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**THE UNIVERSITY OF TEXAS AT AUSTIN  
SCHOOL OF SOCIAL WORK**

**Course Number:** SW 393R

**Instructor:** Patricia A. Cody, PhD, MSW

**Unique Number:** 61850

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**Semester:** Fall, 2010

**Phone:** (512) 413-6405 (cell)

**Meeting Time:** Tuesday 8:30-11:30 AM

**Office Room:** 3.212A

**Meeting Place:** SSW 2.132

**Office Hours:** Tuesday 11:30-12:30 AM

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**TREATMENT OF CHILDREN AND ADOLESCENTS**

**I. COURSE DESCRIPTION**

The course is designed as an advanced clinical selective for graduate students in the School of Social Work who wish to increase knowledge and skills for practice with children, adolescents, and their families. Students will develop a working understanding of children and adolescents from diverse backgrounds, affirming and respecting their strengths and differences. This course is grounded in the identification, analysis, and implementation of empirically-based intervention strategies for working with children, adolescents, and their families. This course will focus on using multiple perspectives in the advanced application of theories, models and skills utilized in varying treatment modalities, with emphasis placed at the micro and mezzo levels of practice. The framework of the course is based on social work values and the ethical decision-making process, as illuminated by the NASW Code of Ethics. A bio-psycho-social and cultural emphasis will be applied to the various problem areas and disorders covered.

**II. COURSE OBJECTIVES**

*Upon completion of this course, students will be able to:*

1. Demonstrate the ability to integrate theories and empirical research knowledge under girding fields of practice areas with child, adolescent, and family populations.
2. Demonstrate skill in the application of different treatment modalities, including formal and informal systems of care.
3. Demonstrate an advanced clinical knowledge of the relationship between assessment and intervention as it relates to the strengths, the processes involved in human change, and the capacities and resources of children, adolescents and families.
4. Demonstrate the ability to adapt intervention models and strategies to reflect an understanding of persons from diverse backgrounds, including (but not limited to) race, ethnicity, culture, class,

gender, sexual orientation, religion/spirituality, physical or mental ability, developmental level, age, and national origin.

5. Critically evaluate and analyze different theoretical and intervention models as to their effectiveness in given situations. This includes: (a) the adequacy of the research and knowledge base; (b) the range of applicability; (c) the value and ethical issues, including the student's own value system; and (d) the policy implications involved in delivery of services to children, adolescents, and families.
6. Demonstrate the ability to implement and evaluate the effectiveness of clinical interventions for children, adolescents, and families.
7. Demonstrate the ability to tailor and integrate clinical interventions for children, adolescents, and families based on the context in which they are delivered.
8. Demonstrate advanced knowledge of social work values and ethical decision-making processes as they relate to ethical dilemmas in clinical intervention with children, adolescents, and families.

### **III. TEACHING METHODS**

This class provides opportunities for both theory and skill development. Various models and theories will be presented through a combination of lectures, demonstrations of the practice interventions in each model, discussions about skills, videos, as well as small group and experiential exercises.

#### **Use of Blackboard in Class**

In this class the professor uses Blackboard—a Web-based course management system with password-protected access at <http://courses.utexas.edu>—to distribute course materials, to communicate and collaborate online, to post grades, to submit assignments, and to give students online quizzes and surveys. Students can find support in using Blackboard at the ITS Help Desk by calling 475-9400, Monday through Friday, 8 a.m. to 6 p.m. Please plan accordingly.

### **IV. UNIVERSITY NOTICES AND POLICIES**

#### **The University of Texas Honor Code**

The core values of The University of Texas at Austin are learning, discovery, freedom, leadership, individual opportunity, and responsibility. Each member of the university is expected to uphold these values through integrity, honesty, trust, fairness, and respect toward peers and community.

