

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY
SCHOOL OF SOCIAL WORK
Children's Mental Health Services
Spring 2020

Instructor:

Email:

Office Hours:

1. *Catalog Course Description*

This course is designed to promote critical thinking about children's mental health services that support the development of effective programs, services and treatment for children's mental health. It introduces students to the nature and scope of mental health problems for youth in the United States, and examines the mental health delivery system for them, with particular attention to the influential system of care model developed in New Jersey and throughout the U.S. Students will explore clinical and programmatic complexities of engagement and collaboration, service utilization, and treatment interventions, and will investigate the persistent problem of disparities in, and barriers to, mental health care. The course prepares students to better understand and become equipped to fulfill a role as an active participant and leader in the delivery and design of mental health services and treatment for youth with serious emotional problems and their families.

1. *Place Of Course in Program*

This course is a special topics general elective and is open to *all* interested MSW students. The course is also open to social work doctoral students, and to graduate students from other professional schools and academic disciplines. It is not necessary for students to be in a field placement to fulfill the requirements of the course.

III. *Overview*

For the past several decades, there has been a growing youth and family centered mental health movement accelerated by the goals of the National Institute of Mental Health (NIMH) Child and Adolescent Service System Program (CASSP) legislation in 1985. Since then, advances in access and quality and the integration of care around a set of values (family focused, integrated, community based, culturally competent, cost effective) have occurred. The number of communities that have developed Systems of Care across the United States has steadily increased, and in New Jersey, there is a mature System of Care network in every county in the State, overseen by the New Jersey Department of Children and Families.

But problems with youth's mental health persist suggesting that many youth and families who need help are not receiving it. One in every five youth in the general population meet criteria for a lifetime mental disorder that is associated with severe impairment or distress. Moreover, this unmet need is more acute for youth in socially-stressed families or resource-deprived communities. Moreover, access to care is more challenging for youth of color, immigrant youth, youth in transition to adulthood, very young children, and youth involved in the juvenile justice and child welfare systems.

This course aims to introduce students to mental health problems of children, and system of care principles, as well as prepare them for leadership roles in practice and policy in children's mental health services in New Jersey and other states in the nation.

III. *Course Objectives*

Students will upon completion of the course:

1. Become familiar with the field of children's mental health, including the concept of systems of care;
2. Identify the fundamental principles of the epidemiology of mental health for youth;
3. Understand the role of risk and protective factors in promoting children's well-being, and in the development and amelioration of children's mental health problems;
4. Examine the perspectives of parents, providers, youth, and collaborative partners in children's mental health services;
5. Understand the role of cultural competence in children's service delivery;
6. Become aware of evidence-based treatment interventions, their integration into systems of care, and the importance of researching and testing them;
7. Understand the role of communities and natural helpers in mental health delivery;
8. Understand the importance of strategic planning and policy development;
9. Become aware of the role of financing mechanisms for children's mental health services, and new opportunities under the Affordable Care Act;
10. Describe the characteristics of children's mental health research and evaluation.

IV. *Competencies*

This course specifically targets six (6) of the nine (9) Council on Social Work Education (CSWE)prescribed competencies (CSWE, 2015) to prepare students for practice and leadership roles in the fields of social work and social welfare.

These competencies are as follows:

#1: Demonstrate Ethical and Professional Behavior

Social workers understand the value base of the profession and its ethical standards, as well as relevant laws and regulations that may impact practice at the micro, mezzo, and macro levels. Social workers understand frameworks of ethical decision-making and how to apply principles of critical thinking to those frameworks in practice, research, and policy arenas. Social workers recognize personal values and the distinction between personal and professional values. They also understand how their personal experiences and affective reactions influence their professional judgment and behavior. Social workers understand the profession's history, its mission, and the roles and responsibilities of the profession. Social Workers also understand the role of other professions when engaged in inter-professional teams. Social workers recognize the importance of life-long learning and are committed to continually updating their skills to ensure they are relevant and effective. Social workers also understand emerging forms of technology and the ethical use of technology in social work practice.

