

THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL



SCHOOL OF SOCIAL WORK

Course Number: SOWO 841
Course Title: Child and Adolescent Mental Health: Theory and Practice
Times: Tuesdays 2-4:50pm
Semester and Year: Fall 2020
Instructor: Evi Taylor, PhD, LCSW
Office Hours: Mondays 12-2:00pm or by appointment either by phone or zoom
E-mail: evitaylo@email.unc.edu
Telephone: 865-386-0946

Course Description:

This course presents knowledge and practice theories to understand mental health and well-being in children, adolescents and their families. It emphasizes practice skills and theories relevant to assessment and evidenced-based interventions.

Course Objectives:

Upon completion of this course, students will:

1. Understand the context for child and adolescent development and how this context inhibits or promotes mental health symptoms and disorders.
2. Demonstrate how diversity issues such as race/ethnicity, culture, poverty, education, sexual orientation, gender identity, and geography affect children, adolescents, and families, and the relevance of these issues of difference in assessment and treatment of mental health issues.
3. Understand the role of the family in intervention with children and adolescents.
4. Articulate key diagnostic, treatment, and prevention issues associated with the mental health needs of children and their families.
5. Describe in detail selected evidence-based practice models for working with children and adolescents around specific mental health problems and be able to match these intervention models to appropriate mental health diagnoses.
6. Examine child and adolescent mental health social work practice in a variety of direct practice settings and systems, including child welfare and schools.
7. Be able to engage children, adolescents, and caregivers in particular treatment models and use specific intervention skills from these models.
8. Demonstrate competence in professional documentation and communication of clinical material.

Skills to Be Acquired in This Class:

1. The ability to go beyond information gathering to create a nuanced assessment and treatment plan for a child or adolescent and their family;
2. The ability to consider and identify cultural understandings of illness that may influence treatment;
3. The ability to identify evidence-based treatments for particular disorders;
4. The beginning ability to employ various evidenced-based treatments that will be helpful to the child or family system.

Required Texts:

1. Canada, G. (2010). *Fist, Stick, Knife, Gun: A Personal History of Violence*. Beacon Press. ISBN 0-8070-0423-5
2. Perry, B. D., & Szalavitz, M. (2017). *The Boy Who was Raised as a Dog and Other Stories from a Child Psychiatrist's Notebook: What Traumatized Children Can Teach Us about Loss, Love, and Healing*. Basic Books: New York, New York. ISBN-10: 1572247037
3. Shapiro, J. P. (2015). *Child and Adolescent Therapy: Science and Art (2nd Ed.)*. Hoboken, NJ: John Wiley and Sons. ISBN: 978-1-118-72211-4.
4. Weisz, J. R. & Kazdin, A. E. (2017). (Eds). *Evidence-based Psychotherapies for Children and Adolescents (3rd Ed)*. New York: The Guilford Press.

Full Text Available Online Through the UNC Library

Recommended Texts:

1. Alfano, C. A. & Beidel, D. C. (2014). (Eds). *Comprehensive Evidence-based Treatment for Children and Adolescents*. Hoboken, NJ: John Wiley & Sons. ISBN: 978-1-118-48756-3.

**This book provides an overview of diagnostic criteria, epidemiological data, and empirically supported interventions and screening tools for psychiatric disorders common to children using DSM-5 criteria. If you are not taking the three-hour course on differential diagnosis this semester this book is highly recommended.*

Full Text Available Online Through the UNC Library

2. McKenzie, F. R. (2008). *Theory and practice with adolescents: An applied approach*. Chicago: Lyrium
- *This is an excellent book on general mental health practice with adolescents. Some chapters will be required but I will post those on our class website.*

Teaching Methods:

For each pediatric psychiatric illness covered, the course will review what is known about the phenomenology of the disorder, its prevalence, risk factors, co-morbidity with other disorders, issues related to diversity, etiology, and developmental trajectory. We will examine criteria for each DSM 5 disorder in assigned readings and class discussion. This course will identify important theory that can guide practice in terms of assessment, goals, and identifying and implementing effective programs of prevention and treatment. For each category of pediatric psychiatric illnesses covered we will examine specific, well supported evidence-based interventions. Not all of this content will be covered during class time. Much of this content will be covered in required readings. It is the student's responsibility to complete assigned readings and come to class with any questions related to those reading in addition to raising questions about additional course content covered during class sessions.

This course utilizes synchronous and asynchronous instructional techniques including lecture, discussion, role-playing, "real" playing, experiential exercises, lessons, and video clips. Our class will be interactive and our interactions should reflect our social work values. Adherence to our profession's code of values and ethics extends to this course. If you are unfamiliar with that code, you can access it here:

<https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English> The development of a supportive learning environment that reflects the values of the social work profession is essential for the success of this class. A supportive learning environment is fostered by listening to and reading the ideas and views of others; being able to understand and appreciate a point of view that differs from your own; articulating your point of view clearly and concisely; and linking experiential activities to course content, readings, and assignments. I will appreciate your contributions to making this a safe and respectful class for learning and growth.

