

**ARIZONA STATE UNIVERSITY
SCHOOL OF SOCIAL WORK**

Craig Winston LeCroy, Ph.D.

Course Outline

Spring 2012

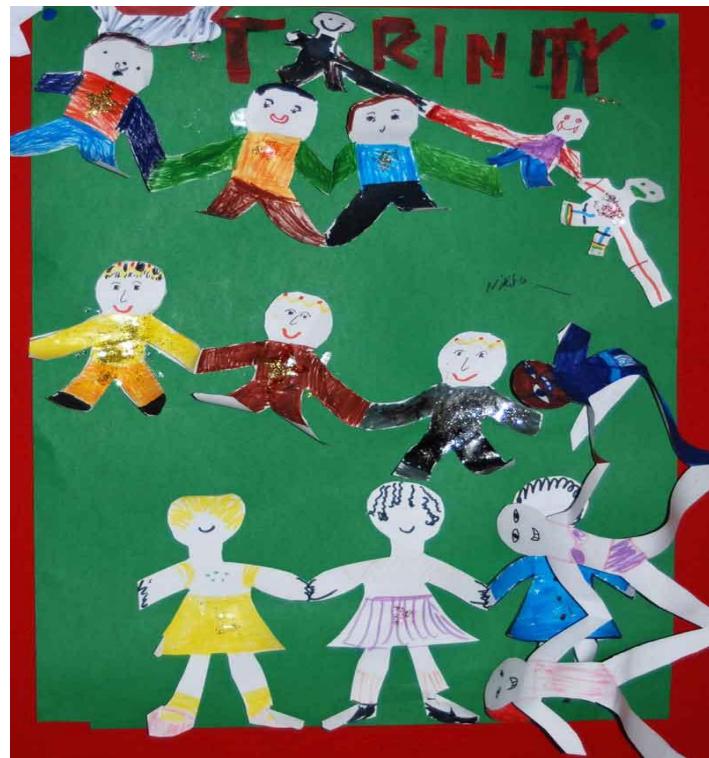
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Or by appointment



I. Name of the Course: SWG 617 Social Work Practice with Children, Adolescents and Families

II. Program Level: MSW

III. Course Requirements

Credit: 3 semester hours
Required: One of several options for Direct Practice Concentration students
Prerequisites: SWG 510, 511

IV. Course Description:

This course provides the knowledge and skills for advanced clinical practice with children, adolescents and families. It is designed for advanced application of conducting a comprehensive assessment and developing effective treatment plans for common mental health and behavior problems in children and adolescents. This course draws on developmental, ecological, and empirical (primarily cognitive and behavioral) perspectives. Interventions with strong empirical support will be studied and applied across different problem areas. Prevention and positive youth development is also included. The focus of the course is on developing knowledge and skill for implementing interventions with children and adolescents in a variety of settings.

V. Rationale for the Course

- A. Purpose. This course is the continuation of SWG 608 and is a core course for the Children, Youth, and Families Specialization. It focuses on various aspects of assessment and treatment with children, youth and families. The primary objective of this course is to assist you in conceptualizing practice with children and adolescents, refine specific skills in practice, and help you integrate knowledge and theory in your practice with children and adolescents.
- B. Content. Content to be covered in this course includes assessment and intervention strategies. The primary emphasis in the course is learning the application of selected evidence-based treatment methods across individual, family, and small group configurations.
- C. Relationship of this course to other courses. This course builds on SWG 608 but provides a more narrow focus. This course does not cover DSM material related to children and adolescents that material is covered in 606. In this course students focus primarily on clinical interventions with children, adolescents and families.

VI. Course Competencies and Practice Behaviors

1. Core Competency 2.1.3: Apply critical thinking to inform and communicate professional judgments.

- a. Distinguish, appraise, and integrate multiple sources of knowledge, including research-based knowledge, and practice wisdom.
- b. Analyze models of assessment, prevention, intervention, and evaluation.

Practice Behaviors: Critique commonly utilized treatment approaches for children and adolescents in class discussion based on criteria from readings and lectures; Develop a thorough written critique of one clinical treatment approach or model for working with child and/or adolescents based on conceptual, theoretical, and empirical grounds.

2. Core Competency 2.1.4: Engage diversity and difference in practice.

- a. Recognize and communicate their understanding of the importance of difference in shaping life experiences.