#### **Professional Conduct in Class**

The professor expects students to act like professionals in class. This means students should arrive on time for class, be prepared to participate in the class discussion, and show respect for one another's opinions. We will not, nor should we, always agree with one another. In this environment we should be exposed to diverse ideas and opinions, and sometime we will not agree with the ideas expressed by others. However, the professor does require that students engage one another with respect and professionalism.

#### **Policy on Scholastic Dishonesty**

Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Since such dishonesty harms the individual, all students, and the integrity of the University, policies on scholastic

dishonesty will be strictly enforced. For further information, the student may refer to the Web Site of the Student Judicial Services, Office of the Dean of Students (<http://www.utexas.edu/depts/dos/sjs/>).

### **Documented Disability Statement**

Any student who requires special accommodations must obtain a letter that documents the disability from the Services for Students with Disabilities area of the Division of Diversity and Community Engagement (471-6259 voice or 471-4641 TTY for users who are deaf or hard of hearing). Present the letter to the professor at the beginning of the semester so that needed accommodations can be discussed. The student should remind the professor of any testing accommodations no later than five business days before an exam. For more information, visit <http://www.utexas.edu/diversity/ddce/ssd/>.

### **Religious Holidays**

By UT Austin policy, students must notify the professor of a pending absence at least fourteen days prior to the date of observance of a religious holy day. If the student must miss a class, an examination, a work assignment, or a project in order to observe a religious holy day, the professor will give the student an opportunity to complete the missed work within a reasonable time after the absence.

### **Use of E-Mail for Official Correspondence to Students**

Email is recognized as an official mode of university correspondence; therefore, students are responsible for reading their email for university and course-related information and announcements. Students are responsible to keep the university informed about changes to their e-mail address. Students should check their e-mail regularly and frequently—daily, but at minimum twice a week—to stay current with university-related communications, some of which may be time-sensitive. Students can find UT Austin's policies and instructions for updating their e-mail address at <http://www.utexas.edu/its/policies/emailnotify.php>.

### **Safety**

As part of professional social work education, students may have assignments that involve working in agency settings and/or the community. As such, these assignments may present some risks. Sound choices and caution may lower risks inherent to the profession. It is the student's responsibility to be aware of and adhere to policies and practices related to agency and/or community safety. Students should notify the professor regarding any safety concerns.

### **Behavior Concerns Advice Line (BCAL)**

If students are worried about someone who is acting differently, they may use the Behavior Concerns Advice Line to discuss by phone their concerns about another individual's behavior. This service is provided through a partnership among the Office of the Dean of Students, the Counseling and Mental Health Center (CMHC), the Employee Assistance Program (EAP), and The University of Texas Police Department (UTPD). Call 512-232-5050 or visit <http://www.utexas.edu/safety/bcal>.

### **Emergency Evacuation Policy**

Occupants of buildings on the UT Austin campus are required to evacuate and assemble outside when a fire alarm is activated or an announcement is made. Please be aware of the following policies regarding evacuation:

- Familiarize yourself with all exit doors of the classroom and the building. Remember that the nearest exit door may not be the one you used when you entered the building.
- If you require assistance to evacuate, inform the professor in writing during the first week of class.
- In the event of an evacuation, follow the professor's instructions.
- Do not re-enter a building unless you're given instructions by the Austin Fire Department, the UT Austin Police Department, or the Fire Prevention Services office.

**V. REQUIRED READINGS**

Weisz, J. R. & Kazdin, A. E., (Eds.) (2010). *Evidence-based psychotherapies for children and adolescents, 2<sup>ND</sup> edition*. New York, NY: The Guilford Press.

Reinecke, M. A., Dattilio, F. M., & Freeman, A. (Eds.). (2003). *Cognitive therapy with children and adolescents: A casebook for clinical practice (2<sup>nd</sup>ed.)*. New York, NY: The Guilford Press.

Selekman, M. D. (2005). *Pathways to Change: Brief Therapy with Difficult Adolescents*. New York, NY: Guilford Press.