Trauma Content:

This course includes some intense content related to traumatic events experienced by children, adolescents, and/or adults. Students may experience strong reactions related to their own trauma history, or related to their lack of previous exposure to detailed accounts of harm that children and adults experience. Students may find themselves emotionally triggered or possibly overwhelmed, as well as having judgmental thoughts (e.g., about victims, caregivers, and perpetrators of harm). Students are encouraged to develop and use self-care strategies during class sessions and when reading and/or completing assignments for class. During this semester these feelings may be intensified as many are experiencing the COVID 19 Pandemic and events related to the Pandemic as traumatic. Students may have strong reactions that are more safely processed outside of the classroom and with appropriate support from the instructor or with professional support. In the event that students experience significant distress, please notify the instructor. The instructor will seek to foster a safe classroom environment in which learning may occur. This includes setting guidelines for safe behavior collaboratively with students, preparing students for graphic case material, and utilizing alternative assignments when determined to be beneficial.

Class Assignments:

All written class assignments should be turned as by the beginning of the class session on the day the assignment is due unless otherwise noted. Detailed descriptions of each assignment, as well as grading rubrics, will be made available to students prior to the assignment due date.

Assignment	Points	Due Date
Class participation/attendance/discussion board posts	20%	Ongoing
Assignment 1: TF-CBT Training	15%	9/22/20
Assignment 2: Biopsychosocial Assessment	20%	10/06/20
Assignment 3: Reflection Essay	20%	10/27/20
Assignment 4: Biopsychosocial Assessment and Intervention Plan	25%	11/17/20

Extra Credit--Book Review Assignment	+5 points	11/17/10
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ATTENDANCE AND PARTICIPATION

Attendance at all class sessions is expected; it is important to be on time so as not to disrupt class or miss material. We will be covering a great deal of information in each class and class discussion will be part of the learning experience. If you will not be able to attend a class, let the instructor know as soon as possible. It is your responsibility to obtain handouts, information about class content, and information about announcements, etc., from your classmates if you are unable to attend a class. Synchronous and asynchronous class participation counts for 20% of your final grade. Everyone will receive a standard score of 100 for participation, in recognition of a norm of attendance, contributions to small group assignments, discussion board posts, and informed participation in class discussion. Informed participation means that you clearly demonstrate that you have completed assigned readings and can offer analysis, synthesis and evaluation of written material. Excellent participation also means that your comments are thoughtful, focused and respectful. Points will be deducted from the base score if you miss class, are late, leave early, disappear for long periods, fail to complete synchronous and/or asynchronous instructional activities, or are unprepared. **Students with more than two absences will receive an “L” unless they have made prior arrangements with the instructor.** Students with more than three absences will receive an “F” unless they have made prior arrangements with the instructor, even if all out of class work is completed and the point total is higher than the grade reflected in the attendance policy above. If an emergency arises, please contact the instructor as soon as possible. These absences can be excused at the discretion of the instructor.

ASSIGNMENT #1: TF-CBT Training

To get further exposure and training on an evidenced based intervention commonly used with adolescents who have experienced trauma, students will complete the Trauma-Focused Cognitive Behavior Therapy (TF-CBT) course online offered by the Medical University of South Carolina, found at: <http://tfcbt.musc.edu/>. Completion of this course is also something you can include on your resume, which is often a benefit for future employment. **There is a fee for this training.**

ASSIGNMENT #2: Biopsychosocial Assessment (20 points)

Please use information, concepts, terms, theories, and theorists from assigned class texts and readings (including suggested readings) to address the essay topics below. Writing should be clear, easy to understand, and free of spelling and grammar errors. *The Boy Who Was Raised as a Dog*, Chapter 5, “The Coldest Heart”, recounts the case of Leon. Throughout his childhood and early adolescence a number of opportunities to intervene with Leon are missed. Imagine you are working in a community agency and Leon and his family are referred to you for services 3 months prior to his brutal murder of two young girls that results in his incarceration. Based on the information in the case study, class readings, and class sessions complete the following:

Part 1: Using McKenzie (2008) Chapter 2, The Practice Formulation of Biopsychosocial Assessment and Intervention Planning, complete an assessment and formulate an initial treatment plan for Leon and his family. If you feel you are missing information necessary, use the information you have and include questions you would ask to gather the necessary information to complete the assessment. (50%)

Part 2: Discuss the theory or theories that informed your assessment and treatment plan. (25%)

Part 3: Compare and contrast this approach to assessment and intervention planning with the approach you use in your current field placement. If you do not have the opportunity to participate in or observe assessment and treatment planning in your current field placement you may use a past field placement or work experience or, as a last resort, the training you received in the foundation year of this program to complete this portion of the assignment. (25%)

Please address each topic separately and number your response accordingly. I expect that most papers will be between 4-8 pages in length (double-spaced).

ASSIGNMENT 3: Reflection Essay (20 points)

Please use information, concepts, terms, theories, and theorists from assigned class texts and readings (including suggested readings) to address the essay topics below. Writing should be clear, easy to understand, and free of spelling and grammar errors.

Part 1: Posted under Assignment 3 on our class website is a chapter from a standard, graduate level text book on adolescent mental health (Chapter 14 in Laser and Nicotera) focuses on Delinquency in Adolescents including:

- 1) defining delinquent behavior, conduct disorder, and antisocial behavior;
- 2) protective and risk factors for delinquency;
- 3) the development of delinquency; and
- 4) clinical interventions with delinquent youth.