Practice Behaviors: Demonstrate in an oral presentation the ability to critically analyze the role of diversity and difference in the application of a treatment to diverse (ethnic, cultural, economic, ability and developmental level, gender, sexual orientation) child and adolescent clients.

3. Core Competency 2.1.7: Apply knowledge of human behavior and the social environment.

- a. Use conceptual frameworks to guide the processes of assessment, intervention, and evaluation.
- b. Critique and apply knowledge to understand person and environment.

Practice Behaviors: Develop a case conceptualization framework for an individual child/adolescent client that demonstrates the linkages between assessment/treatment/evaluation. Complete a child/adolescent assessment that applies knowledge of contexts (family, peer, school, neighborhood, community) to an individual child.

4. Core Competency 2.1.10 Engage, assess, intervene, and evaluate with individuals and families, groups, organizations, and communities.

- a. Engagement
 - i. Use empathy and other interpersonal skills.
 - ii. Develop mutually agreed-on focus of work and desired outcomes.

Practice Behaviors: Demonstrate the unique features of the engagement process with a child or adolescent who does not come to treatment voluntarily through role playing the child/adolescent client and the clinician.

- b. Assessment
 - i. Assess client strengths and limitations.
 - ii. Develop mutually agreed-on intervention goals and objectives.
 - iii. Select appropriate intervention strategies.

Practice Behaviors: Develop a child/adolescent assessment that includes client strengths and challenges. Demonstrate the ability to develop a treatment plan based on the engagement process that is linked to an appropriate intervention.

- c. Intervention
 - i. Implement prevention interventions that enhance client capabilities
 - ii. Help clients resolve problems.
 - iii. Negotiate, mediate, and advocate for clients.

Practice Behaviors: Demonstrate a developmentally appropriate and dynamic intervention that alleviates some aspect of the client's presenting problem. Develop a

preventive intervention based on developmental assets for a community-based or school-based setting.

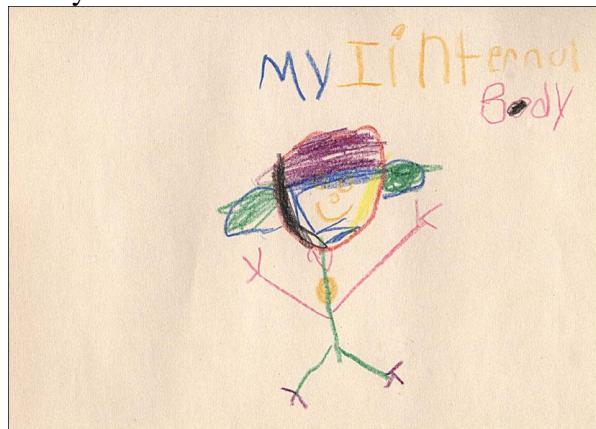
d. Evaluation

- i. Critically analyze, monitor, and evaluate interventions.

Practice Behaviors: Critique the evidence for treatments utilized with children/adolescents. Apply knowledge about treatment models that are efficacious to a practice demonstration.

VII. Course Units

1. Introduction and overview
2. Evidence-based practice for children, youth and families
3. Developmental considerations and assessment
4. Evidence-based cognitive methods for change (anxiety, depression, stress)
5. Evidence-based behavioral methods for change (conduct disorder, adhd, child abuse)
6. School-based interventions/Prevention and program design
7. Group interventions/mutual aid
8. Family interventions (emphasis on substance abuse treatment)
9. Treatment considerations with adolescents
10. Child therapy and beyond: Back to basics



VIII. Instructors Objectives for the course

1. Understand and apply theories and empirical knowledge to social work practice with children, youth and families.
2. Demonstrate clinical skills in the application of cognitive and behavioral practice with children and adolescents.
3. Understand practice theories and demonstrate clinical skills in the application to child, adolescent, family, and groups.
4. Demonstrate knowledge and skills in the assessment and treatment considerations of diverse populations (age, race, gender, sexual orientation, disability).
5. Demonstrate skill in analyzing value issues and ethical dilemmas related to clinical practice with children, youth and families.
6. Demonstrate skill in promoting social justice considerations with children, youth and

families.

7. Demonstrate critical thinking skills applied to clinical interventions with children, youth and families and the ability to work as an autonomous social worker.