Additional required readings posted on Blackboard.

**VI. OPTIONAL READINGS**

Friedberg, R. D. & McClure, J. M. (2002). *Clinical Practice of Cognitive Therapy with Children and Adolescents: The Nuts and Bolts*. New York, NY: Guilford Press.

**VII. COURSE GRADING CRITERIA**

- Attendance and Participation 10% [determined by professor in terms of conscientious attendance, active involvement in class, and value of substantive contributions to discussions]. Students are expected to sign in at the beginning of each class.
- Promising Practice Approach Paper 20%
- Case Study Assignment 20%
- Treatment Model: Literature review 35%
- Treatment Model: Video Assignment and Reflection 15%

**TOTAL 100%**

**GRADING SCALE**

100 - 94 = A	76 - 74 = C
93 - 90 = A-	73 - 70 = C-
89 - 87 = B+	69 - 67 = D+
86 - 84 = B	66 - 64 = D
83 - 80 = B-	63 - 60 = D-
79 - 77 = C+	59 and below = F

**VIII. COURSE ASSIGNMENTS**

**Promising Practices Paper (20%) DUE: TUESDAY OCTOBER 5 BY MIDNIGHT. PAPER MUST BE SUBMITTED VIA EMAIL AS AN ATTACHMENT. ATTACHMENT MUST HAVE LAST NAME ONLY IN THE FILE NAME (for example; cody.doc). YOUR FULL NAME MUST APPEAR ON THE FIRST PAGE OF THE PAPER AS WELL. PLEASE DO NOT SUBMIT A COVER PAGE AS A SEPARATE DOCUMENT. (Objectives 1, 2, 3, 4)**

This is an opportunity to learn about a treatment approach that you otherwise might not have the opportunity to learn about. This assignment is to be completed on your own. The topic must be approved by the professor. The paper should be approximately 5-7 pages and cover the following areas:

1. Description of the approach (What is it? How does it work? Who is it used with?)
2. Any current research or literature available about the approach
3. What theory or theories support the use of this approach?
4. How does the approach address diversity issues such as race, ethnicity, culture, class, gender, sexual orientation, religion/spirituality, physical or mental ability, developmental level, age, or national origin?
5. What is your personal assessment of the strengths and areas for improvement of this approach?

**Case Study Assignment (20%) DUE: TUESDAY, NOVEMBER 2 AT THE BEGINNING OF CLASS. CASE WILL BE HANDED OUT ON TUESDAY, OCTOBER 19. (Objectives 2, 3, 4, 7, 8)**

This is a take home assignment. You will be given a case with information representing what you might get with a case referral. The assignment is to plan out what the issues may be and how you would go about conducting the assessment, what treatment model you might choose and what issues you might need to be prepared for. A detailed handout for this assignment will be distributed in class.

**Treatment Model Assignment (total: 50%) DUE: THE FINAL DAY OF CLASS TUESDAY, NOVEMBER 30.**

Each student is to select a problem area of interest relating to children and/or adolescents and their families (e.g., ADHD, depression, PTSD, conduct disorder, etc.) and a treatment model used to address this problem. Students must work in pairs and can work in groups of up to three (3) students.

The assignment has two (2) components:

- (1) Literature review and model description
- (2) Video assignment and reflection.

**Treatment Model Assignment - Literature review (35%):** conduct a scholarly literature review on the population and treatment model. **Students should get approval of their chosen topic from the professor (TOPIC DUE: TUESDAY, OCTOBER 26).**

A typed, well-written 15-18 page (approximately) paper is to be submitted. Students may choose to write about treatment modalities that have been covered in class, but are free (and encouraged) to review modalities and interventions that have not been covered in class. Students will need to work in groups of 2-3 because of the video component to this assignment.