#2: Engage Diversity and Difference in Practice

Social workers understand how diversity and difference characterize and shape the human experience and are critical to the formation of identity. The dimensions of diversity are understood as the intersectionality of multiple factors including but not limited to age, class, color, culture, disability and ability, ethnicity, gender, gender identity and expression, immigration status, marital status, political ideology, race, religion/spirituality, sex, sexual orientation, and tribal sovereign status. Social workers understand that, as a consequence of difference, a person's life experiences may include oppression, poverty, marginalization, and alienation as well as privilege, power, and acclaim. Social workers also understand the forms and mechanisms of oppression and discrimination and recognize the extent to which a culture's structures and values, including social, economic, political, and cultural exclusions, may oppress, marginalize, alienate, or create privilege and power.

3: Advance Human Rights and Social, Economic, and Environmental Justice

Social workers understand that every person regardless of position in society has fundamental human rights such as freedom, safety, privacy, an adequate standard of living, health care, and education. Social workers understand the global interconnections of oppression and human rights violations, and are knowledgeable about theories of human need and social justice and strategies to promote social and economic justice and human rights. Social workers understand strategies designed to eliminate oppressive structural barriers to ensure that social goods, rights, and responsibilities are distributed equitably and that civil, political, environmental, economic, social, and cultural human rights are protected.

4: Engage In Practice-informed Research and Research-informed Practice

Social workers understand quantitative and qualitative research methods and their respective roles in advancing a science of social work and in evaluating their practice. Social workers know the principles of logic, scientific inquiry, and culturally informed and ethical approaches to building knowledge. Social workers understand that evidence that informs practice derives from multi-disciplinary sources and multiple ways of knowing. They also understand the processes for translating research findings into effective practice.

5: Engage in Policy Practice

Social workers understand that human rights and social justice, as well as social welfare and services, are mediated by policy and its implementation at the federal, state, and local levels. Social workers understand the history and current structures of social policies and services, the role of policy in service delivery, and the role of practice in policy development. Social workers understand their role in policy development and implementation within their practice settings at the micro, mezzo, and macro levels and they actively engage in policy practice to effect change within those settings. Social workers recognize and understand the historical, social, cultural, economic, organizational, environmental, and global influences that affect social policy. They are also knowledgeable about policy formulation, analysis, implementation, and evaluation.

7: Assess Individuals, Families, Groups, Organizations and Communities

Social workers understand that assessment is an ongoing component of the dynamic and interactive process of social work practice with, and on behalf of, diverse individuals, families, groups,

organizations, and communities. Social workers understand theories of human behavior and the social environment, and critically evaluate and apply this knowledge in the assessment of diverse clients and constituencies, including individuals, families, groups, organizations, and communities. Social workers understand methods of assessment with diverse clients and constituencies to advance practice effectiveness. Social workers recognize the implications of the larger practice context in the assessment process and value the importance of inter-professional collaboration in this process. Social workers understand how their personal experiences and affective reactions may affect their assessment and decision-making.

In addition, the course targets overall competencies expected at the School for professional growth and development:

1. Identify as a professional social worker and conduct oneself accordingly;
2. Apply knowledge of human behavior and the social environment;
3. Apply critical thinking to inform and communicate professional judgment.

V. Course Requirements

There are three assignments for the course.

- One of the assignments (**worth 30%**) is an experiential project to help students understand children's mental health services from the perspective of parents or caregivers or system of care practitioners or directors. Students will be expected to conduct a qualitative interview with one of these stakeholders in the mental health service system, and to write a brief report of 6-8 pages summarizing what they have learned. The summary **MUST** incorporate course literature (*at least* 4 articles, required internet sources, or book chapters). Follow the guidelines for qualitative interviews provided in the video by Dr. Jerry Floersch and the accompanying handouts on the reading list.