Based on your reading of *Fist, Stick, Knife, Gun*, provide a critique of the applicability of the chapter on delinquency for work with adolescents developing in the context of neighborhoods described by Canada. Be sure to focus on each of the four areas outlined above. (50%)

Part 2: Geoffrey Canada escaped the violence inherent in the neighborhoods where he grew up to achieve a graduate level education and return to those same neighborhoods to implement prevention programs for at risk children. His in-depth understanding of the changing social context of those neighborhoods and the risks of growing up in poverty and violence can be seen as a key factor in the success of his work. While many social workers may have stories similar to Canada's, not all social workers have personal experience and/or intimate, long-term knowledge of the communities they serve and/or the social problems their work addresses. While not a social worker by profession, Geoffrey Canada displays a commitment to social justice and has devoted his career to helping children and adolescents in urban, impoverished, predominantly African American neighborhoods. Re-read Dr. Iris Carlton-LaNey's "African American Social Work Pioneers' Response to Need," from the online History of Oppression course. As you reread this article, pay attention to the similarities and differences you note in Canada's approach to his work, as outlined in *Fist, Stick, Knife, Gun*, with the values of early African American social work pioneers.

Consider your own personal background, values and development in the context of clinical social work practice with children and adolescents. Consider similarities and differences in your approach to practice compared to the values of early African American social work pioneers as you address the following questions. Address each topic separately and numbering your responses accordingly:

1. How does your personal experience affect your insight into the area of clinical social work practice with children and adolescents?
2. In what ways, if any, are you advantaged and/or disadvantaged in working with children and adolescents?
3. How might your own personal biases and blind spots contribute to countertransference, and how might this play out in a clinical context with child and adolescent clients?
4. Regardless of whether or not you have personal experience and/or intimate, long-term knowledge of the communities you will serve and/or the social problems your work will address, what can you take from Geoffrey Canada's story and the work of early African American social work pioneers that can influence your professional development as a clinical social worker? (50%)

Please address each topic separately and number your response accordingly. I expect that most papers will be between 4-8 pages in length (double-spaced).

ASSIGNMENT 4: Linking the Biopsychosocial Assessment and Intervention Plan (25 points)

Please use information, concepts, terms, theories, and theorists from assigned class texts and readings (including suggested readings) to address the essay topics below. Writing should be clear, easy to understand, and free of spelling and grammar errors. This assignment incorporates the Clinical Case Summary Outline, a requirement for LCSW-As applying for an LCSW. This has been incorporated to give you experience in the necessary skills prior to applying for licensure. An unaltered copy of the Clinical Case Summary Outline form is included on the class website under Assignment 4 for your reference. Additional questions required for this assignment are highlighted in *italics* below.

From your current or past practice, select an adolescent client with a significant mental health issue warranting intervention (if you have not worked with a client who meets these criteria, please see the instructor). Using this case from your own practice, please complete the LCSW-A Clinical Case Summary and *the supplemental questions specific to this course*.

LCSWA Clinical Case Summary Outline

[Type CLEARLY. The case narrative is required during each six-month reporting period, but no longer to be submitted to the Board, except upon request. The case narrative is a supervisory tool and should be reviewed in supervision, signed, and maintained by the clinical supervisor.]

Case Narrative: When preparing your case narrative, consider the bulleted information under each heading and documented when relevant in narrative form, using complete sentences. [Your narrative will replace the bulleted items.] Use pseudo name or initials for client name and location (i.e. JT or Client A, resides in a small community in rural North Carolina). Do **NOT** present in abbreviated or outline format.

1. *Provide a brief description of your client including demographic information, past and present mental health diagnosis(es), and other relevant constitutional factors including:*

HISTORY:

- Identifying and Demographic Information for client (Use initials - **NO** real names)
- Social/family history
- Prior Criminal/Legal History
- Prior/Current Military Experience
- Chemical Use History

CLINICAL ASSESSMENT AND DIAGNOSIS:

Presenting Problems/Symptoms and Referral Source

Summary of Prior Counseling/Treatment History

Clinical Impressions and Diagnostic Summary

Diagnosis (*DSM 5 – diagnosis does not need to be justified but should clearly match the description of symptoms and be linked to the treatment plan/intervention.*)

Please also detail the setting and your role in intervention with this adolescent. (15%)

2. *Discuss the developmental context of this adolescent and any developmental factors that inhibit or promote her mental health symptom(s) and disorder(s). (10%)*
3. *Describe the role of the family in your client's mental health, your assessment, and your intervention planning. (10%)*
4. *Consider the impact of difference/diversity on how your client's particular symptoms and disorder(s) are understood. (10%)*

TREATMENT:

5. Treatment Plan/Goals

Briefly describe the current treatment this client is receiving. Based on your assessment of this case, recommend a treatment plan informed by theory and based on evidence-based intervention models for working with children and adolescents around your patient's mental health diagnosis(es). (15%)

6. Identify treatment strategies/modalities used by you, including rationale for use

Briefly discuss the theory(ies) that informs your assessment and intervention with this client. (10%)

7. Describe **HOW** you carried out treatment strategies, including how you used the therapeutic relationship to implement intervention strategies

Describe any difficulties you had in engaging your client and his parent(s) or guardian(s) in the intervention provided and anticipate any difficulties in engaging your client in the recommended evidence-based intervention model(s). Describe a plan to manage these difficulties. (10%)

8. *Identify the specific skills associated with your recommended evidence-based intervention model(s) and describe how these skills (1) match the developmental age of your client, (2) address the symptoms or underlying cause(s) of the mental health diagnosis(es), and (3) the desired outcome of each specific skill. (10%)*

9. Client's response to treatment

- Termination/transfer assessment, plan, and process

Given what we have covered in this class has your understanding, assessment, and/or ideal treatment plan for this client changed? Discuss why or why not. (10%)

Please address each topic separately and number your response accordingly. I expect that most papers will be between 6 - 10 pages in length (double-spaced).