Students are encouraged to meet with the professor regularly during the semester to discuss the development of the paper. This provides the student and professor the opportunity to engage in dialogue, and the opportunity for the professor to provide feedback throughout the process of writing, rather than waiting to receive feedback after the final copy has been turned in.

It is recommended that students start on this assignment right away because the professor expects a very thorough search of the literature in social work, psychology, psychiatry, and related fields in order to demonstrate that one has mastered the up-to-date, current knowledge and methods concerning treatment of the problem area. A search of the literature should include journal articles as well as pertinent book chapters or monographs. Emphasis should be given to the most recent (within the past 10 years or so) literature and studies. Of course, seminal pieces that fall outside of this time parameter should still be included. It is assumed that most papers will have a substantial reference list to demonstrate one's mastery of the treatment method(s) under study.

The number of references will vary by topic (e.g., there is simply more research available on the treatment of ADHD than oppositional defiant disorder). Although students are encouraged to utilize the Internet to search for material, they may not rely on the Internet at the expense of using refereed journal articles for the literature review. It is recommended that students set up the paper, using both headings and subheadings in their presentation, following the proposed outline below.

### **Treatment Model Assignment - Literature Outline**

**I. Introduction and Overview.** This section of the paper serves three purposes. First, it describes the targeted problem or client population, placing them within some context. Second, it provides a statement of the problem or questions to be explored. Finally, it states the significance of the problem and the rationale behind examining it. **(Objectives 2, 4, 5, & 8)**

(1) Definitions: Define all key concepts and ideas. This should include criteria for determining the existence of the problem. In other words, discuss how we know when we see this problem. Use the literature to support your definition.

(2) Scope of the Problem: Provide epidemiological data when available, along with a rationale for why this is a critical social problem that warrants attention.

(3) Cultural/Ethnic/Gender/Ethical Considerations: Address any cultural, ethnic, gender and ethical related issues that should be considered during the course of assessment and treatment, and what should be done to resolve those issues.

**II. Intervention.** Describe your preferred intervention for treating this population. Areas that should be addressed in this section include **(Objectives 1, 2, 3, 4, 5, 6, & 7)**

(1) Theory. Briefly discuss what theoretical perspective(s) drive the intervention program.

(2) Description. Describe the intervention (see Weisz & Kazdin text for some good examples).

Components of this section might address:

a. General overview and format of the treatment approach.

b. Sequence and content of therapy sessions, and duration of treatment.

c. Key techniques that one would use if implementing this therapeutic approach.

d. Skills and accomplishments emphasized in treatment.

e. How you would tailor this therapeutic approach, if at all, to compliment your personal style, or to integrate it with other preferred treatment approaches.

f. What homework or handouts (if any) are given to the client system (include copies of handouts when possible).

(3) Evidence-Base. Synthesize the practice effectiveness (outcome) research on your chosen treatment modality for that given problem area. If you have chosen a treatment approach that cannot be considered an evidence-based approach at this time, then review what credible evidence is available that supports your selection. Do not just rely on your practice wisdom, or on the current popularity of a certain approach. The goal here is to think critically about your choice, reviewing the available research to support the treatment approach. Cite a minimum of 5 peer-reviewed/ scientific journals and/or meta-analyses in this section. This is the minimum and if more citations are needed to complete this section of the paper then they should be included. Focus on sources published within the past 10 years, with the exception of seminal pieces that fall outside of this time parameter. All citations should be in APA, 5<sup>th</sup> edition format.

**III. Critique and Summary.** Provide a critique of the intervention. What do you (and others) see as its strengths and limitations? How solid is the evidence-base of this intervention? In what ways does it need further scientific support? Does your chosen intervention appear to help clients? If so, to what extent, and what evidence do you have for this? Provide suggested directions for future research and practice in this area, as well as implications for social work practice and research. **(Objectives 1, 5 & 8)**

**IV. References.** Follow APA (5<sup>th</sup>ed.) format.

Grading of this written assignment will take into account the quality of the writing as well as the content. The American Psychological Association (APA) – 5<sup>th</sup> edition format should be used. Written material should be carefully proof-read and errors (punctuation, typographical, spelling) corrected. I strongly encourage you to read your paper several times and, if possible, have someone else proof read it.