• Attach an appendix (not included in the page count). It should include:

- (1) Name of your respondent, agency role, and date and location of interview;
- (2) Interview question guide;
- (3) Dated e-mails of correspondence;
- (4) Dated follow up thank you letter (scanned) or email note

Grading criteria:

1. Does the paper demonstrate that the student has read and understood the video by Dr. Floersch and the accompanying materials, including the development of an interview guide? (6 pts)
2. Does the paper demonstrate graduate level critical thinking about the material, including the use of required course material? (7 pts)
3. Does the paper respond to the questions posed in the interview guide? (7 pts)

4. Does the paper demonstrate good engagement skills in communicating with your respondent? (6 points)
5. Is the paper clearly written? (4 pts)

The paper is due **at 2:50 PM on March 26th in the corresponding assignment in Canvas**. Please note that late papers will be penalized one grade step, up to 24 hours, and penalized one grade step further each day after.

It's fine to write in the first person for this assignment.

- The second assignment is an in-class panel discussion developed from a chosen topical area in the course syllabus and the related weekly readings (**worth 40% in total**). There are two parts to this assignment, which allows the opportunity for each student to receive both an individual and group grade.

(a) The first part is an Individual Review and Reaction Paper (**worth 25%**).

The purpose of this assignment is to think critically about one article from your chosen topic for panel discussion and through that process you will be thinking critically about the nature and concept of children's mental health services. In this 5-6 page double-spaced paper, explore your personal reactions to the article. Each group member must choose a different article to write about. Discuss the following topics:

- * What are your emotional reactions to the article? Which arguments/examples are most compelling? Are there parts of the article that you feel are problematic or poorly argued? What, if any, criticisms do you have of the article?
- * What does this article have to say about the nature of children's mental health services? How much does it change your view of children's mental health and the way we treat behavioral and mental health needs of children and families?
- * The article focuses on children's mental health and services, but do you see lessons in the article for how you might assess and treat children here in the U.S. from the perspective of culturally competent practice? What, if anything, might you do differently in your practice after reading this article?

It's fine to write in the first person for this assignment.

Grading criteria:

- 1, Does the paper demonstrate that the student has read and understood the text? (5pts)
2. Does the paper demonstrate graduate level critical thinking about the material? (7 pts)
3. Does the paper respond to the questions posed above? (5pts)
4. Is the paper clearly written? (5 pts)
5. Spelling and Grammar (3pts)

The Review and Reaction paper is due at **2:50 PM on April 16.**

(b) The second part of the assignment will be the panel discussion in class (**worth 5% as an individual grade and 10% as a group grade**)

Individual grade: Each group member will create two driving questions (NO MORE!) for students from their reaction paper. Each member should share their two questions with all group members prior to the panel discussion to prepare the panel. Each question should include a brief rationale of 2-3 sentences for its importance for understanding the topic. Due to the nature of this assignment, students will be given 30 minutes per class, starting week 3, to work together on this preparation.

Group Grade: The group will be responsible to send ALL COMPILED questions, together with their rationale, to the instructor and class prior to the panel discussion date BY 11:55 pm THE DAY BEFORE CLASS. Further instructions to follow.

The panel discussion will integrate the articles from the syllabus on your chosen topic by a guided discussion of the driving questions. The purpose will be to educate and engage fellow classmates about issues of mental health services of children and families and delivery of services. The panel discussion should include a report on how you collaborated and the skills that you used to do that, as well as how the collaboration prepared you for future professional collaboration, including lessons learned.

Panel discussions will take place between the weeks of **9 through 15.** Please note that assignments will be penalized one grade step, up to 24 hours, and penalized one grade step further each day after.

Grading criteria:

- 1, Does the panel demonstrate that each student read and understood the material to develop a thoughtful array of challenging questions? (3 pts)
 2. Does the panel demonstrate graduate level critical thinking about the material? (2 pts)
 3. Does the panel engage fellow students in the material? (3 pts)
 4. Does the presentation demonstrate preparedness and group collaborative skills on behalf of your fellow students? (2 pts)

(3) The third assignment (**worth 20%**) is a scholarly and analytic essay (5-6 pages). Students will select a population of youth in need. This assignment can build on your second assignment, if you choose, and it should also reflect the learnings from your experiential assignment. Students may not choose a population based exclusively on diagnostic category.

Students will conduct a literature search, review and synthesis, answering the following four questions: (a) What is the prevalence and epidemiology of mental health disorders of the population? (b) What are known barriers in access to service use? (c) What is known about best practices in treatment and services, and how is it known? (d) How might a system of care approach be useful to improve services for your identified population?