IX. Key Concepts

Treatment outcomes
Evidence-based practice
Traditional assessment,
Empirical assessment,
Developmental considerations
Instruments for assessment—Child behavior checklist
Cognitive Treatment strategies
Problem solving
Social cognition
Cognitive therapy
Rational emotive therapy
Treatment of depression and anxiety
Behavioral Treatment strategies—ADHD, conduct disorder, oppositional disorder
Parent management training
Reinforcement, time out, cost response, token economies
School settings,
Primary prevention,
Prevention programs
Group assessment and treatment,
Mutual aid groups,
Interventions suited for groups,
Adolescent development,
Adolescent treatment models (group culture, peer groups, peer influence, life-space interviews)
Family therapy approaches,
Parent-adolescent communication and parent-adolescent conflict
Mental health systems: Policy and justice considerations

X. Text and Readings

Creed, T. A., Reisweber, J., & Beck, A. T. (2011). *Cognitive therapy for adolescents in school settings*. New York: Guilford.

Forehand, R., & Long, N. (2002). *Parenting the strong-willed child, Revised and Updated: The clinically proven 5-week program for parents of 2-to-6 year olds*.

LeCroy, C.W. (2008). *Handbook of Evidence-based treatment manuals*. New York: Oxford University Press.

Other required readings (chapters and articles) listed in the course outline are available on my blackboard site.



XI. ASU and Related Professional Policies:

Students are responsible for reviewing and complying with all ASU policies, including the following:

Academic Integrity Policy:

<http://provost.asu.edu/academicintegrity/policy>

Student Code of Conduct:

<http://students.asu.edu/srr/code> (click on ABOR Student Code of Conduct)

School of Social Work Student Academic Integrity Policy:

<http://ssw.asu.edu/filelib/students/AcademicIntegrityPolicy.pdf/view>

Computer, Internet, and Electronic Communications Policy:

<http://www.asu.edu/aad/manuals/acd/acd125.html>

Social work students are responsible for reviewing and complying with the National Association of Social Workers Code of Ethics:

<http://www.socialworkers.org/pubs/code/code.asp> (available in English and Spanish)

XII. Accommodations for Students with Disabilities

If you are a student with a disability and have need of assistance or special accommodations, please contact the ASU Disability Resource Center (DRC). Students enrolled with the School of Social Work Downtown Phoenix Campus and Tucson Component locations may contact the DRC at the Downtown Phoenix Campus:

<http://campus.asu.edu/downtown/DRC>

If you are having any difficulties in meeting the requirements of the course or if you have any special needs that require my knowledge and attention, please contact me as soon as possible. It is my hope that all students will be successful in meeting the requirements of this course.

XIII. HIPPA Policy Statement:

In line with the new HIPAA regulations concerning protected health information, it is important that you understand that any case information you present from your work (including field work) will need to be de-identified. What this means is that any information that would allow someone to know who the person is needs to be changed or eliminated. This includes obvious things like names and birthdates but may also include other information that is so unique to the person that it will allow for identification, including diagnosis, race/ethnicity, or gender.

XIV. Instructor's Expectations

All students are expected to:

1. Read all of the readings and be prepared to discuss them.
2. Complete all written assignments when due (late assignments are generally not accepted and exceptions must be negotiated with instructor prior to due date).
3. Attend and participate in class.
4. Submit original contributions (i.e., not used in another course).
5. Keep a copy of all the assignments you turn in.
6. Know material covered during a missed class, including any changes in class assignments or schedule.
7. Use Blackboard to access course notes, readings, assignments, and receive electronic communication.
8. Regularly check ASU e-mail for course updates and important announcements.

Class participation is critical for learning in this course therefore, you can miss only 2 class sessions without it affecting your grade. If you miss 3 sessions your grade is lowered by one grade level. More than three absences results in either an incomplete or an E grade, depending on the circumstances. Students are expected to participate in class discussions and to discuss readings due for each week. It is not uncommon for me to call on you to discuss the readings. **THEREFORE, MAKE SURE YOU DO THE READINGS EVERY WEEK.**

XV. Assignments

Treatment Manual Review

Select a treatment manual from the *Handbook of Evidence-Based Treatment Manuals for Children and Adolescents* and prepare a review and critique of the treatment which you will present in class. In this paper discuss the treatment approach, evidence for the treatment, how the treatment should be implemented, whether the treatment is culturally responsive, and your own judgment (based on your critical assessment) of whether this is a good treatment for use with children or adolescents. The review should be about 4-6 pages.