**V. Appendices.**

Appendices might include Trainer’s Manuals, Activity sheets, etc.

**Treatment Model Assignment – Video Assignment and Reflection DUE: THE FINAL DAY OF CLASS TUESDAY, NOVEMBER 30.**

**(Objectives 2, 3, 4, 6, 7)**

Working in the same pair or group of three (3), a role-play should be developed utilizing the model that the Literature Review section of this assignment is written on. Within the group, one student should be the “therapist” and the other one or two students should be the client(s). The role-play should be video-taped and will be submitted as part of this assignment.

After completing the video, the pair or group of students should watch the video together and discuss how the model worked, what went well and where improvements could be made. Each student, individually, will write a 2-3 page reflection paper on the experience. A detailed handout will be given in class about what should be included in this reflection paper.

**COURSE OUTLINE**

[NOTE: EXACT ORDER OF EVENTS, SUBSTANTIVE AREAS, AND ASSIGNMENTS ARE SUBJECT TO CHANGE BASED ON NEEDS OF STUDENTS, UNFOLDING LEARNING PROCESSES AND SPEAKER AVAILABILITY]

**DATE, TOPICS, READINGS AND ASSIGNMENTS**

8/31	<p><b>Tuesday, August 31</b></p> <p><b>Topics</b> Introductions and Class Overview Review Syllabus UT Online library, database searching</p> <p><b>Readings</b> Syllabus</p>
9/7	<p><b>Tuesday, September 7</b></p> <p><b>Topics</b> History of Evidence-Based Practice with Children and Adolescents and Transtheoretical Model</p> <p><b>Readings</b> Kazdin &amp; Weisz –     <i>Chapter 1, Introduction: Context and Background and Goals</i> Reinecke et al. –     <i>Chapter 1, What Makes for an Effective Treatment?</i> Selekman –     <i>Chapter 1, An Evolving Solution-Oriented Brief Family Therapy Approach with Difficult Adolescents.</i></p> <p><u>On Blackboard</u> Prochaska, J. M., &amp; Prochaska, J. O. (2002). Transtheoretical model with guidelines for families with child abuse and neglect. In A. R. Roberts &amp; G. J. Greene (Eds.), <i>Social Workers' Desk Reference</i> (pp. 379-384). New York, NY: Oxford University Press. Fonagy, P.; Taget, M.; Cottrell, D.; Phillips, J.; &amp; Kurts, Z. (2002). <i>What works for whom?</i> New York, NY: The Guilford Press.     Chapter 1: Introduction and Review of Outcome Methodology: The Importance of Outcome Measurement</p>



