRADE FOR THIS COURSE WILL BE BASED ON:

- 5% Attendance and Participation
- 10% Clinical Assessment Paper – due May 17
- 15% Case Presentation & Written Case Summary Reflection – due weekly, starting May 24
- 60% Clinical Workshop
 - (15) Individual: Annotated Bibliography – due June 7
 - (15) Group: Resource Handout – due June 21
 - (30) Group: One-hour Workshop Presentation – July 5, 12, & 19
- 10% Vignette Final Exam – due July 26

GRADING PROCEDURE AND SCALE: Letter grades ranging from “A” to “E” are earned, with “+” or “-” distinguishing the degree of performance. Specific expectations for each assignment will be provided via Canvas and reviewed in class. 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 total point to final grade is 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 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.

FOR ALL ASSIGNMENTS, YOU WILL BE GRADED ON:

- Meeting assignment parameters (we will review parameters for each assignment ahead of time)
- Quality of writing skills: clarity of thought, organization, and flow (also see below)
- Effort/ability to self-reflect and think critically
- Demonstration of social work values (PODS, empathy, strengths-based thinking, etc)
- Insightfulness and clinical acuity
- Integration of reading materials, as requested
- Ability to discern which aspects of use of self would be important in assessment or intervention

WORK EXPECTATION FOR THIS COURSE: 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 (6) 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.

WRITING SKILLS:

Papers and assignments are expected to be well organized, clearly written, and show minimal grammatical errors. In this class, and in most of your classes, you are asked to demonstrate proper grammar, spelling, and the rules of the *American Psychological Association Publication Manual* (5th edition). You are not required to purchase the manual; however, I do encourage you to access it and other online writing resources such as (but not limited to):

<http://apastyle.apa.org/>
<http://grammar.ccc.commnet.edu/grammar/>
<https://owl.english.purdue.edu/owl/resource/560/01/>)

When you cite a source for one of your papers, use APA style citation. Please be aware that there will be a deduction of points for poor writing skills, including grammatical errors. I encourage you to use the Sweetland Writing Center if you require writing assistance.

PLAGIARISM:

Representing someone else's words, statements, ideas of works as one's own without proper acknowledgement or citation – is a serious violation of academic integrity and will be grounds for failure on an assignment and other disciplinary action as described under the School's policies on academic and professional conduct:

<http://archive.ssw.umich.edu/studentGuide/2012/page.html?section=12&volume=1>

Another helpful resource: <http://www.lib.umich.edu/academic-integrity/resources-students>. Please note that using web resources increases your risk of "accidental plagiarism." Do not let that happen to you.

OTHER NOTES: I try to provide clear, thoughtful feedback that is aimed at helping you to deepen your awareness of self in the process of working with others, who you are in the work you do (strengths and challenges), themes that arise in work, writing, communication skills, and the like. ***If I write or say something that confuses or upsets you, please make an appointment so we can discuss it!*** If I write or say something that helps you deepen your understanding of something (or yourself) that is helpful for me to know too.

SW 625_SpSu 2016: ASSIGNMENT GUIDELINES

YOUR ASSIGNMENTS FOR THIS COURSE ARE AS FOLLOWS:

Class Attendance and Participation

Attendance is a requirement. Active participation is a requirement. Students who attend every class, are attentive and present, responsive to others, and regularly contribute to discussion will receive all 5 points.

Brief Clinical Assessment Paper**Due: March 17**

Each student will watch one film, either *The Virgin Suicides* or *Donnie Darko*, and complete a psychosocial assessment based on the content from the film. Specific guidelines for this assignment will be provided and reviewed during the first class session. Required length: 2 – 3 pages, single-spaced with appropriate headings.

Case Presentation & Written Case Summary Reflection**Due: Weekly, starting May 24**

Each student will sign up to give one in-class clinical case presentation during the semester. Starting the third week of class, clinical case presentations will be given by students as assigned.

The purpose: to address a challenge from your clinical practice where you would like feedback in order to gain a greater understanding or new perspective in your work. Most times, the case presentations will be addressing areas where you are feeling “stuck” or need/want additional feedback on a particular process or issue.

Clinical Case Presentations (5 - 7 Minutes) should be prepared using PowerPoint and follow the following format, with de-identified case information. Each item represents one slide:

- (1) Share with the class your clinical question or learning outcome you would like to address in this case presentation.
- (2) Brief case/scenario description: presenting problem/concern, critical issues, relevant histories (social, family, medical, psych, education). This background information will help us to engage in the clinical formulation and intervention planning. Keep this case description information to a minimum.
- (3) Summary of your clinical formulation or impressions. Include how you incorporated the best practice knowledge and skills in your assessment and clinical hypothesis development. Also, discuss any colleague/worker/client system diversity factors that may have an impact on your clinical impressions and engagement process.
- (4) Interventions, Strategies, or Treatment Goals: Links to any (evidence-based) practices or theories you have reviewed or considered to develop your approach.

Clinical Discussion and Report Out (15 minutes): Following your presentation, each clinical team will take a few minutes to discuss the case and each group will report back to the class, focusing on providing feedback to the clinical question(s) or learning outcome presented.