Treatment Critique

Select a treatment approach or model (e.g. play therapy, peer therapy, token economy, sensory integration) and write an essay critiquing the treatment approach. The critique should be based on conceptual, theoretical, and empirical grounds. The critique should be about 6-8 pages.

Practice Demonstrations

Plan a "practice demonstration" regarding some aspect of social work treatment with children and adolescents. The practice demonstration will be presented to the class and should last approximately 15-20 minutes of your overall presentation. Be prepared to 1) demonstrate the practice behaviors (through role play, video, or some action oriented manner); and 2) prepare a

handout for class members explaining how to use the intervention; and 3) discuss the intervention according to some criteria that would be helpful in evaluating the treatment plan. This is your opportunity to *critique* the treatment strategy, discuss its limitations, highlight the underlying assumptions, etc. You may want to refer to the following criteria:

A. Objective Capability

effectiveness. An effective intervention is one that produces the desired outcome for those with whom it is employed.

efficiency. An efficient intervention is one that can be implemented without excessive effort or investment of time.

B. Adequacy of the Intervention Procedure

validity of the basis. Interventions are based on many sources of information, and these sources may be valid or invalid. Intervention procedures with a valid basis are justifiable and credible and should have a greater likelihood of being effective.

completeness. The techniques making up the intervention are complete if the techniques being applied are completely identified and described.

specificity. To be specific an intervention procedure should denote precisely the relevant details involved in the domain of the procedure.

correctness. To be correct, a procedure should direct the behavior of its user in the appropriate manner, given what is known about the intervention domain.

behavior guiding. As a primary means of directing practitioner behavior, the procedure should contain the appropriate instructions for producing the intended practitioner behaviors.

C. Ethical Suitability

An intervention that is ethically suitable is one that protects the rights of participants on whom it is used.

Grading criteria:

A. Organization and preparation in the presentation

1. Quality of preparation
2. Use of good presentation methods
3. Ability to maintain class interest

B. Quality of the Presentation

1. Selection and reasoning regarding an appropriate intervention

2. Ability to demonstrate the intervention to class
3. Understanding of the advantages and disadvantages of the intervention (based on criteria stated above).
4. Handout material that clearly states how to use the intervention and a listing of relevant sources of additional information.

XI. Grading:

Item	%
Midterm	25
Final	20
Tx manual review	10
Treatment critique	20
Practice Demonstration	15
Class Participation	5
Class Attendance	5

Total points will be added and placed on a distribution to determine your final grade. In most instances the grading scale will conform to typical grading scales:

A+ = 97-100

B+ = 87-89

C+ = 77-79

D=60-69

A = 94-96

B = 84-86

C = 74-76

E=<60

A- = 90-93

B- = 80-83

C-=70-73

COURSE OUTLINE AND READINGS



Class #	Date	Topics
1	1/5/	Introduction to the course
2	1/12	Socrates Café—thinking about children’s issues Evidence-based practice with children, youth, and families

		(intro to the issues, troubled children clip)
3	1/19	Developmental considerations and assessment Play therapy review and critique/skills based play therapy
4	1/26	Developmental considerations and assessment (cont.)
5	2/2	Focus on cognition; child behavior problems: anxiety, depression, stress, RET with adolescents
6	2/9	RET with adolescents/ depression
7	2/16	Focus on behavioral methods, parent training methods, pharmacotherapy; child behavior problems: antisocial disorders, conduct disorders, Attachment therapy critique, ADHD, child abuse Treatment critique due
8	2/23	MIDTERM EXAM
9	3/1	NO CLASS- SPRING BREAK
10	3/8	Parent management training continued, Super nanny
11	3/15	Group interventions/Mutual aid/Prevention/ Go Grrrls model Treatment Manual Review due
12	3/22	Treatment considerations for working with adolescents
13	3/29	presentations
14	4/5	presentations Family interventions/Substance abuse
15	4/12	Presentations/Child therapy and beyond: Back to systems
15	4/19	FINAL EXAM

Required readings are listed below by topic (see course outline for dates each topic will be addressed). In addition, suggested readings are included in the course outline but these readings will not be covered on the exams.

