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

<b>Course Number:</b>	SW393R23	<b>Instructor:</b>	D. W. Springer, PH.D., LMSW-ACP
<b>Unique Number:</b>	63510	<b>E-mail:</b>	dwspringer@mail.utexas.edu
<b>Semester:</b>	Fall 2003	<b>Phone:</b>	(512) 471-0512
<b>Meeting Time:</b>	Wednesday 8:30-11:30am	<b>Office Room:</b>	2.202C
<b>Meeting Place:</b>	SWB 2.122	<b>Office Hours:</b>	Wednesdays 11:30am to 12:30pm or contact Hollee Ganner (471-9824; <a href="mailto:hganner@mail.utexas.edu">hganner@mail.utexas.edu</a> ) to schedule an appointment

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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.

This course serves as an Advanced Clinical Selective for MSSW students.

**II. COURSE OBJECTIVES**

By the end of the semester, 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.

### **IV. REQUIRED READINGS**

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. (1997). *Solution-focused therapy with children: Harnessing family strengths for systemic change*. New York, NY: The Guilford Press.

A required Coursepacket (Springer) of readings is available from Speedway Copy in Dobie Mall.

### **RECOMMENDED READINGS**

Fonagy, P., Target, M., Cottrell, D., Phillips, J., & Kurtz, Z. (2002). *What works for whom? A critical review of treatments for children and adolescents*. New York, NY: The Guilford Press.

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

LeCroy, C. W. (1994). *Handbook of child and adolescent treatment manuals*. New York: Lexington.

Russ, S. W., & Ollendick, T. H. (Eds.) (1999). *Handbook of psychotherapies with children and families*. New York: Kluwer Academic/Plenum Publishers.

Sells, S. P. (1998). *Treating the tough adolescent: A family-based, step-by-step guide*. New York, NY: The Guilford Press.

## OPTIONAL READINGS

Bloomquist, M. L., & Schnell, S. V. (2002). *Helping children with aggression and conduct problems: Best practices for intervention*. New York, NY: The Guilford Press.

Burns, B. J., & Hoagwood, K. (2002). *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders*. New York, NY: Oxford University Press.

Henggeler, S. W., Schoenwald, S. K., Rowland, M. D., & Cunningham, P. B. (2002). *Serious emotional disturbance in children and adolescents: Multisystemic therapy*. New York, NY: The Guilford Press.

Shaffer, D., Lucas, C. P., & Richters, J. E. (Eds.) (1999). *Diagnostic assessment in child and adolescent psychopathology*. New York, NY: The Guilford Press.

## V. COURSE REQUIREMENTS

Students are expected to attend class sessions regularly and to participate in an interactive framework between collegiate students and professor. Students are expected to complete the readings prior to class, and should be well prepared to participate in discussions and experiential learning assignments. Failure to regularly attend the class and demonstrate through discussions that one has comprehended the readings will be strongly considered in assigning the final grade.

**No late assignments will be accepted**, except in the case of extreme emergencies and then only with the permission of the professor. Students are expected to turn in all required assignments on the agreed upon due date **at the beginning of class**. Assignments turned in after class starts will be considered late. All late assignments will be assessed point penalties at the rate of 3 points each day late. If the due date is a problem, then the student should see the professor and negotiate another due date.

Students are expected to both learn and demonstrate knowledge of clinical intervention theories and skills. This requires a search of the literature in a defined area in order to develop specialized knowledge concerning treatment of a specific problem area.

### Special Accommodations for Students with a Disability

Any student with a documented disability (physical or cognitive) who requires academic accommodations should contact the Services for Students with Disabilities area of the Office of the Dean of Students at 471-6259 (voice) or 471-4641 (TTY for users who are deaf or hard of hearing) as soon as possible to request an official letter outlining authorized accommodations.