Note: Students who have received specialty certificates in the school may have already written papers answering the first three questions of this assignment. While students may use their populations of

specialty for this assignment, please consult with me tailor the assignment. This will allow for increased educational opportunities, and avoid potential problems of self-plagiarism.

Grading criteria:

- 1, Does the paper demonstrate that the student has read and understood the text? (5pts)
2. Does the paper demonstrate graduate level critical thinking about the material? (5 pts)
3. Does the paper respond to the questions posed above? (5pts)
4. Is the paper clearly written? (5 pts)

The paper is due **at 2:50pm on May 7**. It is to be submitted to the assignment area of Canvas. Please note that late papers will be penalized one grade step, up to 24 hours, and penalized one grade step further each day after.

The guidelines below should be followed:

- Use of APA style in-text citations and on the reference page is expected. No abstract is
- Following the University Code of Student Conduct (ethics) for the completion of the paper is expected. The papers will be reviewed by Turn-it-in. (See also p. 5 of course syllabus). Note that it should be clear that you have read the *entire* article from which you cite material, and that you are not merely citing material that other scholars and researchers have read and integrated for their papers or book chapters.
- Use **at least 10 recent** articles or book chapters from outside the course readings in your essay. Use at least one literature review or meta-analysis to evaluate the evidence of effectiveness for service and treatment approaches. Avoid materials that are more than 10 years old, unless they can be justified as classic. Use **at least 3** readings from the course to demonstrate your integration of the course material to the population of youth-in-need identified for your paper.
- The essay should be **5-6 pages**, excluding bibliography and cover sheet.

(4) Participation in the course is worth **10%**. It is based on class attendance, thoughtful contributions to class discussion (i.e., demonstration of critical thinking on the course readings and analysis of experiential learning), and constructive use of allocated class time in preparation for panel discussions.

The designation of letter grades for the course is as follows:

A	92-100
B+	87-91
B	82-86
C+	77-81
C	70-76
F	0-69

*Scores to be rounded up at .5

VII. Course Evaluation

Rutgers University issues an online survey that evaluates both the course and the instructor. Students complete this survey at the end of the semester, and all answers are confidential and anonymous. The instructor also may choose to add questions to the end of semester evaluation and/or to conduct an additional evaluation at mid-semester.

VIII. Grading and Communication with Instructor:

Customarily, assignments will be graded within *two weeks* of the last submission date, though the instructor may require additional time if extensive feedback is required on a large proportion of papers. The instructor will attempt to answer emails or other communication within 24 to 48 hours; communication on a Friday will typically be returned on Monday.

ACADEMIC INTEGRITY

All work submitted in a graduate course must be your own.

The University Code of Student Conduct (catalogue, pages 23-25, and online at <http://www.rci.rutgers.edu/~judaff/code.htm>) provides that the penalty for graduate students who cheat on examinations or who plagiarize material from any source (including electronic sources) may result in permanent expulsion from the University. Students are held to the honor code of the University for their own conduct, and they are expected to report others' violations of academic integrity to their instructors. It is unethical and a violation of the University's Academic Integrity Policy to present the ideas or words of another without clearly and fully identifying the source. Inadequate citations will be construed as an attempt to misrepresent the cited material as your own. Use the APA citation style which is described in the Publication manual of the American Psychological Association, 6th edition.

Plagiarism is the representation of the words or ideas of another as one's own in any academic exercise. To avoid plagiarism, every direct quotation must be identified by quotation marks or by appropriate indentation and must be properly cited in the text or footnote. Acknowledgement is required when material from another source is stored in print, electronic, or other medium and is paraphrased or summarized in whole or in part in one's own words. To acknowledge a paraphrase properly, one might state: "to paraphrase Plato's comment..." and conclude with a footnote identifying the exact reference. A footnote acknowledging only a directly quoted statement does not suffice to notify the reader of any preceding or succeeding paraphrased material. Information which is common knowledge, such as names of leaders of prominent nations, basic scientific laws, etc., need not be footnoted; however, all facts or information obtained in reading or research that are not common knowledge among students in the course must be acknowledged. In addition to materials specifically cited in the text, only materials that contribute to one's general understanding of the subject may be acknowledged in the bibliography. Plagiarism can, in some cases, be a subtle issue. Any question about what constitutes plagiarism should be discussed with the faculty member.