I. Introduction to the course

A. Objectives

1. Describe how the course fits into the overall curriculum.
2. Describe the course units and content being covered.
3. Describe the expectations of the course including the readings, assignments and exams.

B. Key Concepts

overview, issues, general considerations

II. Evidence based practice with children, youth and families

A. Objectives

1. Describe children's mental health services.
2. Describe barriers to the effective delivery of mental health services.
3. Describe treatment effectiveness and issues in improving children's mental health services.

B. Key Concepts

Evidence based practice, meta-analysis, Cochran and Campbell collaboration, empirically supported treatment

C. Readings

Okamoto, S. & LeCroy, C. W. (2001). Child and adolescent therapy: Evidence based practices. In A. Roberts (Ed.), Social Work desk reference. New York: Oxford University.

LeCroy, C. W. (2008). Evidence-based treatment manuals: Some practical considerations. In C. W. LeCroy (Ed.), *Handbook of Evidence-based treatment manuals for children and adolescents*. New York: Oxford University press.

Executive Summary and recommendations-Surgeon general report-

Blueprint for change

Living with love, chaos and Haley.

Additional Resources:

A. E. Kazdin & J. R. Weisz (Eds.) (2003), *Evidence-based psychotherapies for children and adolescents*. New York: Guilford press.

Evans, D. L., et al. (2005). *Treating and preventing adolescent mental health disorders: What we know and what we don't know*. New York: Oxford University press.

Fonagy, P. et al. (2002). *What works for Whom?: A critical review of Treatments for children and adolescents*. New York: Guildford.

Carr, A. (2000). *What works with children and adolescents?* London: Routledge.

Carr, A. (2002). *Prevention: What works with children and adolescents?* London: Routledge.

III. Developmental considerations and assessment

A. Objectives

1. Describe the DSM IV as it applies to children and adolescents.
2. Describe developmental considerations in making assessments.
3. Describe the empirical approach to assessment and compare and contrast this approach with traditional assessment.
4. Identify the common disorders of childhood.
5. Describe how to conduct a clinical child interview.
6. Demonstrate skills in selecting and using assessment theories and procedures.
7. Describe the application of assessment and diagnosis with minority children.

B. Key Concepts

DSM IV, traditional assessment, empirical assessment, developmental considerations, common childhood disorders, instruments for assessment, etiological factors, multimodal assessment

C. Readings

Creed, et al. text, Chapters 1 & 2

Jensen, P. S., & Mrazek, D. A. (2006). Research and clinical perspectives in defining and assessing mental disorders in children and adolescents. In P. Jensen, P. Knapp, and D. A. Mrazek (eds.). *Toward a new diagnostic system for child psychopathology*. New York: Guilford Publications.

What's wrong with a child.

Bierman, K. L. & Schwartz, L. A. (1986). Clinical child interviews: Approaches and developmental considerations. *Journal of Child and Adolescent Psychology*, 3, 267-278.

Boggs, S. R. & Eyberg, S. (1990). Interview techniques and establishing rapport. In A. LaGreca (Ed.), *Through the eye of the child*. Boston; Allyn-Bacon. Under reserve reading.

LeCroy, C. W., & Okamoto, S. K. (2002). Guidelines for selecting and using assessment tools with children. In A R. Roberts & G. J. Greene (Eds.). *Social Worker's desk Reference* (pp. 213-216). New York: Oxford University Press.

IV. Focus on cognition; child behavior problems: anxiety, depression, stress

A. Objectives

1. Describe the "problem-solving model" and its application to working with children and adolescents.

2. Describe social cognitive theory and its application to children and adolescents from developmental and therapeutic perspectives.
3. Describe other cognitive interventions (e.g., ret, self-instructional training, etc.)
4. Demonstrate skills in implementing cognitive interventions.
5. Describe the application of cognitive intervention to minority children.

B. Key Concepts

problem solving, social cognition, social cognitive development, moral development, problem solving and adjustment, comparisons of cognitive methods, ret, self-instructional training

C. Readings

Creed, et al. text, Chapter 3

Powell, N., Boxmeyer, C. L., & Lochman, J. E. (2008). Social problem solving skills training: Sample module from the Coping Power Program (pp. 11-42). In C. W. LeCroy (Ed.). *Handbook of Evidence-based child and adolescent treatment manuals*. New York: Oxford University Press.