### 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/>).

## VI. COURSE ASSIGNMENTS

### I. Treatment Paper (Objectives 1 to 8)

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 to conduct a scholarly literature review on assessment and treatment modalities that are used in this problem area in order to become an expert on that topic. The focus of the project should be on the assessment, treatment, and outcomes of different therapeutic approaches used to alleviate the problem. Students should get approval of their chosen topic from the professor. A typed, well-written and packaged, 30- to 40-page paper is to be submitted. There are 5 parts to the paper. Each component of the paper will be graded at the time it is turned in, and a final (total) grade will be computed when the paper is turned in in its entirety at the end of the semester. Collectively, the paper will be worth 90% of the final grade. Be sure to proof-read your paper; 5 points of the total (90) points will be allocated for use of APA (5<sup>th</sup> ed.) format and any errors (punctuation, typographical, spelling). An outline for the paper is provided below. 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 may work on this project alone, or in groups of up to **three (3)** students. If students collaborate on one project, all students will receive the same grade for that paper. 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 7 years or so) literature and studies. Of course, seminal pieces that fall outside of this time parameter should still be included. While no specific number of articles is suggested for writing the paper, it is assumed that most papers will have a lengthy reference list to demonstrate one's mastery of the treatment methods 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 Paper 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) – [10 Points]**
- (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.
  - (4) **Agency/Work Setting Requirements:** Examine the specific supports (policies) needed for this program to be successful. You might choose to look at billing requirements, mandated length of treatment, or other mandated eligibility criteria for your particular work setting (agency, schools, residential, detention, community, etc.).

- II. **Assessment Methods.** Examine the available assessment methods and tools relevant to the population you are treating. Provide a rationale for your selected assessment plan. If discussing standardized scales, this should include a discussion of the scale's psychometric properties (reliability and validity), as well as other factors such as clinical utility, cost, reading level, etc. Copies of any scales that you would actually use as part of the treatment program should be included as appendices. **(Objectives 3, 5, & 6) – [10 Points]**
- III. **Literature Review.** Examine treatment interventions and modalities used to address this problem. This section should include the phases of treatment and under each section should be a description of interventions and techniques that a practitioner would use in that particular phase. Areas that should be covered include **(Objectives 1, 2, 3, 4, 5, 6, & 7) – [25 Points]**:
- (1) Rationale: Provide a brief rationale as to why you chose your selected modality over other possible approaches.
  - (2) Theory. Discuss what theoretical perspective(s) drive the intervention program.
  - (3) Evidence-Base. Synthesize the practice effectiveness (outcome) research on your chosen treatment modality for that given problem area.
    - a. Cite a minimum of 10 peer-reviewed/scientific journals and/or meta-analyses in this section.
    - b. Focus on sources published since 1995, with the exception of seminal pieces that fall outside of this time parameter.
    - c. For web citations, use the same scientific criteria as for professional journals.
- IV. **Program.** Describe, session-by-session, how to work with the target population using your selected treatment approach. Each session should address the same standard issues **(Objectives 2, 3, 4, 6, & 7) – [30 Points]**:
- (1) What the intervention actually looks like and how the intervention sounds.
  - (2) What and how measurement instruments or tools are used for monitoring treatment progress.
  - (3) What issues might arise in the session.
  - (4) What homework (if any) is given to the client system.
- V. **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? What interventions should the field abandon, and what ones need further testing? Is there empirical support for certain interventions? Do the existing interventions appear to help clients? If so, to what extent? 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) – [7 Points]**
- VI. **References.** Follow APA (5<sup>th</sup> ed.) format. **[5 Points]**
- VII. **Appendices.** **[3 Points]**

<b>VII. <u>COURSE GRADING CRITERIA</u></b>		<b><u>GRADING SCALE</u></b>
Attendance and Participation	10%	100 – 90 Points = A
<u>Treatment Paper</u>	<u>90%</u>	89 – 80 Points = B
		79 – 70 Points = C
TOTAL	100%	69 – 60 Points = D
		59 and Below = F

Grading of all written assignments 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. Good writing requires a reiterative process that must be followed if quality is to improve. I strongly encourage you to read your paper several times and, if possible, have someone else proof read it.

## VIII. COURSE OUTLINE (TENTATIVE)

<u>Date</u>	<u>Topics, Readings and Assignments</u>
August 27	<p><b><u>Topics</u></b>            Introductions and Class Overview            Review Syllabus            History of Evidence-Based Practice with Children and Adolescents            Cognitive &amp; Solution-Focused Therapy, and Transtheoretical Model</p> <p><b><u>Readings</u></b>            Syllabus            Prochaska &amp; Prochaska (2002). Transtheoretical model with guidelines for families with child abuse and neglect. In <i>Social Workers' Desk Reference – Coursepacket</i>.            Reinecke et al. – Chapter 1            Selekman – Chapter 1</p>
September 3	<p><b><u>Topics</u></b>            Assessment with Children and Families            Developmental Factors            Ethical and Legal Issues in the Treatment of Children and Families</p> <p><b><u>Readings</u></b>            NASW Standards for the Practice of Social Work with Adolescents – Coursepacket.            Rae &amp; Fournier (1999). Ethical and legal issues in the treatment of children and families. In <i>Handbook of Psychotherapies with Children and Families – Coursepacket</i>.            Selekman – Chapter 2            Springer (2002). Assessment protocols and rapid assessment instruments with troubled adolescents. In <i>Social Workers' Desk Reference – Coursepacket</i>.</p>
September 10	<p><b><u>Topics</u></b>            Assessment and Intervention Strategies:            Children and Adolescents in Family Systems</p> <p><b><u>Readings</u></b>            Reinecke et al. – Chapter 12            Selekman – Chapters 3 &amp; 4</p>
September 17	<p><b>PART I OF PAPER DUE</b></p> <p><b><u>Topics</u></b>            Assessment and Intervention Strategies:            Children and Adolescents in Family Systems</p> <p><b><u>Readings</u></b>            Schroeder &amp; Gordon (2002). Divorce. In <i>Assessment and Treatment of Childhood Problems (2<sup>nd</sup> ed.) – Coursepacket</i>.            Selekman – Chapters 5 &amp; 6</p>