EXTRA CREDIT ASSIGNMENT: Book Review (5 possible extra credit points)

In order to facilitate a deeper understanding of empirically supported interventions for child and adolescent mental health practice, this extra credit assignment offers you the opportunity to receive up to 5 extra credit points on your final grade if you complete the following assignment for an approved book that manualized or explains in detail an empirically supported intervention for child and adolescent psychiatric illness. All books must be approved by the instructor.

For this assignment, you will:

1. Prepare a brief (2-4 pages double-spaced) review of the book you selected to read for this class. This review will include the following aspects:
 - a. APA style reference for the book at the beginning of the summary
 - b. Summary of book
 - c. Description of the author
 - d. Description of the intended audience
 - e. Basic take-away points of the book
 - f. Discussion of the relevance for mental health practice with children and/or adolescents
 - g. Recommendations for use in practice

2. Present information about your book to the class, highlighting the information from your summary. You should also be prepared to answer questions from the instructor and your peers during the presentation. The full presentation, including time for questions, should last about 5 minutes.

Grading System:

The points received for each assignment will be totaled to determine the final grade:

100 – 94	H
93 – 74	P
73 – 70	L
69 and below	F

Policy on Paper Submission, Incompletes and Late Assignments:

All written assignments in this course should follow APA style *with the exception of the inclusion of a cover page. You may instead place your PID as a running header and place the honor code at the end or beginning of your written assignment. Please do not include your name and use your PID to sign the honor code.* The School of Social Work faculty has adopted APA style as the preferred format for papers and publications. The best reference is the Publication Manual of the American Psychological Association, Sixth Edition (2009) that is

available at most bookstores. The following web site provides additional information:

<http://www.apastyle.org/apa-style-help.aspx>

All papers and assignments are to be submitted on our Sakai site. Assignments are due at the beginning of class on the dates noted on this syllabus unless otherwise specified. Late assignments are strongly discouraged. If a situation arises that prohibits you from completing any assignment or activity on time, a request for an extension must be made *in advance* of the due date. Approved extensions will not affect your grade. **If approval for late submission is not granted before breaking a deadline, the grade will automatically be reduced 10%, and another 10% reduction will occur each day, including weekends.** In case of an emergency, a late paper may be accepted without penalty at the discretion of the instructor. However, the student must alert the instructor to the emergency within a reasonable time period and negotiate a new due date with the instructor in order for any late penalty to be waived. A grade of “Incomplete” will be given only in extenuating circumstances and in accordance with SSW and University policy.

Policy on Academic Dishonesty:

Please refer to the *APA Style Guide*, *The SSW Manual*, and the *SSW Writing Guide* for information on attribution of quotes, plagiarism and appropriate use of assistance in preparing assignments. All written assignments should contain a signed pledge from you stating that, "I have not given or received unauthorized aid in preparing this written work".

In keeping with the UNC Honor Code, if reason exists to believe that academic dishonesty has occurred, a referral will be made to the Office of the Student Attorney General for investigation and further action as required.

Writing Support:

Clear, cogent writing is an essential skill for social work professionals. Writing support is available to all students through the School’s Writing Support Team; they can help you strengthen your writing skills by sharing strategies for organizing information, presenting a cohesive argument, ensuring clear communication, and mastering APA style. Writing Support offers a *learning opportunity* for students but does not merely copy edit student papers. Writing support is available in-person, by e-mail, or by phone. E-mail a requested appointment day and time to SOSWwritingsupport@gmail.com . In addition, see the Writing Resources and References page on the School’s website (under the Current Students tab: <https://ssw.unc.edu/students/writing>).

Accessibility and Resources Services:

The School of Social Work aims to create an educational environment that supports the learning needs of all students. The University of North Carolina – Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or pregnancy complications resulting in difficulties with accessing learning opportunities. The Accessibility Resources and Service (ARS) Office at UNC has been established to coordinate all accommodations. If you might need accommodations at any point during the semester, please contact ARS prior to the beginning of the semester or as early in the semester as possible so that they can assist you; this process takes time. You can visit their website at <http://accessibility.unc.edu>, and contact ARS by email:

accessibility@unc.edu or phone at 919-962-8300. The accommodations process starts with ARS and helps instruct Faculty at the School of Social Work on how best to proceed. As a School, we are committed to working with ARS and students to implement needed accommodations for all of our students. In addition to seeking ARS supports, please also reach out to your instructor to communicate how best your needs can be met once you have begun the ARS process.