Plagiarism as described in the University's Academic Integrity Policy is as follows: "**Plagiarism:** Plagiarism is the use of another person's words, ideas, or results without giving that person appropriate credit. To avoid plagiarism, every direct quotation must be identified by quotation marks or appropriate indentation and both direct quotation and paraphrasing must be cited properly according to the accepted format for the particular discipline or as required by the instructor in a course. Some common examples of plagiarism are:

- Copying word for word (i.e. quoting directly) from an oral, printed, or electronic source without proper attribution.
- Paraphrasing without proper attribution, i.e., presenting in one's own words another person's written words or ideas as if they were one's own.
- Submitting a purchased or downloaded term paper or other materials to satisfy a course requirement.
- Incorporating into one's work graphs, drawings, photographs, diagrams, tables, spreadsheets, computer programs, or other nontextual material from other sources without proper attribution".

Plagiarism along with any and all other violations of academic integrity by graduate and professional students will normally be penalized more severely than violations by undergraduate students. Since all violations of academic integrity by a graduate or professional student are potentially separable under the Academic Integrity Policy, faculty members should not adjudicate alleged academic integrity violations by graduate and professional students, but should refer such allegations to the appropriate Academic Integrity Facilitator (AIF) or to the Office of Student Conduct. The AIF that you should contact is Antoinette Y. Farmer, 848.932.5358. The student shall be notified in writing, by email or hand delivery, of the alleged violation and of the fact that the matter has been referred to the AIF for adjudication. This notification shall be done within 10 days of identifying the alleged violation. Once the student has been notified of the allegation, the student may not drop the course or withdraw from the school until the adjudication process is complete. A TZ or incomplete grade shall be assigned until the case is resolved. For more information regarding the Rutgers Academic Integrity Policies and Procedures, see: <http://academicintegrity.rutgers.edu/academic-integrity-at-rutgers>.

It has been recommended by the Office of Student Conduct that the honor pledge below be written on all examinations and major course assignments.

To promote a strong culture of academic integrity, Rutgers has adopted the following honor pledge to be written and signed on examinations and major course assignments submitted for grading: ***On my honor, I have neither received nor given any unauthorized assistance on this examination.***

VIII. WEEKLY CLASS READINGS

Week 1 Introduction and Context

Sawhill, I. V., (2014). *How Much Could We Improve Children's Life Chances by Intervening Early and Often?* Brookings Institution.

Hawkins, J. D., Jensen, J.M., Catalano, R., Fraser, M.W., Botvin, G.J., Shapiro, V., Brown, C.H., Beardley, W., Brent, D., Leslie, L.K., Rotheram-Borus, M.J., Shea, P., Shih, A., Anthony, E., Haggerty, K.P., Bender, K., Gorman-Smith, D., Casey, E., & Stone, S. (2015). *Unleashing the power of prevention*. Discussion Paper, Washington, DC: Institute of Medicine and National Research Council.

Week 2 Trends and Issues in Children's Mental Health

Institute of Medicine (2009). *Preventing mental, emotional, and behavioral disorders among young people: Report brief for policy makers*. Available at <http://iom.nationalacademies.org/Reports/2009/Preventing-Mental-Emotional-and-Behavioral-Disorders-Among-Young-People-Progress-and-Possibilities.aspx>

The President's New Freedom Commission on Mental Health (2003). *Achieving the Promise: Transforming Mental Health Care in America* (2003). Available at: <http://govinfo.library.unt.edu/mentalhealthcommission/reports/FinalReport/downloads/FinalReport.pdf>

Hogan, M. F. (2003). The President's New Freedom Commission: Recommendations to transform mental health care in America. *Psychiatric Services*, 54(11), 1467-1474.

U.S. Public Health Service (2000). *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda*. Washington, DC: Department of Health and Human Services.