**September 24**

**Topics**

Assessment and Intervention Strategies:  
Oppositional Defiant Disorder, Conduct Disorder, and Aggressive Youth

**Readings**

Corcoran & Springer (in press). Treatment of adolescents with disruptive behavior disorders – Coursepacket.

Lochman, Barry, & Pardini (2003). Anger control training for aggressive youth. In *Evidence-based psychotherapies for children and adolescents* – Coursepacket.

Reinecke et al. – Chapter 3

Springer (in press). Treating juvenile delinquents with conduct disorder, attention-deficit/hyperactivity disorder, and oppositional defiant disorder. In *Desk reference of evidence-based practice in health care and human services*.

**October 1**

**Topics**

Assessment and Intervention Strategies: ADHD

**Readings**

Reinecke et al. – Chapters 2 & 15

Springer (2002). Treatment planning with adolescents: ADHD case application. In *Social Workers' Desk Reference* – Coursepacket.

**October 8**

**PART II OF PAPER DUE**

**Topics**

Assessment and Intervention Strategies:  
Substance-Related and Eating Disorders

**Readings**

Reinecke et al. – Chapter 4 & 10

Schroeder & Gordon (2002). Eating problems. In *Assessment and Treatment of Childhood Problems* (2<sup>nd</sup> ed.) – Coursepacket.

Springer (in press). Treating substance-abusing youth. In *Chemical Dependency: A Systems Approach* (3<sup>rd</sup> ed.) – Coursepacket.

**October 15**

**Topics**

Assessment and Intervention Strategies:  
Mood Disorders and Suicide

**Readings**

Jobs, Berman, & Martin (2000). Adolescent suicidality and crisis intervention. In *Crisis Intervention Handbook* (2<sup>nd</sup> ed.) – Coursepacket.

Mufson & Moreau (1999). Interpersonal psychotherapy for depressed adolescents (IPT-A). In *Handbook of Psychotherapies with Children and Families* – Coursepacket.

Reinecke et al. – Chapters 5 & 8

**October 22**

**Topics**

Assessment and Intervention Strategies: Anxiety Disorders

**Readings**

Reinecke et al. – Chapters 6 & 7

- October 29**                    **Topics**  
 Assessment and Intervention Strategies: PTSD  
**Readings**  
 Cohen, Berliner, & March (2000). Treatment of children and adolescents.  
 In *Effective Treatments for PTSD* – Coursepacket.  
 Reinecke et al. – Chapter 9
- November 5**                    **Topics**  
 Assessment and Intervention Strategies: Play Therapy  
**Readings**  
 Reinecke et al. – Chapter 13
- November 12**                    **PARTS III AND IV OF PAPER DUE**
- Topics**  
 Assessment and Intervention Strategies: “Tough Cases”  
**Readings**  
 Reinecke et al. – Chapters 14 & 16  
 Selekman – Chapter 8
- November 19**                    **Topics**  
 Assessment and Intervention Strategies:  
 Community-Based and School Settings  
**Readings**  
 Burchard, Bruns, & Burchard (2002). The wraparound approach. In *Community Treatment for Youth: Evidence-Based Interventions for Severe Emotional and Behavioral Disorders* – Coursepacket.  
 Reinecke et al. – Chapter 11  
 Schoenwald & Rowland (2002). Multisystemic therapy. In *Community Treatment for Youth: Evidence-Based Interventions for Severe Emotional and Behavioral Disorders* – Coursepacket.  
 Selekman – Chapter 7 & 9
- November 26**                    **NO CLASS – LIBRARY DAY**
- December 3**                    **TREATMENT PAPER DUE IN ITS ENTIRETY**
- Topics**  
 Future of Evidence-Based Practice with Children and Adolescents  
**Readings**  
 Selekman – Chapter 10
- Last Day of Class**  
 Course Evaluation and Wrap Up