Equal Opportunity and Compliance (EOC) Statement:

Acts of discrimination, harassment, interpersonal (relationship) violence, sexual violence, sexual exploitation, stalking, and related retaliation are prohibited at UNC-Chapel Hill. If you have experienced these types of conduct, you are encouraged to report the incident and seek resources on campus or in the community. Please contact the Director of Title IX Compliance / Title IX Coordinator (Adrienne Allison, adrienne.allison@unc.edu), Report and Response Coordinators (Ew Quimbaya-Winship, eqw@unc.edu; Rebecca Gibson, rmgibson@unc.edu; Kathryn Winn kmwinn@unc.edu), Counseling and Psychological Services (CAPs) (confidential) in Campus Health Services at (919) 966-3658, or the Gender Violence Services Coordinators (confidential) (Cassidy Johnson, cassidyjohnson@unc.edu; Holly Lovern, holly.lovern@unc.edu) to discuss your specific needs. Additional resources are available at safe.unc.edu.

Policy on the Use of Laptops or Other Electronic Devices and Class Disruptions:

Use of electronic devices during synchronous instruction for *non-class related activities* is strongly discouraged. Electronics should be silenced or put on vibrate during class. If you must respond to a call, please mute yourself and stop your video prior to answering or returning the call. The use of laptop computers or tablets is welcomed for note taking and other activities that enhance student learning and class participation. Please do not use electronic devices in any way that may detract from your participation or the learning experience of other students in the class.

Community Standards in Our Course and Mask Use.

This fall semester, while we are in the midst of a global pandemic, all enrolled students are required to wear a mask covering your mouth and nose at all times in our classroom. This requirement is to protect our educational community -- your classmates and me -- as we learn together. If you choose not to wear a mask, or wear it improperly, I will ask you to leave immediately, and I will submit a report to the Office of Student Conduct. At that point you will be disenrolled from this course for the protection of our educational community. Students who have an authorized accommodation from Accessibility Resources and Service have an exception. For additional information, see <https://carolinatogether.unc.edu/university-guidelines-for-facemasks/>.

As we are learning remotely and we will not be in a physical classroom this does not apply for our synchronous class time on Zoom. These community standards will apply if you are on campus during the semester.

****THE INSTRUCTOR RESERVES THE RIGHT TO MAKE CHANGES TO THE SYLLABUS IF REQUIRED TO BEST MEET THE LEARNING OBJECTIVES OF THE COURSE.***

Class 1: August 11	Course Overview/Introduction to Theory and Child and Adolescent Mental Health
Class 2: August 18	Frameworks of Child and Adolescent Mental Health
Class 3: August 25	Engagement and Assessment with Children and Families
Class 4: September 1	Internalizing Disorders: Anxiety Disorders

Class 5: September 8	Internalizing Disorders: Depressive Disorders
Class 6: September 15	Internalizing Disorders: Application of Interventions
Class 7: September 22	Early Childhood Trauma Assignment 1 Due: TFCBT Training
Class 8: September 29	Early Childhood Trauma: Application of Interventions
Class 9: October 6	Externalizing Disorders: ADHD Assignment 2 Due: Biopsychosocial Assessment
Class 10: October 13	Externalizing Disorders: Disruptive Behavior Diagnoses
Class 11: October 20	Externalizing Disorders: Application of Interventions
Class 12: October 27	Substance Disorders Assignment 3 Due: Reflection Essay
November 3	Election Day
Class 13: November 10	Class 13: Eating Disorders
Class 14: November 17	Class 14: Autism Spectrum Disorders Assignment 4: Biopsychosocial Assessment and Intervention Plan and Extra Credit Book Review Due

COURSE OUTLINE

Class 1 - Course Overview/Introduction to Theory and Child and Adolescent Mental Health

- Introductions
- Course introduction
- Review of syllabus
- Overview of theoretical lenses
- Cultural sensitivity and competent practice

Required Readings:

1. Connolly, M., Zervos, M., Barone, C., Johnson, C. & Joseph, C. (2016). The mental health of transgender youth: Advances in understanding. *Journal of Adolescent Health* 59, 489-495.
2. Ginwright, S.A. (2015). Radically healing Black lives: A love note to justice. *New Directions for Student Leadership*, 148, 33-44.
3. Hatcher, S. S., King, D. M., Barnett, T. M., & Burley, J. T. (2017). Mental health for youth: Applying an African-centered approach. *Journal of Human Behavior in the Social Environment*, 27(1-2), 61-72.
4. Perry, Introduction, Chapters 1, pp. xxiii-28
5. Shapiro, Chapter 9: Cultural Factors in Therapy, pp. 297-325
6. Weisz & Kazdin, Chapter 21: Evidence-based Psychotherapies with Ethnic Minority Children and Adolescents, pp. 361-378

Suggested Readings:

1. Alfano & Beidel, Chapter 4: Evidence-based Treatments for Mental, Emotional, and Behavioral Problems in Ethnic Minority Children and Adolescents, pp. 43-55
2. Love, B.L. (2019). Grit, zest and racism. We want to do more than survive: Abolitionist teaching and the pursuit of educational freedom (pp. 69-87). Boston, MA: Beacon Press.

3. Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697.
4. Nealy, E. (2017). Trans kids in therapy. In *Transgender children and youth: Cultivating pride and joy with families in transition* (pp. 32-55). New York, NY: W. W. Norton and Company.
5. McKenzie, Chapter 8: Culturally Competent Practice with Adolescents and Families, pp. 96-107

Class 2 - Frameworks of Child and Adolescent Mental Health

- Diagnosing and the Diagnostic and Statistical Manual 5
- Developmental considerations
- Epidemiology of mental health issues in children and adolescents
- Theoretical underpinnings of practice with children and adolescents

Required Readings:

1. Alfano & Beidel, Chapter 1: Development Considerations in Assessment and Treatment, pp. 3-14
2. Jones, S.C.T., Anderson, R.E., Gaskin-Wasson, A.L., Sawyer, B.A., Applewhite, K., & Metzger, I.W. (2020). From "crib to coffin": Navigating coping from racism-related stress throughout the lifespan of Black Americans. *American Journal of Orthopsychiatry*, 90, 267-282.
3. Perry: Chapter 2, pp. 29-58
4. Shapiro, Chapter 1: Therapy Fundamentals, pp. 3-42
5. Weisz & Kazdin, Chapter 28: Using the Science of Developmental Psychopathology to Inform Child and Adolescent Psychotherapy, pp.484-500; Chapter 30: Harnessing the Neuroscience Revolution to Enhance Child and Adolescent Psychotherapy, pp. 520-536

Suggested Reading:

1. Garland, E. L. & Howard, M. O. (2014) A transdiagnostic perspective on cognitive, affective, and neurobiological processes underlying human suffering. *Research on Social Work Practice*, 24, 142-151.
2. McKenzie Chapter 1: Theoretical Underpinnings of Applied Practice with Adolescents, pp. 17-29
3. Shapiro, Chapter 5: Psychodynamic Therapy, pp. 149-183; Chapter 6: Constructivism: Solution-Focused and Narrative Therapy, pp. 184-215, Chapter 8: Atheoretical and Transtheoretical Techniques, pp. 253-293
4. Spear, L.P. (2013). Adolescent neurodevelopment. *Journal of Adolescent Health*, 52(2), 7-13.

Class 3: Engagement and Assessment with Children and Families

- Ethical and legal considerations
- Engagement and assessment strategies
- Elements of assessment, conceptualization, and diagnosis
- Family/systems involvement

Required Readings:

1. Alfano & Beidel, Chapter 2: Ethical Considerations in Mental Health Treatment and Interventions with School-aged Children and Adolescents, pp. 15-20
2. Chan, C. D. (2018). Families as transformative allies to trans youth of color: Positioning intersectionality as analysis to demarginalize political systems of oppression. *Journal of GLBT Family Studies*, 14(1-2), 43-60.
3. Ho, G. W. K., Cross, D. A., & Bettencourt, A. (2017). Universal mandatory reporting policies and the odds of identifying child physical abuse. *American Journal of Public Health*, 107, 709-716.
4. McKenzie Chapter 2: The Practice Formulation of Biopsychosocial Assessment and Intervention Planning, pp. 17-42
5. Perry, Chapter 3 pp. 59-86
6. Weisz & Kazdin, Chapter 31, Assessment Issues in Child and Adolescent Psychotherapy, pp. 537-554

Suggested Readings:

1. McKenzie Chapter 3: Use of Practice Skills: Engagement and Ongoing Work with Adolescents, pp.30-41
2. McKenzie Chapter 6: Use of Self and the Ethical Approach to Practice with Adolescents, pp. 74-84

Class 4: Internalizing Disorders: Anxiety Disorders

- Common anxiety disorders
- Cognitive Behavioral Therapy for anxiety disorders in children

Required Readings:

1. Perry, Chapters 4, pp. 87-106
2. Shapiro, Chapter 2: Behavioral Therapy, pp. 43-74; Chapter 3: Cognitive Therapy, pp. 75-109; Shapiro, Chapter 13: Anxiety, pp. 430-461
3. Weisz & Kazdin, Chapter 2: Child Focused Treatment for Anxiety, pp. 17-34; Treating Pediatric Obsessive-Compulsive Disorder in Children: Using Exposure-Based Cognitive-Behavioral Therapy, pp. 49-65

Suggested Reading:

1. Alfano & Beidel, Chapter 7: Anxiety Disorders in Children, pp. 93-110
2. Alfano & Beidel, Chapter 8: Anxiety Disorders in Adolescents, pp. 110-128
3. Sutton, C. (2006). *Helping families with troubled children: A preventive approach*. Chichester, West Sussex: John Wiley & Sons. Chapter 2: Social Learning/Cognitive Behavioral Theory, pp. 33-67.