Feindler, E. L. & Gerber, M. (2008). TAME: Teen anger management education (pp. 139-169). In C. W. LeCroy (Ed.). *Handbook of Evidence-based child and adolescent treatment manuals*. New York: Oxford University Press.

Kearney, C. A., Stowman, S., Haight, C., & Wechsler, A. (2008). Manualized treatment for anxiety-based school refusal behavior in youth (pp. 286-313). In C. W. LeCroy (Ed.). *Handbook of Evidence-based child and adolescent treatment manuals*. New York: Oxford University Press.

Berk, M.S., Brown, G. K., Wenzel, A., & Henriques, G. R. (2008). A cognitive therapy intervention for adolescent suicide attempters: An empirically informed treatment (pp. 431-455). In C. W. LeCroy (Ed.). *Handbook of Evidence-based child and adolescent treatment manuals*. New York: Oxford University Press.

Spivack, G., & Shure, M. B. (1974). Social adjustment of young children: A cognitive approach to solving real-life problems. San Francisco: Jossey-Bass. Chapter: Role of Interpersonal Problem Solving and Social Cognition.

Additional Resources—the following are treatment manuals:

FOR A COMPLETELY FREE RESOURCE—AND THIS IS WORTH ABOUT \$100.00 OR MORE--YOU CAN DOWNLOAD THESE TREATMENT MANUALS AT:

<http://www.kpchr.org/public/acwd/acwd.html>

- A **group treatment** intervention for actively depressed adolescents (the Adolescent Coping With Depression [CWD-A] Course).
 - This also includes a separate **intervention for the parents** of these depressed adolescents.
- A **group prevention** intervention for youth at risk for future depression (the Coping With Stress [CWS] Course).
- A brief, **individual treatment** program (5 to 9 sessions) for depressed youth who are also receiving SSRI anti-depressant medication.

Chorpita, B. F. (2007). *Modular cognitive-behavioral therapy for childhood anxiety disorders*. New York: Guilford Press.

Linscott, J., & DiGiuseppe, R. (1994). Rational emotive therapy with children. In C. LeCroy (Ed.), *Handbook of child and adolescent treatment manuals* (pp. 5-40). New York: Lexington Press.

Stark, K. D., Raffaelle, L., & Reysa, A. (1994). The treatment of depressed children: A skills training approach to working with children and their families. In C. LeCroy (Ed.), *Handbook of child and adolescent treatment manuals*. New York: Lexington Press.

V. Focus on behavioral methods, parent training methods, pharmacotherapy; child behavior problems: antisocial disorders, conduct disorders, ADHD, child abuse

A. Objectives

1. Describe behavioral interventions, including the use of reinforcement, punishment, token economies, and home- based treatment.
2. Describe the social learning model for explaining child behavior problems.
3. Demonstrate skills in implementing behavioral interventions.
4. Describe the application of behavioral interventions to minority children.
5. Describe three models of parent training (behavioral, parent effectiveness training, Adlerian)
6. Demonstrate skills in implementing parenting interventions.
7. Describe the application of parenting models to minority populations.

B. Key Concepts

behavior modification, environmental influences on behavior, reinforcement,

punishment, token economies, shaping, community-based treatment for anti-social youth, parent training models, contingency management, time-out parent groups, understanding parents

C. Readings

Creed, et al., text, Chapter 4

Forehand, R., & Long, N. (2002). *Parenting the strong-willed child, Revised and Updated: The clinically proven 5-week program for parents of 2-to-6 year olds.* Read the entire book (it's a quick read)

Bogas, S. A child with ADHD. In C. LeCroy & J. Daley (eds.). *Case studies in Child, Adolescent, and Family Treatment*, pp. 11-22.

Case Study: Tobey, T. S., & Thoresen, C. E. "Helping bill reduce aggressive behaviors."

Case Study: Perkins, et al., "Encopresis: The case of Jason and the golden feces."

Case Study: Gershman, L. "A diversified approach to curing enuresis."

Hauck, P. A. (1983). Working with parents. In A. Ellis & M. E. Bernard (Eds.), Rational-emotive approaches to the problems of childhood. New York: Plenum Press.