## Required Readings

- Burchard, J. D., Bruns, E. J., & Burchard, S. N. (2002). The wraparound approach. In B. J. Burns & K. Hoagwood (Eds.), *Community Treatment for Youth: Evidence-Based Interventions for Severe Emotional and Behavioral Disorders* (pp. 69-90). New York, NY: Oxford University Press.
- Cohen, C. A., Berliner, L., & March, J. S. (2000). Treatment of children and adolescents. In E. B. Foa, T. M. Keane, & M. J. Friedman (Eds.), *Effective Treatments for PTSD* (pp. 106-138). New York, NY: Guilford Press.
- Corcoran, J., & Springer, D. W. (in press). Treatment of adolescents with disruptive behavior disorders.
- Jobes, D. A., Berman, A. L., & Martin, C. E. (2000). Adolescent suicidality and crisis intervention. In A. R. Roberts (Ed.), *Crisis Intervention Handbook* (2<sup>nd</sup> ed.) (pp. 131-151). New York, NY: Oxford University Press.
- Lochman, J. E., Barry, T. D., & Pardini, D. A. (2003). Anger control training for aggressive youth. In A. E. Kazdin & J. R. Weisz (Eds.), *Evidence-based psychotherapies for children and adolescents* (pp. 263-281). New York, NY: The Guilford Press.
- Mufson, L., & Moreau, D. (1999). Interpersonal psychotherapy for depressed adolescents (IPT-A). In S. W. Russ & T. H. Ollendick (Eds.), *Handbook of Psychotherapies with Children and Families* (pp. 239-253). New York: Kluwer Academic/Plenum Publishers.
- NASW Standards for the Practice of Social Work with Adolescents.
- Prochaska, J. M., & Prochaska, J. O. (2002). Transtheoretical model with guidelines for families with child abuse and neglect. In A. R. Roberts & G. J. Greene (Eds.), *Social Workers' Desk Reference* (pp. 379-384). New York, NY: Oxford University Press.
- Rae, W. A., & Fournier, C. J. (1999). Ethical and legal issues in the treatment of children and families. In S. W. Russ & T. H. Ollendick (Eds.), *Handbook of Psychotherapies with Children and Families* (pp. 67-83). New York: Kluwer Academic/Plenum Publishers.
- Schoenwald, S. K., & Rowland, M. D. (2002). Multisystemic therapy. In B. J. Burns & K. Hoagwood (Eds.), *Community Treatment for Youth: Evidence-Based Interventions for Severe Emotional and Behavioral Disorders* (pp. 91-116). New York, NY: Oxford University Press.
- Schroeder, C. S., & Gordon, B. N. (2002). Divorce. In *Assessment and Treatment of Childhood Problems* (2<sup>nd</sup> ed.) (pp. 440-465). New York, NY: The Guilford Press.
- Schroeder, C. S., & Gordon, B. N. (2002). Eating problems. In *Assessment and Treatment of Childhood Problems* (2<sup>nd</sup> ed.) (pp. 81-114). New York, NY: The Guilford Press.
- Springer, D. W. (in press). Treating juvenile delinquents with conduct disorder, attention-deficit/hyperactivity disorder, and oppositional defiant disorder. In A. R. Roberts & K. Yeager (Eds.), *Desk reference of evidence-based practice in health care and human services*. New York, NY: Oxford University Press.
- Springer, D. W. (in press). Treating substance-abusing youth. In C. A. McNeece & D. M. DiNitto, *Chemical Dependency: A Systems Approach* (3<sup>rd</sup> ed.). Boston, MA: Allyn & Bacon.
- Springer, D. W. (2002). Assessment protocols and rapid assessment instruments with troubled adolescents. In A. R. Roberts & G. J. Greene (Eds.), *Social Workers' Desk Reference* (pp. 217-221). New York, NY: Oxford University Press.
- 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.