Class 5: Internalizing Disorders: Depressive Disorders

- Common Mood Disorders
- Interpersonal Psychotherapy with Children and Adolescents
- Cognitive-behavioral Therapy

Required Readings:

1. Perry, Chapters 5,6, pp. 107-170
2. Shapiro, Chapter 14: Depression, pp. 463-496
3. Weisz & Kazdin, Chapter 4: Cognitive-Behavioral Treatment for Adolescent Depression, pp. 49-65; Chapter 5: Treating Adolescent Depression Using Interpersonal Psychotherapy, pp. 66-84

Suggested Reading:

1. Alfano & Beidel, Chapter 9: Depressive Disorders in Children, pp. 129-146
2. Alfano & Beidel, Chapter 10: Depressive Disorders in Adolescents, pp. 147-162
3. Alfano & Beidel, Chapter 11: Bipolar Disorders, pp. 163-176
4. Weisz & Kazdin, Chapter 14: Developing and Testing Interventions for Suicidal and Nonsuicidal Self-Injury among Adolescents, pp. 235-252
5. Whitlock, J. (2010). Self-Injurious behavior in adolescents. *PLoS Medicine*, 7(5), 310000240. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000240>

Class 6: Internalizing Disorders: Application of Interventions

- Application of interventions for internalizing disorders
- Self-harming behaviors
- Dialectical behavior therapy
- Mindfulness and self-compassion

Required Readings:

1. <http://www.mindfulselfcompassionforteens.com> (explore the website)
2. Shapiro, Chapter 4: Mindfulness-based Cognitive-behavioral Therapies, 110-148.
3. Perry, Chapters 7,8, pp. 171-226
4. MacPherson, H.A., Cheavens, J.S., Fristad, M.A (2013). Dialectical behavior therapy for adolescents: Theory, treatment adaptations, and empirical outcomes. *Clinical Child and Family Psychology Review*, 16, 59-80.

Suggested Reading:

1. Weisz & Kazdin, Chapter 14: Developing and Testing Interventions for Suicidal and Nonsuicidal Self-Injury among Adolescents, pp. 235-252
2. Whitlock, J. (2010). Self-Injurious behavior in adolescents. *PLoS Medicine*, 7(5), 310000240. <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000240>

Class 7: Childhood Trauma

ASSIGNMENT 1 DUE

- Review of ACEs study
- Trauma, neurodevelopment, and mental health
- PTSD

Required Readings:

1. Perry, Chapters 9, 10, pp. 227-258
2. Saleem, F. T., Anderson, R. E., & Williams, M. (2019). Addressing the “myth” of racial trauma: Developmental and ecological considerations for youth of color. *Clinical child and family psychology review*, 1-14.
3. Shapiro, Chapter 5: Psychodynamic Therapy, pp. 149-183, Chapter 6: Constructivism: Solution-Focused and Narrative Therapy, pp 184-217, Shapiro, Chapter 15: Stress and Trauma, pp. 497-532
4. Weisz & Kazdin, Chapter 15: Trauma-Focused Cognitive-Behavioral Therapy for Traumatized Children, pp. 253-271

Suggested Readings:

1. AACAP Official Action. (2013). Practice parameter for psychodynamic psychotherapy with children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 51, 541-555.
2. Alfano & Beidel, Chapter 19: Trauma-related Problems and Disorders, pp. 287-300
3. Ortega-Williams, A., Crutchfield, J., & Hall, J. C. (2019). The colorist-historical trauma framework: Implications for culturally responsive practice with African Americans. *Journal of Social Work*, 1-16.

Class 8: Childhood Trauma: Application of Interventions

- Trauma informed care
- Play Therapy
- TF-CBT

Required Readings:

1. Chapman-Hilliard, C., & Adams-Bass, V. (2016). A conceptual framework for utilizing Black history knowledge as a path to psychological liberation for Black youth. *Journal of Black Psychology*, 42(6), 479-507.
2. Perry, Chapter 11, 12, pp. 259-292
3. Porges, S.W. (2015). Making the world safe for our children: Down-regulating defense and up-regulating social engagement to ‘optimize’ the human experience. *Children Australia*, 40(2), 114-123.
4. Weisz & Kazdin, Chapter 15: Trauma-Focused Cognitive-Behavioral Therapy for Traumatized Children, pp. 253-271
5. Yanoff, J.A., (2013). Play technique in psychodynamic psychotherapy. *Child Adolesc Psychiatric Clin N Am*, 22, 261-282.

Suggested Readings:

1. Bellison, J. (2013). Games children play: Board games in psychodynamic psychotherapy. *Child Adolesc Psychiatric Clin N Am* 22, 283–293.
2. Goodman, R.D. (2014). A liberatory approach to trauma counseling: Decolonizing our trauma-informed practices. In R.D. Goodman & P.C. Gorski (Eds.) *Decolonizing "Multicultural" Counseling through Social Justice* pp. 55-72. New York: Springer.

3. Chavez-Dueñas, N. Y., Adames, H. Y., Perez-Chavez, J. G., & Salas, S. P. (2019). Healing ethno-racial trauma in Latinx immigrant communities: Cultivating hope, resistance, and action. *American Psychologist*, 74(1), 49.

Class 9: Externalizing Disorders: ADHD

ASSIGNMENT 2 DUE

- Prevalence
- Symptoms
- Interventions
- Parent child interaction therapy

Required Readings:

1. Canada, Part I, pp. 3-63
2. Shapiro, Chapter 10: Disruptive Behavior in Children, pp. 326-361; Chapter 11, Disruptive Behavior in Adolescents, pp. 362-395.
3. Weisz & Kazdin, Chapter 7: Parent-Child Interaction Therapy and the treatment of Disruptive Behavior Disorders, pp.103-121, Chapter 13, Summer Treatment Programs for Attention-Deficit/Hyperactivity Disorder, pp. 215-234

Suggested Reading:

1. Alfano & Beidel, Chapter 12: Evidence-based Treatment of ADHD in Children and Adolescents, pp. 180-193
2. Prinz, R. (2009). Behavioral parent training. In H. Reis & S. Sprecher (Eds.) *Encyclopedia of human relationships* (pp. 156-159). Thousand Oaks, CA: Sage Publications, Inc.