<p>9/14</p>	<p><b>Tuesday, September 14</b></p> <p><b>Topics</b>  Assessment with Children and Families  Developmental Factors  Ethical and Legal Issues in the Treatment of Children and Families</p> <p><b>Readings</b>  Kazdin &amp; Weisz –  <i>Chapter 2</i>, Ethical Issues in Child and Adolescent Psychosocial Treatment  Research  <i>Chapter 3</i>, Developmental Issues and Considerations in Research and Practice  Selekman –  <i>Chapter 2</i>, Guiding Assumptions with an Eye on Solutions  <i>Chapter 7</i>, The No-Problem Problem Mandated Family</p> <p><u>On Blackboard</u>  Barbarin, O.; McCandies, T.; Coleman, C. &amp; Atkinson, T. (2004). Ethnicity and culture. In <i>Intervention with Children and Adolescents: An interdisciplinary perspective</i>. Allyn Bacon.  Rae, W. A., &amp; Fournier, C. J. (1999). Ethical and legal issues in the treatment of children and families. In S. W. Russ &amp; T. H. Ollendick (Eds.), <i>Handbook of Psychotherapies with Children and Families</i> (pp. 67-83). New York: Kluwer Academic/Plenum Publishers.  Springer, D. W. (2002). Assessment protocols and rapid assessment instruments with troubled adolescents. In A. R. Roberts &amp; G. J. Greene (Eds.), <i>Social Workers' Desk Reference</i> (pp. 217-221). New York, NY: Oxford University Press.  NASW Standards for the Practice of Social Work with Adolescents</p>
<p>9/21</p>	<p><b>Tuesday, September 21</b></p> <p><b>Topics</b>  Assessment and Intervention Strategies:  Children and Adolescents in Family Systems</p> <p><b>Readings</b>  Kazdin &amp; Weisz –  <i>Chapter 24</i>, Treating Hispanic Youths Using Brief Strategic Family Therapy  Reinecke et al. –  <i>Chapter 12</i>, Treatment of Family Problems  Selekman –  <i>Chapter 3</i>, The Improvisational Therapist  <i>Chapter 4</i>, The First Family Interview  <i>Chapter 5</i>, Guidelines for Fostering Cooperative Relationships with Difficult Peers  <i>Chapter 6</i>, Effective Engagement Strategies with Difficult Adolescents</p> <p><u>On Blackboard</u>  Schroeder, C. S., &amp; Gordon, B. N. (2002). Divorce. In <i>Assessment and Treatment of Childhood Problems</i> (2nded.) (pp. 440-465). New York, NY: The Guilford Press.</p>
<p>9/28</p>	<p><b>Tuesday, September 21</b></p>

	<p><b>Topic</b> Trauma: The effects of trauma on children; Trauma informed treatment</p> <p><b>Readings</b> To be announced and posted on Blackboard</p>
10/5	<p><b>NO CLASS MEETING. WORK ON PROMISING PRACTICES PAPER AND GROUP ASSIGNMENTS. PROMISING PRACTICES PAPER DUE AT MIDNIGHT VIA EMAIL.</b></p>
10/12	<p><b>Tuesday, October 12</b></p> <p><b>Topics</b> Assessment and Intervention Strategies: Mood Disorders and Suicide</p> <p><b>Readings</b> Kazdin &amp; Weisz – Chapter 4, Child-Focused Treatment of Anxiety Chapter 7, Cognitive-Behavioral Therapy for Depression: The ACTION Treatment Program for Girls <i>Chapter 8</i>, Group Cognitive-Behavioral Treatment for Adolescent Depression Chapter 9, Treating depression in Adolescents Using Individual Cognitive Behavioral Therapy <i>Chapter 10</i>, Treating Adolescent Depression Using Interpersonal Psychotherapy</p> <p>Reinecke et al. – <i>Chapter 5</i>, Modular Therapy for Adolescents with Major Depression <i>Chapter 6</i>, Treatment of Social Anxiety Disorder <i>Chapter 7</i>, Treatment of Obsessive-Compulsive Disorder <i>Chapter 8</i>, Strategies to Modify Low Self-Esteem in Adolescents</p> <p><u>On Blackboard</u> Kirkcaldy, B.D.; Shephard, R.J. and Seifen, R.G. (2002). The relationship between physical activity and self-image and problem behaviour among adolescents. <i>Soc Psychiatry and Epidemiology</i>, 37, 544-550. Daley, A.J.; Copeland, R.J.; Wright, N.P.; Roalfe, A. &amp; Wales, J.K.H. (2006) Exercise Therapy as a Treatment for Psychopathologic Conditions in Obese and Morbidly Obese Adolescents: A Randomized, Controlled Trial. <i>Pediatrics</i>, 118, 2126-2134. Marmorstein, N.R.; Von Ranson, K.M.; Iacono, W.G. &amp; Malone, S.M. (2008). Prospective Associations Between Depressive Symptoms and Eating Disorder Symptoms Among Adolescent Girls. <i>International Journal of Eating Disorders</i>, 41, 118-123.</p>
10/19 and 10/26	<p><b>Tuesday, October 19 AND Tuesday, October 26 (We will be covering ADHD and starting ODD on 10/19 and the finishing ODD and covering CD on 10/26)</b></p>