Christophersen, E. & VanScoyoc, S. M. (2008). The home chip system: A token economy for use in the natural home (pp. 456-468). In C. W. LeCroy (Ed.). *Handbook of Evidence-based child and adolescent treatment manuals*. New York: Oxford University Press.

"Parenting as therapy" article in the New York Times.

Additional Resources:

Kazdin, A. E. (2005). *Parent management training: Treatment of oppositional, aggressive, and antisocial behavior in children and adolescents.* New York: Oxford University Press. Theory and research on parent management training, includes a treatment manual.

VI. School based interventions/Prevention programming

A. Objectives

1. Describe the role of social work services within a school setting.
2. Demonstrate skills and knowledge in developing programs for identifying children "at risk" to develop psychopathology.
3. Describe prevention strategies for working with children.
4. Describe how prevention programs can address the special problems of minority

populations.

B. Key Concepts

school settings, school social work, primary prevention, secondary prevention, peer helper programs, educational programs, programs for children "at risk" to develop psychopathology, program design

C. Readings

Creed, et. al., text, Chapter 5

Banister, E. M., & Begoray, D. L. (2008). Mentoring adolescent girls: A group intervention for preventing dating violence (pp. 43-84). In C. W. LeCroy (Ed.). *Handbook of Evidence-based child and adolescent treatment manuals*. New York: Oxford University Press.

Wingood, G. M., & DiClemente, R. J. (2008). An evidence-based HIV prevention intervention for African American female adolescents: SiHLE (pp. 85-98). In C. W. LeCroy (Ed.). *Handbook of Evidence-based child and adolescent treatment manuals*. New York: Oxford University Press.

Huxtable, M. et al. (2005). A family arrives at school. In C. LeCroy & J. Daley (eds.). *Case studies in Child, Adolescent, and Family Treatment*, pp. 159-169. On blackboard.

Commission on Positive Youth Development (2005). The positive perspective on youth development. In Evans, D. L., et al., *Treating and preventing adolescent mental health disorders: What we know and what we don't know* (pp. 498-527). New York: Oxford University Press.

Bowen, G. et al. (2004). School violence. In L. A. Rapp-Paglicci, C. N. Dulmus, & J. S. Wodarski (eds.). *Handbook of preventive interventions for children and adolescents*. Hoboken: NJ.

Schinke, et al., (1988). Preventing substance abuse with American Indian youth. Social Casework, 213-217.

Case Study: Shapiro, D. "Altering school truancy and petty theft."

Chamberlin, P., & Smith, D. K. Multidimensional treatment foster care: A community solution for boys and girls referred from Juvenile Justice. In E. D. Hibbs & P. S. Jensen (Eds.), *Psychosocial treatments for child and adolescent disorders*. APA: Washington DC.

VII. Group interventions/Mutual Aid

A. Objectives

1. Describe the use of groups in working with children and adolescents.
2. Describe how to integrate individual methods of treatment into a group format.
3. Describe the critical components of social skills training groups, mutual aid groups, and multiproblem groups.
4. Demonstrate skills in implementing group methods.
5. Critically analyze group models for application to minority populations.

B. Key Concepts

group assessment and treatment, mutual aid groups, interventions suited for groups, treatment planning in a group, short term group, integrating individual methods into groups

C. Readings

LeCroy, C. W. (2008). Social skills training: A treatment manual (pp. 99-138). In C. W. LeCroy (Ed.). *Handbook of Evidence-based child and adolescent treatment manuals*. New York: Oxford University Press.

LeCroy, C. W. (2010). Social Skills Training Podcast. See blackboard for link to podcast.

Pedro-Carroll, J. (2008). The children of divorce intervention program: Fostering children's resilience through group support and skill-building (pp. 314-359.). In C. W. LeCroy (Ed.). *Handbook of Evidence-based child and adolescent treatment manuals*. New York: Oxford University Press.

LeCroy & Daley, J. (2005). Empowering adolescent girls: The Go Grrrls social skills training program (pp. 127-141). In C. LeCroy, & J. Daley (ed.), *Case studies in child, adolescent and family treatment*.

Gustavsson, N., & MacEachron, A. (2005). Gay youth and safe spaces (pp. 151-156). In C. LeCroy & J. Daley (eds.). *Case studies in Child, Adolescent, and Family Treatment*.