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- Alexander, J.F., & Parsons, B.V. (1973). Short-term behavioral intervention with delinquent families: Impact on family process and recidivism. *Journal of Abnormal Psychology, 81*(3), 219-225.
- Arnold, E. M., Smith, T. E., Harrison, D. F., & Springer, D. W. (2001). Adolescents' knowledge and beliefs about pregnancy: The impact of ENABL. *Adolescence, 35*(139), 485-498.
- Atwood, J. D. (1995). A social constructionist approach to counseling the single parent family. *Journal of Family Psychotherapy, 6*, 1-33.
- Bandura, A., Grusec, J.E., & Menlove, F.L. (1967). Vicarious extinction of avoidance behavior. *Journal of Personality and Social Psychology, 5*, 16-23.
- Barabasz, A.F. (1973). Group desensitization of test anxiety in elementary school. *Journal of Psychology, 83*, 295-301.
- Barrett, P.M. (1998). Evaluation of cognitive-behavioral group treatments for childhood anxiety disorders. *Journal of Clinical Child Psychology, 27*, 459-468.
- Barrett, P. M., Dadds, M. R., & Rapee, R. M. (1996). Family treatment of childhood anxiety: A controlled trial. *Journal of Consulting and Clinical Psychology, 64*, 333-342.
- Berg, I. K., & De Jong, P. (1996). Solution-building conversations: Co-constructing a sense of competence with clients. *Families in Society: The Journal of Contemporary Human Services, 77*, 376-391.
- Bernal, M.E., Klinnert, M.D., & Schultz, L.A. (1980). Outcome evaluation of behavioral parent training and client-centered parent counseling for children with conduct problems. *Journal of Applied Behavior Analysis, 13*(4), 677-691.
- Birmaher, B., Ryan, N. D., Williamson, D. E., Brent, D. A., Kaufman, J., Dahl, R. E., Perel, J., & Nelson, B. (1996). Childhood and adolescent depression: A review of the past 10 years: Part I. *Journal of the American Academy of Child and Adolescent Psychiatry, 35*, 1427-1439.
- Block, J. (1978). Effects of a rational-emotive mental health program on poorly achieving disruptive high school students. *Journal of Counseling Psychology, 25*, 61-65.
- Borduin, C.M., Mann, B.J., Cone, L.T., Henggeler, S.W., Fucci, B.R., Blaske, D.M., & Williams, R.A. (1995). Multisystemic treatment of serious juvenile offenders: Long-term prevention of criminality and violence. *Journal of Consulting and Clinical Psychology, 63*, 569-578.
- Brestan, E.V. & Eyberg, S.M. (1998). Effective psychosocial treatments of conduct-disorders children and adolescents: 29 years, 82 studies, and 5,272 kids. *Journal of Clinical Child Psychology, 27* (2), 180-189.
- Cavell, T. A. (2000). *Working with parents of aggressive children: A practitioner's guide*. Washington, DC: American Psychological Association.
- Chambless, D.L. & Ollendick, T. H. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology, 52*, 685-716.

Chambless, D. L., Sanderson, W. C., Shoham, V., Bennett Johnson, S., Pope, K.S., Crits-Cristoph, P., Baker, M., Johnson, B., Woody, S.R., Sue, S., Beutler, L., Williams, D.A. & McCurry, S. (1996). An update on empirically validated therapies. *The Clinical Psychologist*, 49, 5-18.

Cobham, V. E., Dadds, M. R., & Spence, S. H. (1998). The role of parental anxiety in the treatment of childhood anxiety. *Journal of Consulting and Clinical Psychology*, 66, 893-905.

Cohen, J. A., & Mannarino, A. P. (1996). A treatment outcome study for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35, 42-50.

Corcoran, K., & Fischer, J. (2000). *Measures for clinical practice: A sourcebook. Volumes I & II* (3rd ed.). New York, NY: The Free Press.

Deblinger, E., McLeer, S.V., & Henry, D. (1990). Cognitive behavioral treatment for sexually abused children suffering post-traumatic stress: Preliminary findings. *Journal of the American Academy of Child and Adolescent Psychiatry*, 29, 747-752.

Figley, C. R. (1989). *Helping traumatized families*. San Francisco, CA: Jossey-Bass.

Gale, J., & Newfield, N. (1992). A conversation analysis of a solution-focused marital therapy session. *Journal of Marital and Family Therapy*, 18, 153-165.

Gibbs, J., Arnold, K., Ahlborn, H., & Cheesman, F. (1984). Facilitation of sociomoral reasoning in delinquents. *Journal of Consulting and Clinical Psychology*, 52, 37-45.

Gibbs, J. C., Potter, B. G., Barriga, A. Q., & Liau, A. K. (1996). Developing the helping skills and prosocial motivation of aggressive adolescents in peer group programs. *Aggression and Violent Behavior*, 1(3), 283-305.

Gibbs, J. C., Potter, B. G., & Goldstein, A. P. (1995). *The EQUIP program: Teaching youth to think and act responsibly through a peer-helping approach*. Champaign, IL: Research Press.

Glick, B. (1996). Aggression Replacement Training in children and adolescents. In *The Hatherleigh guide to child and adolescent therapy* (pp. 191-226). New York: Hatherleigh Press.

Glick, B., & Goldstein, A. P. (1987). Aggression Replacement Training: An intervention for counselors. *Journal of Counseling and Development*, 65(7), 356-362.

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