**10/19: CASES FOR CASE STUDY ASSIGNMENT WILL BE HANDED OUT**

**10/26: TOPICS FOR TREATMENT MODEL ASSIGNMENT DUE**

**Topics**

Assessment and Intervention Strategies: Externalizing Behavioral Disorders (ADHD, Oppositional Defiant Disorder, and Conduct Disorder)

**Readings**

Kazdin & Weisz –

*Chapter 11*, Parent Management Training: Oregon Model: An Intervention for Antisocial Behavior in Children

*Chapter 12*, Parent-Child Interaction Therapy for Oppositional Youth

*Chapter 13*, The Incredible Year Parents, Teachers, and Children Training Series: A Multifaceted Treatment Approach for Young Children with Conduct Problems

*Chapter 14*, Problem-Solving Skills Training and Parent Management Training for Oppositional Defiant Disorder and Conduct Disorder

*Chapter 15*, Anger Control Training for Aggressive Youths

Chapter 18, Summer Treatment Programs for Attention-Deficit/Hyperactivity Disorder

Reinecke et al. –

*Chapter 2*, Facilitating Understanding and Management of Attention-Deficit/Hyperactivity Disorder

*Chapter 3*, Treatments for Oppositional Defiant Disorder

*Chapter 15*, The Quadripartite Model Revisited: Promoting Positive Mental Health in Children and Adolescents

On Blackboard

Springer, D. W. (2002). Treatment planning with adolescents: ADHD case application. In A. R. Roberts & G. J. Greene (Eds.), *Social Workers' Desk Reference* (pp. 324-327). New York, NY: Oxford University Press.

Vance, J.E. (2002). Mentoring to facilitate resiliency in high-risk youth. In *Community Treatment for Youth* (pp139-152). New York, NY: Oxford University Press.

11/2	<b>Tuesday, November 2</b> <b>DUE: CASE STUDIES AT THE BEGINNING OF CLASS</b> <b>Topics</b> Assessment and Intervention Strategies:

	<p>Child Welfare: Foster Care and Adoption</p> <p><b>Readings</b>  Reinecke et al. –  <i>Chapter 9, Treatment of a Sexually Abused Adolescent with Posttraumatic Stress Disorder</i></p> <p><u>On Blackboard</u>  Casey Family Programs (2006). The Foster Care Alumni Studies: Stories from the past to shape the future. Improving Family Foster Care, Findings from the Northwest Foster Care Alumni Study</p> <p>Fahlberg (1991). A child’s journey through placement. Indianapolis, IN: Perspectives Press. Chapters 1 (Attachment and Separation) and 6 (Behavior Problems).</p> <p>Gallant, N. (2000). What Works in Special Needs Adoption. In Kluger, M.P.; Alexander, G. &amp; Curtis, P.A. (Eds.), <i>What Works in Child Welfare</i>. Child Welfare League of America, Washington, DC.</p> <p>Gusukuma, M. &amp; McRoy, R. G. (2000). What Works in Intercountry Adoption. In Kluger, M.P.; Alexander, G. &amp; Curtis, P.A. (Eds.), <i>What Works in Child Welfare</i>. Child Welfare League of America, Washington, DC.</p> <p>Feigelman, W. (2000). What Works in Transracial Adoption. In Kluger, M.P.; Alexander, G. &amp; Curtis, P.A. (Eds.), <i>What Works in Child Welfare</i>. Child Welfare League of America, Washington, DC.</p> <p><u>The following readings will be posted on Blackboard but are for your reference, not required:</u>  Katcher, A. &amp; Wilkins, G.G. (1998). Animal-Assisted Therapy in the Treatment of Disruptive Behavior Disorders in Children. In Lundberg, A. (Ed.), <i>The Environment and Mental Health: A Guide for Clinicians</i>, Mahwah, NJ, Lawrence Erlbaum Associates, Inc.</p> <p>Kruger, A.K. &amp; Serpell, J.A. (2006). Animal-Assisted Interventions in Mental Health: Definitions and Theoretical Foundations. In Fine, A. (Ed.) <i>Animal Assisted Therapy: Theoretical Foundations and Guidelines for Practice</i>.</p> <p>Melson &amp; Fine (2006). Animals in the Lives of Children. In Fine, A. (Ed.) <i>Animal Assisted Therapy: Theoretical Foundations and Guidelines for Practice</i>.</p>
<p>11/9 and 11/16</p>	<p><b>Tuesday, November 9 AND Tuesday, November 16</b>  <b>(We will be covering substance use/abuse on 11/9 and into 11/16 and cover eating disorders on 11/16)</b></p> <p><b>Topics</b>  Assessment and Intervention Strategies:</p>