Rose, S.D. & Edelson, J. Working with children and adolescents in groups. Chapter: "Influencing group structure."

Vastola, J., et al., (1986). The lost and found group: Group work with bereaved children. In A. Gitterman & L. Shulman (Eds.), Mutual aid groups and the life cycle, Itasca, IL: F.E. Peacock.

Additional Resources (the following are treatment manuals)

Kalter, N. & Schreier, S. (1994). "Developmental facilitation groups for children of divorce." In C. LeCroy (Ed.), Handbook of child and adolescent treatment manuals. New York: Lexington.

Brendtro, L. K., & Ness, A. E. (1983). *Re-educating troubled youth: Environments for teaching and treatment*. New York: Aldine. [Chapter 3: The group culture: responsible youth participation]

VIII. Treatment considerations for working with adolescents

A. Objectives

1. Describe interventions applicable to adolescents.
2. Describe the use of positive peer culture, life-space interviewing, and youth participation.
3. Critically analyze different models of treatment/services for adolescents.
4. Describe special considerations for minority children adolescents.

B. Key Concepts

adolescent development, adolescent treatment models, group culture, peer groups, peer influence, life-space interviews, the residential setting

C. Readings

Miller, A. L., Rathus, J. H., & Linehan, M. M. (2006). *Dialectical Behavior Therapy with Suicidal Adolescents*. Chapter 8: individual therapy with adolescents, pp. 151-186.

Cobb, H., & Staton, A. R. (2005). Zai: A Hmong adolescent creates his own way. In C. LeCroy & J. Daley (eds.). *Case studies in Child, Adolescent, and Family Treatment*, pp. 188-196.

Brendtro, L. K., & Ness, A. E., Re-educating troubled youth: Environments for teaching and treatment. New York: Aldine. Chapter: The group culture: responsible youth participation.

Additional Resources

Edgette, J. S. (2006). *Adolescent therapy that really works*. New York: W. W. Norton.

Ribner, N. G. (2000). *The first session with teenagers: A step-by-step guide*. San Francisco: Jossey-Bass.

IX. Family Interventions/Substance abuse

A. Objectives

1. Describe the elements of conducting a family interview.
2. Describe common aspects of working effectively with families.
3. Critically analyze different approaches of family therapies.
4. Demonstrate skills and knowledge in working with families.

5. Describe how family therapy approaches might differ with different ethnic groups.

B. Key Concepts

family therapy approaches, parent-adolescent communication, parent-adolescent conflict, contracting with families, family theory and practice, models of treatment

C. Readings

Hall, J. A., Smith, D. C., & Williams, J. K. (2008). Strengths-oriented family therapy (SOFT): A manual guided treatment for substance-involved teens and families (pp. 491-545). In C. W. LeCroy (Ed.). *Handbook of Evidence-based child and adolescent treatment manuals*. New York: Oxford University Press.

Bicknell-Hentges, L., & Lynch, J. (2005). Helping a family with reunification: Returning children to a less-than-perfect family (pp. 199-209). In C. LeCroy & J. Daley (eds.). *Case studies in Child, Adolescent, and Family Treatment*.

Henggeler, S. W. et al. (2002). *Serious emotional disturbance in children and adolescents: Multisystemic therapy*. New York: Guildford press. Chapters 2 and 3: MST principles and process, and family interventions and building indigenous family supports.

Case Study: Lankton, S. "Papa don't preach."

Additional Resources:

Lewis, R. A. et al., (1991). "The purdue brief family therapy model for adolescent substance abusers" (pp. 29-48) in T. C. Todd & M. D. Selekman (eds.), *Family therapy approaches with adolescent substance abusers*.

LeCroy, C. W. (1987). A model for involving fathers in family treatment. *Family Therapy*, XIV, 237-245.

X. Child Therapy and Beyond: Back to systems

A. Objectives

1. Describe the role of mental health systems in the appropriate treatment of children.
2. Describe the relationship between the child welfare system and the mental health treatment of children.
3. Describe the relationship between mental health and legal systems.
4. Describe the ecological context that effective treatment of children requires.

B. Key Concepts

mental health systems, public and private systems, insurance and mental health, psychiatric hospitals versus outpatient treatment, cost containment, child welfare, placements, legal systems, educational systems