Class 10: Externalizing Disorders: Disruptive Behavior Diagnoses

- Prevalence
- Symptoms
- Oppositional Defiant Disorder
- Conduct Disorder
- Incredible Years
- Parent Management Training
- Multisystemic Therapy

Required Readings:

1. Canada, Part II, pp. 67-103
2. Shapiro, Chapter 12: Aggression and Violence, pp. 396-429
3. Weisz & Kazdin, Chapter 8, The Incredible Years Parents, Teachers, and Children Training Series: A Multifaced Treatment Approach for Young Children With Conduct Problems, pp 122-141; Chapter 9, Parent Management Training and Problem-solving Skills training for Child and Adolescent Conduct

Problems, pp. 142-158; Chapter 12: Treating Serious Antisocial Behavior Using Multisystemic Therapy, pp. 197-214

Suggested Reading:

1. Alfano & Beidel, Chapter 13: Treatment of Conduct Problems and Disruptive Behavior Disorders, pp. 195-212
2. Alfano & Beidel, Chapter 12: Evidence-based Treatment of ADHD in Children and Adolescents, pp. 180-193
3. Prinz, R. (2009). Behavioral parent training. In H. Reis & S. Sprecher (Eds.) *Encyclopedia of human relationships* (pp. 156-159). Thousand Oaks, CA: Sage Publications, Inc.
4. Schoenwald, S.K., Brown, T.L., Henggeler, S.W., (2000). Inside multisystemic therapy: Therapist, supervisory, and program practices. *Journal of Emotional and Behavioral Disorders*, 8, 113-127.

Class 11: Externalizing Disorders: Application of Interventions

- Application of Interventions for Externalizing Disorders
- Positive Parenting Practices (Triple P)

Required Readings:

1. Canada, Part III, pp. 107-181
2. Ginwright, S.A. (2007). Black youth activism and the role of critical social capital in Black community organizations. *American Behavioral Scientist*, 51, 403-418.
3. Shapiro, Chapter 7: Family Systems Therapy, pp. 218-253
4. Free Triple P NC Parent Training:
https://www.triplep-parenting.com/nc-en/find-help/triple-p-online/toddlers-to-tweens/?itb=d9a5cf487c8317dba2cc8fafcf8a18a8&gclid=CjwKCAjwkenqBRBgEiwA-bZVtuTa0QIR-Qu7Eba16_Ch6pSLZwY7ESlz-vi_4mmNgc6L3uis6vIV4RoCD4sQAvD_BwE

Suggested Reading:

1. Franco, L.M., Dean-Assael, K.M., & McKay, M.M. (2008). Multiple family groups to reduce youth behavioral difficulties. In LeCroy, C.W. (Ed.). *Handbook of evidence-based treatment manuals for children and adolescents*. New York: Oxford University Press, pp. 546-590.

Class 12: Substance Disorders

ASSIGNMENT 3 DUE

- Substance Use Disorders
- Risk factors and prevention
- Functional Family Therapy

Required Readings:

1. Briere, J. & Lanktree, C. (2014). Treating substance use issues in traumatized adolescents and young adults: Key principles and components. Retrieved from <http://keck.usc.edu/adolescent-trauma-training-center/wp-content/uploads/sites/169/2015/04/Treating-Substance-Use-Issues-20131106.pdf>.

2. Weisz & Kazdin, Chapter 20: Functional Family Therapy for Adolescent Substance Use Disorders, pp. 342-360.

Suggested Reading:

1. McKenzie Chapter 12: Substance Use/Abuse/Dependency and Adolescents pp. 154-169

Class 13: Eating Disorders

- Eating Disorders
- Behavioral Family Systems Therapy

Required Readings:

1. Austin, S., Nelson, L., Birkett, M., Calzo, J., Everett, B. (2013). Eating disorder symptoms and obesity at the intersections of gender, ethnicity, and sexual orientation in US high school students. *American Journal of Public Health, 103*(2).
2. Canada, pp. 129-192
3. Weisz & Kazdin, Chapter 18: Family-based Treatment and Behavioral Family Systems Therapy for Adolescent Eating Disorders, pp. 308-324

Optional Reading:

1. Alfano & Beidel, Chapter 15: Evidence-based Interventions for Eating Disorders, pp. 231-242
2. Alfano Chapter 22: Overweight and Obesity, pp. 335-352

Class 14: Autism Spectrum Disorders

ASSIGNMENT 4 DUE

- Engaging parents and care-takers
- Autism spectrum disorders
- Early Start Denver Model
- Pivotal Response Treatment

Required Readings:

1. Alfano & Beidel, Chapter 14: Autism Spectrum Disorders, pp. 213-230
2. Weisz & Kazdin, Chapter 16: Treating Autism Spectrum Disorder with the Early Start Denver Model, pp. 272-289; Chapter 17: Pivotal Response Treatment for Individuals with Autism Spectrum Disorder, pp. 290-307