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

Course Number:	SW393R23	Instructor:	D. W. Springer, PH.D., LCSW
Unique Number:	64725	E-mail:	dwspringer@mail.utexas.edu
Semester:	Fall 2004	Phone:	(512) 471-0512
Meeting Time:	Wednesday 8:30-11:30am	Office Room:	2.202C
Meeting Place:	SWB 2.118	Office Hours:	Thursdays 3:00 to 4:00pm or contact Hollee Ganner (471-9824; hganner@mail.utexas.edu) to schedule an appointment

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

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

1. Demonstrate the ability to integrate theories and empirical research knowledge under girding fields of practice areas with child, adolescent, and family populations.
2. Demonstrate skill in the application of different treatment modalities, including formal and informal systems of care.
3. Demonstrate an advanced clinical knowledge of the relationship between assessment and intervention as it relates to the strengths, the processes involved in human change, and the capacities and resources of children, adolescents and families.

4. Demonstrate the ability to adapt intervention models and strategies to reflect an understanding of persons from diverse backgrounds, including (but not limited to) race, ethnicity, culture, class, gender, sexual orientation, religion/spirituality, physical or mental ability, developmental level, age, and national origin.
5. Critically evaluate and analyze different theoretical and intervention models as to their effectiveness in given situations. This includes: (a) the adequacy of the research and knowledge base; (b) the range of applicability; (c) the value and ethical issues, including the student's own value system; and (d) the policy implications involved in delivery of services to children, adolescents, and families.
6. Demonstrate the ability to implement and evaluate the effectiveness of clinical interventions for children, adolescents, and families.
7. Demonstrate the ability to tailor and integrate clinical interventions for children, adolescents, and families based on the context in which they are delivered.
8. Demonstrate advanced knowledge of social work values and ethical decision-making processes as they relate to ethical dilemmas in clinical intervention with children, adolescents, and families.

III. TEACHING METHODS

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

IV. REQUIRED READINGS

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

Reinecke, M. A., Dattilio, F. M., & Freeman, A. (Eds.). (2003). *Cognitive therapy with children and adolescents: A casebook for clinical practice* (2nd 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.

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

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 **2 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://deanofstudents.utexas.edu/sjs/academicintegrity.html>).

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 treatment modalities that are used in this problem area in order to enhance their expertise on that topic. The focus of the project should be on select therapeutic approaches used to alleviate the problem. Students should get approval of their chosen topic from the professor. A typed, well-written and packaged, 25 page paper (± 5 pages) is to be submitted. There are 3 major parts to the paper. 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 60% of the final grade. Be sure to proof-read your paper; 5 points of the total (60) points will be allocated for use of APA (5th 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 10 years or so) literature and studies. Of course, seminal pieces that fall outside of this time parameter should still be included. It is assumed that most papers will have a substantial reference list to demonstrate one's mastery of the treatment method(s) under study. The number of references will vary by topic (e.g., there is simply more research available on the treatment of ADHD than oppositional defiant disorder). Although students are encouraged to utilize the Internet to search for material, they may not rely on the Internet at the expense of using refereed journal articles for the literature review. It is recommended that students set up the paper, using both headings and subheadings in their presentation, following the proposed outline below.

Treatment 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.

II. **Intervention.** Describe your preferred intervention for treating this population. Areas that should be addressed in this section include (*Objectives 1, 2, 3, 4, 5, 6, & 7*) – [35 Points]:

- (1) Theory. Briefly discuss what theoretical perspective(s) drive the intervention program.
- (2) Description. Describe the intervention (see Kazdin & Weisz text for some good examples). Components of this section might address:
 - a. General overview and format of the treatment approach.
 - b. Sequence and content of therapy sessions, and duration of treatment.
 - c. Key techniques that one would use if implementing this therapeutic approach.
 - d. Skills and accomplishments emphasized in treatment.
 - e. How you would tailor this therapeutic approach, if at all, to compliment your personal style, or to integrate it with other preferred treatment approaches.
 - f. What homework or handouts (if any) are given to the client system (include copies of handouts when possible).
- (3) Evidence-Base. Synthesize the practice effectiveness (outcome) research on your chosen treatment modality for that given problem area. If you have chosen a treatment approach that cannot be considered an evidence-based approach at this time, then review what credible evidence is available that supports your selection. In short, do not just rely on your practice wisdom, or on the current popularity of a certain approach. The goal here is to think critically about your choice, reviewing the available research to support the treatment approach. Cite a minimum of 5 peer-reviewed/scientific journals and/or meta-analyses in this section. Focus on sources published since 1994, with the exception of seminal pieces that fall outside of this time parameter. For web citations, use the same scientific criteria as for professional journals.

III. **Critique and Summary.** Provide a critique of the intervention. What do you (and others) see as its strengths and limitations? How solid is the evidence-base of this intervention? In what ways does it need further scientific support? Does your chosen intervention appear to help clients? If so, to what extent, and what evidence do you have for this? Provide suggested directions for future research and practice in this area, as well as implications for social work practice and research. (*Objectives 1, 5 & 8*) – [7 Points]

IV. **References.** Follow APA (5th ed.) format. [5 Points]

Grading of this written assignment will take into account the quality of the writing as well as the content. The American Psychological Association (APA) – 5th 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.

V. **Appendices.** [3 Points]

II. Mid-Term Essay Exam (Objectives 1, 2 & 7)

One (1) essay exam based on the readings, lectures, speakers, and discussions will be given in the course. The exam will be given as scheduled on the course outline. It will be worth 30% of the final grade. MAKE-UP EXAMS WILL NOT BE GIVEN UNLESS THERE ARE UNUSUAL EXTENUATING CIRCUMSTANCES.

<u>COURSE GRADING CRITERIA</u>		<u>GRADING SCALE</u>
Attendance and Participation	10%	100 – 90 Points = A
Mid-Term Essay Exam	30%	89 – 80 Points = B
<u>Treatment Paper</u>	<u>60%</u>	79 – 70 Points = C
		69 – 60 Points = D
TOTAL	100%	59 and Below = F

VIII. COURSE OUTLINE (TENTATIVE)

<u>Date</u>	<u>Topics, Readings and Assignments</u>
August 25	<p><u>Topics</u> Introductions and Class Overview Review Syllabus History of Evidence-Based Practice with Children and Adolescents Cognitive & Solution-Focused Therapy, and Transtheoretical Model</p> <p><u>Readings</u> Syllabus Kazdin & Weisz – Chapters 1 & 3 Prochaska & Prochaska (2002). Transtheoretical model with guidelines for families with child abuse and neglect. In <i>Social Workers' Desk Reference</i> – Coursepacket. Reinecke et al. – Chapter 1 Selekman – Chapter 1</p>
September 1	<p><u>Topics</u> Assessment with Children and Families Developmental Factors Ethical and Legal Issues in the Treatment of Children and Families</p> <p><u>Readings</u> Kazdin & Weisz – Chapter 2 NASW Standards for the Practice of Social Work with Adolescents – Coursepacket. Rae & Fournier (1999). Ethical and legal issues in the treatment of children and families. In <i>Handbook of Psychotherapies with Children and Families</i> – Coursepacket. Selekman – Chapter 2 Springer (2002). Assessment protocols and rapid assessment instruments with troubled adolescents. In <i>Social Workers' Desk Reference</i> – Coursepacket.</p>

September 8

Topics

Assessment and Intervention Strategies:
Children and Adolescents in Family Systems

Readings

Kazdin & Weisz – Chapter 23
Reinecke et al. – Chapter 12
Selekman – Chapters 3 & 4

NOTE: SEPTEMBER 10TH IS THE SCHOOL OF SOCIAL WORK FALL CLINICAL SYMPOSIUM. TRANSFORMING THE DIFFICULT ADOLESCENT, BY DR. SCOTT SELLS.