Case Presentation Summary Reflection (Submitted via Canvas one week after your case presentation):

The written case summary reflection should provide a summary of the suggestions made by your clinical team, as well as a reflection of what you learned about your clinical question(s) or learning outcome(s) based on your own review of current practices and the feedback you received. Your written case reflection summary should be no more than 1 page, single-spaced. You are also asked to create two (2) additional summary PowerPoint slides entitled “Clinical Team Recommendations” and “Clinical Self-Reflection” to add to your previous slides (total of at least 6 slides).

Clinical Workshop

Due: July 5

Students will work in groups of 3 or 4 throughout the semester to develop a workshop/presentation related to a treatment modality of the group's choosing. Groups will sign up to present their 60-minute workshops in class on July 5, 12, and 19. Workshop presentations will include a didactic teaching component, an interactive skills-practice component, and at least one role play. Groups will be organized based on topics of interest and some time will be allotted in class to work on the presentations.

Topics and assignment guidelines will be provided and discussed during the first class session. Groups will be identified no later than the second session of class. All groups will submit their workshop presentations and resources on July 5 – even if the group is presenting on July 12 or 19.

Final Exam

Due: Jul 26

A vignette-based final exam will be posted to Canvas following the final class session. Exam responses are to be completed online and submitted no later than Tuesday, July 26 at 12Noon.

SW 625_SpSu2016: WEEKLY COURSE OUTLINE

Session One: May 10

Course Overview and Introductions

Psychosocial Assessment and Developmental Considerations in Practice with Children and Youth

Bor, W., Dean, A.J., Najman, J., & Hayatbakhsh, R. (2014). Are child and adolescent mental health problems increasing in the 21st century? A systematic review. *Australian & New Zealand Journal of Psychiatry, 48*(7), 606 – 616.

Novins, D.K., Green, A.E., Legha, R.K., Aarons, G.A. (2013). Dissemination and implementation of evidence-based practices for child and adolescent mental health: A systematic review. *Journal of the American Academy of Child and Adolescent Psychiatry, 52*(10), 1009 – 1025.

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.

Session Two: May 17

CLINICAL ASSESSMENT PAPER DUE

Ethical and Diversity Considerations in Practice with Children and Youth

Survey of Common Childhood / Adolescent Disorders

Creating a Child-Friendly Therapy Space

FILM OPTION ONE: Donnie Darko

FILM OPTION TWO: The Virgin Suicides

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

Cummings, JR, Pones, NA, & Mays, VM. (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.

Session Three: May 24

Suicide Assessment and Trauma Assessment

Moving from Assessment to Intervention: Survey of Treatment Modalities

VIDEO: Trauma Informed Child-Centered Play Therapy

<http://search.alexanderstreet.com.proxy.lib.umich.edu/ctiv/view/work/2277985>

Abada, T., Hou, F., & Ram, B. (2008). The effects of harassment and victimization on self-rated health and mental health among Canadian adolescents. *Social Science & Medicine, 67*:557-567.

Felitti, VJ, et al. (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.

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

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

Session Four: May 31

Treatment of Anxiety / Depression / PTSD

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

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

Kendall, PC, Robin, JA, Hedtke, & Suveg, C. (2005). Considering CBT with anxious youth? Think exposures. *Cognitive and Behavioral Practice, 12*, 136-150.

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.

Session Five: June 7

Individual: ANNOTATED BIBLIOGRAPHY DUE

Treatment of Bipolar Disorder

Guest Lecture: Using CBT for Pediatric OCD (Daniel Fischer, LMSW)

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

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

Piacentini, J. & Langley, A.K. (2004). Cognitive-behavioral therapy for children who have obsessive-compulsive disorder. *Journal of Clinical Psychology*, *60*(11), 1181-1194.

Session Six: June 14

Bridgewater Support Services Demonstration (off-site)

VIDEO: Horse Wisdom for the Human World: <https://youtu.be/Hr3QjTSomFE>

Website: www.bridgewater-support-services.com

On Facebook: <https://www.facebook.com/bridgewater-support-services-equine>

Training for Equine Assisted Therapy: www.EAGALA.org

Session Seven: June 21

Group: RESOURCE HANDOUT DUE

What Do Parents Have to Do With It?

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.

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

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.

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 Eight: June 28

Motivational Interviewing and Substance Use

Córdova, D., Heinze, J., Mistry, R., Hsieh, H.-F., Stoddard, S., Salas,-Wright, C. P., & Zimmerman, M. A. (2014). Family functioning and parent support trajectories and substance use and misuse among minority urban adolescents: A growth mixture model. Special Issue on Culture in *Substance Use and Misuse*, 49(14), 1908 – 1919.

Webb, C., Scudder, M., Kaminer, Y., and Kadden, R. (2002). 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.

One or two additional readings for this date will be posted to Canvas by June 21, 2016.

Session Nine: July 5

Group: CLINICAL WORKSHOP MATERIALS DUE

Clinical Workshops

This week's readings will be posted to Canvas by June 28, 2016, based on the resources provided by the groups presenting Clinical Workshops on this date.

Session Ten: July 12

Clinical Workshops

This week's readings will be posted to Canvas by June 28 2016, based on the resources provided by the groups presenting Clinical Workshops on this date.

Session Eleven: July 19

Clinical Workshop

Putting It All Together

Additional readings for this week will be posted to Canvas by June 28 2016, based on the resources provided by the groups presenting Clinical Workshops on this date.

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.