

UNIVERSITY OF MICHIGAN

School of Social Work

SW 625: Interpersonal Practice with Children and Youth

COURSE NUMBER: SW 625-005
MEETING DATES/TIME: Tuesdays 1-5pm (May 9-July 25th)
ROOM: SW3752
INSTRUCTOR: Colleen E. Crane MSW, LCSW, LMSW
EMAIL: kennac@umich.edu.
Emergency: 248-330-3585

OFFICE HOURS: Mondays 4-5:30pm or Tuesdays 12-1 or by appt.

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

Accommodations for Students with Disabilities:

If you need an accommodation for a disability please let me know as soon as possible. Many aspects of this course, the assignments, the in class activities, and teaching methods can be modified to facilitate your participation and progress throughout the semester. I will make every effort to use the resources available to us, such as the services for Students with Disabilities, the Adaptive Technology Computing Site, and the like. If you disclose your disability, I will (to the extent permitted by law) treat that information as private and confidential. For more information and resources, please contact the Services for Students with Disabilities office at G664 Haven Hall, (734) 7633000 or go to <http://www.umich.edu/~sswd/>

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 PriceReed (ndp@umich.edu); 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. Also contact Health and Wellness using ssw.wellness@umich.edu. The MSW student Guide to Health and Wellness can be found at http://www.ssw.umich.edu/current/Health_Wellness_Guide.pdf

Student Mental Health and Wellbeing Services:

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.

Religious Observances:

Please notify me if religious observances conflict with class attendance, community participation or due dates for assignments so that we can make appropriate arrangements.

Student Code of Academic and Professional Conduct:

All students should be familiar with the Student Code for Academic and Professional Conduct (<http://archive.ssw.umich.edu/studentguide/2014/page.htm?section=12&volume=1>) which holds our students to the highest standards of academic and professional conduct. Unacceptable academic behavior refers to actions or behaviors that are contrary to maintaining the highest standards in course work and includes such actions as cheating, plagiarism, falsification of data, aiding and abetting dishonesty and impairment. Any suspected situations of academic misconduct will be discussed with the student and then reported to the Associate Dean for Academic Programs, Mary Ruffolo.

Campus Commitment:

A respectful, supportive, and welcoming environment are necessary for student learning. The University of Michigan has developed a University wide educational program that "provides clear definitions of discrimination and harassment prohibited by University policy, as well as contact information for University resources and ways to report concerns. Its goal is to contribute to an environment of civility and respect in which all members of the University community can work and learn." Please contact me if you have any concerns about these issues as they relate to our class or your experience at the UM in general.

Safety & Emergency Preparedness:

In the event of an emergency, dial 9-1-1 from any cell phone or campus phone.

All University of Michigan students, faculty and staff are required to familiarize themselves with emergency procedures and protocols for both inside and outside of the classroom. In the event of possible building closure (i.e. severe weather conditions, public health notices, etc.) you may contact (734)764-SSWB(7793) for up-to-date School closure information.

Be Prepared. Familiarize yourself with the emergency card posted next to the phone in every classroom/meeting room. Review the information on the emergency evacuation sign (located nearest the door) and locate at least (2) emergency exits nearest the classroom.

If you are concerned about your ability to exit the building in the case of an emergency, contact the Office of Student Services and/or email ssw-ADAcpliance@umich.edu.

Office of Student Services

School of Social Work | Room 1748

734-936-0961

For more information view the annual Campus Safety Statement at <http://www.dpss.umich.edu/>.

Register for UM Emergency Alerts at <http://www.dpss.umich.edu/emergency-management/alert/>.

A. Attendance:

Attendance/Participation:

Spring/Summer Attendance Policy: 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 any class during the semester, you will need to speak with me as an additional writing assignment will be required of you. Additionally, if you are to miss more than one class during the spring/summer semester, we will need to meet. Due to the pace of the spring/summer semester it is expected that you will make a strong effort to attend every class.

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.

B. 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:

Grading Scale

A+ ***	A 100-96	A- 93-95	B+ 90-92	B 86-89
B- 83-85	C+ 80-82	C 76-79	C- 73-75	D+ 70-72
D 66-69	D- 63-65	F <62		

*****A+'s are reserved for exceptional work and at the discretion of the instructor.**

Assignment Extensions:

Are only given in circumstances in which the student is experiencing an extreme hardship that is interfering with completion of course assignments or if a due date conflicts with student observance of a religious holiday. Inability to balance the requirements of other courses with the due dates of assignments for this course will not qualify as a hardship in which an assignment extension will be granted. If a student is struggling with school/life/work balance they are encouraged to reach out to me and other university resources for support. Concerns over lack of access to computers and other resources needed to complete assignments will also not warrant assignment extensions. If a student

needs support with access to computers and other resources they are encouraged to reach out to me and other university support systems in a timely manner. **Late assignments will receive a one point deduction for each day the assignment is late with a maximum five point deduction.**

C. Course Requirements:

Class Participation & Attendance	On-going	10%
Completion of the PCIT Training	6-4-17	15%
Completion of TF-CBT Training	6-25-17	15%
Classroom Observation	As assigned	15%
Clinical Assessment Paper	7-2-17	20%
Clinical Intervention Paper	7-28-17	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.

D. Assignments:

1) Classroom Observation Assignment. Due one week after observation. 15% of grade.

You will let me know by May 30th what school you are going to and what classroom you will be observing.

After the observation is complete. You will turn in the ABC form with a reflection on the observation. That observation will be approximately 4 pages with two resources from class concerning children and youth. The works cited page is not included as part of the 4 pages in the reflection. 1.5 spacing. 12 font.

Your reflection will be due approximately 1 week after your observation is complete so if your observations need to be shared with the school you will be able to get them your observation notes in a timely manner.

This assignment is worth 15% and due one week after your observation.

2) Completion of the PCIT Training. Due June 4, 2017 by midnight. 15% of grade.

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 June 25, 2017 by midnight. 15% of grade.



This on-line course is sponsored by the National Child Traumatic Stress Network. The website for this curriculum is <https://tfcbt.musc.edu> (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 hours 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 July 2, 2017 by midnight. 20% of grade.

This assignment should be 6-9 pages in length (not including works cited). 1.5 spacing.

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.

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, and worker diversity factors)? *(This should be about one page, 1.5 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 rationale for the selection of that diagnosis. *(This should be about half a page, 1.5 spaced)*

5. Clinical Intervention. Due Friday, July 28, 2017 by midnight. 25% of grade.

This assignment should be between 6-9 pages, 1.5 spacing. Works cited page also needs to be included.

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 (May 9, 2017)

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 and Session 3 (May 16 and May 23, 2017)

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) *Evidence-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 4 and 5 (May 30 and June 6, 2017)

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 6 and Session 7 (June 13 and June 20, 2017)

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).

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

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Creative Cognitive Behavioral Interventions for Depression and Anxiety Disorders

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Session 10 (July 18, 2017)

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Session 11 (July 25, 2017)

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