September 15

Topics

Assessment and Intervention Strategies:
Children and Adolescents in Family Systems

Readings

Schroeder & Gordon (2002). Divorce. In *Assessment and Treatment of Childhood Problems* (2nd ed.) – Coursepacket.
Selekman – Chapters 5 & 6

September 22

PART I OF PAPER DUE FOR FEEDBACK (OPTIONAL)

Topics

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

Readings

Corcoran & Springer (in press). Adolescent conduct problems. In *Strengths and Skills Building* – Coursepacket.
Kazdin & Weisz – Chapters 12, 13, 14, & 15
Reinecke et al. – Chapter 3

September 29

Topics

Assessment and Intervention Strategies: ADHD

Readings

Kazdin & Weisz – Chapter 11
Reinecke et al. – Chapters 2 & 15
Springer (2002). Treatment planning with adolescents: ADHD case application. In *Social Workers' Desk Reference* – Coursepacket.

October 6

Topics

Assessment and Intervention Strategies:
Substance-Related and Eating Disorders

Readings

Kazdin & Weisz – Chapters 20 & 21
Reinecke et al. – Chapter 4 & 10
Springer (2004). Treating substance-abusing youth. In *Chemical Dependency: A Systems Approach* (3rd ed.) – Coursepacket.

- October 13** **Topics**
 Assessment and Intervention Strategies:
 Mood Disorders and Suicide
Readings
 Jobes, Berman, & Martin (2000). Adolescent suicidality and crisis intervention.
 In *Crisis Intervention Handbook* (2nd ed.) – Coursepacket.
 Kazdin & Weisz – Chapters 7, 8, 9, & 10
 Reinecke et al. – Chapters 5 & 8
- October 20** **MID-TERM EXAM**
- October 27** **Topics**
 Assessment and Intervention Strategies: Anxiety Disorders
Readings
 Kazdin & Weisz – Chapters 5 & 6
 Reinecke et al. – Chapters 6 & 7
- November 3** **PART II OF PAPER DUE FOR FEEDBACK (OPTIONAL)**
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 10** **Topics**
 Assessment and Intervention Strategies: “Tough Cases”
Readings
 Reinecke et al. – Chapters 14 & 16
 Selekman – Chapter 8
- November 17** **Topics**
 Assessment and Intervention Strategies:
 Community-Based and School Settings
Readings
 Burchard, Bruns, & Burchard (2002). The wraparound approach. In *Community Treatment for Youth* – Coursepacket.
 Kazdin & Weisz – Chapters 16 & 17
 New York Times article “The Harlem Project” - Coursepacket
 Reinecke et al. – Chapter 11
 Selekman – Chapter 7 & 9
- November 24** **NO CLASS – LIBRARY DAY**
- December 1** **TREATMENT PAPER DUE IN ITS ENTIRETY**
Last Day of Class – Course Evaluation and Wrap Up
Topics
 Future of Evidence-Based Practice with Children and Adolescents
Readings
 Kazdin & Weisz – Chapter 25
 Selekman – Chapter 10

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). Adolescent conduct problems. In J. Corcoran, *Strengths and skills building: A collaborative approach to working with clients*. New York, NY: Oxford University Press.

Jobes, D. A., Berman, A. L., & Martin, C. E. (2000). Adolescent suicidality and crisis intervention. In A. R. Roberts (Ed.), *Crisis Intervention Handbook* (2nd ed.) (pp. 131-151). New York, NY: Oxford University Press.

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.

Schroeder, C. S., & Gordon, B. N. (2002). Divorce. In *Assessment and Treatment of Childhood Problems* (2nd ed.) (pp. 440-465). New York, NY: The Guilford Press.

Springer, D. W. (2004). Treating substance-abusing youth. In C. A. McNeece & D. M. DiNitto, *Chemical Dependency: A Systems Approach* (3rd 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: Oxford University Press.

Tough, P. (2004). The Harlem Project. *The New York Times Magazine*.