	<p>Substance-Related Disorders and Eating Disorders</p> <p><b>Readings</b>  Kazdin &amp; Weisz –  <i>Chapter 26</i>, Functional Family Therapy for Adolescent Substance Use Disorders  <i>Chapter 27</i>, Treating Adolescent Substance Abuse Using Multidimensional Family Therapy  Chapter 22, Family Therapy for Adolescents with Anorexia Nervosa  Reinecke et al. –  <i>Chapter 4</i>, Recovery Maintenance and Relapse Prevention with Chemically Dependent Adolescents  <i>Chapter 10</i>, Treatment of Adolescent Eating Disorders</p> <p><u>On Blackboard</u>  Sheff, D. (2005, February). My addicted son. <i>The New York Times Magazine</i>. 42-47.  Austin, A.M., Macgowan, M.J., &amp; Wagner, E.F. (2005). Effective family-based interventions for adolescents with substance use problems: A systematic review. <i>Research on Social Work Practice</i>, 15(2), 67-83.</p>
11/23	<p><b>Tuesday, November 23</b></p> <p><b>Topics</b>  Assessment and Intervention Strategies: “Tough Cases” AND Community-Based and School Settings</p> <p><b>Readings</b>  Reinecke et al. –  <i>Chapter 11</i>, Treatment of Academic Skills Problems  <i>Chapter 14</i>, Treatment of Adolescents and Young Adults with High-Functioning Autism or Asperger Syndrome  <i>Chapter 16</i>, Personality Disorders among Children and Adolescents: Is It an Unlikely Diagnosis  Kazdin &amp; Weisz –  <i>Chapter 20</i>, Early and Intensive Behavioral Intervention in Autism  <i>Chapter 21</i>, Empirically Supported Pivotal Response Treatment for Children with Autism Spectrum Disorders  Selekman –  <i>Chapter 8</i>, Co-Creating a Climate Ripe for Transformative Dialogues with Helping Allies from Larger Systems  <i>Chapter 9</i>, The Second and Subsequent Sessions  <i>Chapter 10</i>, The Solution-Oriented Parenting Group</p>
11/30	<p><b>Tuesday, November 30</b></p> <p><b>Course wrap-up and evaluations</b>  <b>TREATMENT MODEL ASSIGNMENT DUE: LITERATURE REVIEW, VIDEO AND REFLECTION PAPER</b></p> <p><b>Topics</b>  Future of Evidence-Based Practice with Children and Adolescents</p> <p><b>Readings</b></p>

	Kazdin & Weisz –
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	<i>Chapter 35</i> , The Present and Future of Evidence-Based Psychotherapies for Children and Adolescents
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## **ADDITIONAL REFERENCES [Older references are classics, not “outdated”]**

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