References

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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.
- American Academy of Child and Adolescent Psychiatry. (1998). Practice parameters for the assessment and treatment of children and adolescents with depressive disorders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37(10, Suppl.).
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- Anderson, S. R., DiPietro, E. k., Edwards, G. L., & Christian, W. P. (1987). Intensive home-based early intervention with autistic children. *Education and Treatment of Children*, 10, 352-366.
- 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.
- Asarnow, J. R., Goldstein, M. J., Tompson, M., & Guthrie, D. (1993). One-year outcomes of depressive disorders in child psychiatric in-patients: Evaluation of the prognostic power of brief measure of expressed emotion. *Journal of Child Psychology and Psychiatry*, 34, 129-137.
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- Aseltine, R. (1996). Pathways linking parental divorce with adolescent depression. *Journal of Health and Social Behavior*, 37, 133-148.
- Attkisson, C. C., Rosenblatt, A., & Hoagwood, K. (1996). Research ethics and human subjects protection in child mental health services research and community studies. In K. Hoagwood, P. S. Jensen, & C. b. Fisher (Eds.), *Ethical Issues in Mental Health Research with Children and Adolescents* (pp. 43-58). Mahwah, NJ: Erlbaum.
- 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.
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Barkley, R. A. (1997). *Defiant Children: A Clinician's Manual for Parent Training* (2nd ed.). New York: Guilford Press.

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.

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11, 56-95.

Beck, A. T., Steer, R. A., & Garbin, M. G. (1988). Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clinical Psychology Review*, 8, 77-100.

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. & Castro, F. (1994). Are clinical psychologist prepared for service and research with ethnic minorities? Report of a decade of progress. *American Psychologist*, 49, 797-805.

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.

Bjorkqvist, K., Lagerspetz, K. M. J., & Kaukiainen, A. (1992). Do girls manipulate and boys fight? *Aggressive Behavior*, 18, 117-127.

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.

Botvin, G. J., Baker, E., Dusnebury, L., Tortu, S., & Botvin, E. (1990). Preventing adolescent drug abuse through a multimodal cognitive-behavioral approach: Results of a 3-year study. *Journal of Consulting and Clinical Psychology*, 58, 437-446.

Brent, D. A., Perper, J. A., Moritz, G., Allman, C., Roth, C., Schweers, J., Balach, L., & Baugher, M. (1993). Psychiatric risk factors of adolescent suicide: A case control study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32, 521-529.

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32, 513-531.

Bronfenbrenner, U. (1979). Contexts of child rearing: Problems and prospects. *American Psychologist*, 34, 844-850.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology*, 22, 723-742.

Burns, B. J., Hoagwood, K., & Mrazek, P. J. (1999). Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review*, 2, 199-254.

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.

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Cavell, T. A. (2000b). *Working with 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.

Chamberlain, P., & Reid, J. B. (1998). Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology*, 66, 624-633.

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Chamberlain, P. (1999). Residential care for children and adolescents with conduct disorders. In H. C. Quay & A. E. Hogan (Eds.), *Handbook of disruptive behavior disorders* (pp. 495-503). New York: Kluwer Academic/Plenum Press.

Chamberlain, P., & Moore, K. J. (2002). Chaos and trauma in the lives of adolescent females with antisocial behavior and delinquency. In R. Geffner (Series Ed.) & R. Greenwald (Vol. Ed.), *Trauma and juvenile delinquency: Theory research, and interventions* (pp. 79-108). Binghamton, NY: Haworth Press.

Clarke, G., Lewinsohn, P., & Hops, H. (1990). *Leader's manual for adolescent groups: Adolescent coping with depression course*. Eugene, OR: Castalia.

Clarke, H. N., Hops, H., Lewinsohn, P. M., & Andrews, J. (1992). Cognitive-behavioral group treatment of adolescent depression: Prediction of outcome. *Behavior Therapy*, 23, 341-354.

Coatsworth, J. D., Santisteban, D. A., McBride, C. K., & Szapocznik, J. (2001). Brief strategic family therapy versus community control: Engagement, retention, and an exploration of the moderating role of adolescent symptom severity. *Family Process*, 40, 313-332.

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