Lyons, J. (2004). The history of children's public mental health services. *Redressing the Emperor: Improving Our Children's Public Mental Health System*. Westport, CT: Praeger, 1-27 (Chapter 1).

U.S. Government Accountability Office (December 2012). Children's mental health: Concerns remain about appropriate services for children in Medicaid and foster care. Report to Congressional Requesters, Washington, DC. (GAO-13-15).

Child and adolescent mental health portal at the National Institute of Mental Health.

<https://content.govdelivery.com/accounts/USNIMH/bulletins/1472e5f>

Week 3 Prevalence and Epidemiology of Children's Mental Health Disorders and Service Use

Merikangas, K.R., He, J.-p., Burstein, M., et al., (2010). Lifetime prevalence of mental disorders in US adolescents: Results from the National comorbidity survey replication—adolescent supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10), 980-989.

Merikangas, K. R., He, J.-p., Brody, D., Fisher, P.W., Bourdon, K., Koretz, D.S. (2010). Prevalence and treatment of mental disorders among US children in the 2001-2004 NHANES. *Pediatrics*, 1, 75.

Perou, R., Bitsko, R. H., Blumberg, S. J., et al. (2013). Mental health surveillance among children—United States, 2005-2011. Centers for Disease Control and Prevention. (Available for download at <http://www.cdc.gov/mmwr/pdf/other/su6202.pdf> Note: This reading is in the SAKAI site listed under the web address.

Costello, E.J., He, J-P, Sampson, N. A., Kessler, R. C., Merikangas, K. R. (2014). Services for adolescents with psychiatric disorders: 12-month data from the national comorbidity survey-adolescent. *Psychiatric Services*, 65 (3): 359-366

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults" The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine*, 14(4), 245-254.

Copeland, W.E., Shanahan, L., Hinesley, J. Chan, R.F., Aberg, K.A., Fairbank, J.A., van den Oord, E.J.C.G., & Costello, J. (2018). Association of childhood trauma exposure with adult psychiatric disorders and functional outcomes. *JAMA Network Open*, 1(7):e184493.
Doi:10.1001/jamanetworkopen.2018.4493, 1-11.

Van Niel, C, Pachter, L.M., Wade, R., Jr., Felitti, V.J., & Stein, M. T. (2014). Adverse events in children: Predictors of adult physical and mental conditions. *Journal of Development and Behavioral Pediatrics*, 35, 549-551.

Singh, G. K., & Ghandour, R. M. (2012). Impact of neighborhood social conditions and household socioeconomic status on behavioral problems among US children. *Maternal and Child Health Journal*, 16(1), 158-169.

Week 4: **Systems of Care and Theories of Change**

Rosenblatt, A., & Compian, L. (2007). Exchanging glances? Systems, practice, and evidence in children's mental health services, *Research in Community and Mental Health*, 14, 201-237.

Stroul, B, & Blau, G. (2010). Defining the system of care concept and philosophy: To update or not to update? *Evaluation and Program Planning*, 33(1), 59-62.

Hodges, S. Ferreira, K., & Israel, N. (2012). If we're going to change things, it has to be systemic: Systems change in children's mental health. *American Journal of Community Psychology*, 49(3/4), 526-537.

Hernandez, M. & Hodges, S. (2006). Applying a theory of change approach to interagency planning in child mental health. *American Journal of Community Psychology*, 38 (3-4), 1654-173.

Week 5 **Engagement and Collaboration: Of Problems and Perspectives**

Gronholm, P.C., Ford, T., Roberts, R.E., Thronicroft, G, Laurens, K.R., Evans-Lacko, S. (2015). Mental health service use by young people: The role of caregiver characteristics. *PLoS One*, 10 (3), 1-16.

Lindsey, M., Brandt, N., Becker, K., Lee, B., Barth, R., Daleiden, E., & Chorpita, B. (2014). Identifying the common elements of treatment engagement interventions in children's mental health. *Clinical Child & Family Psychology Review*, 17 (3), 283-298.

Haan, A.M., Boon, A.E., Jong, J. T., Geluk, C.A., Vermeiren, R.R. (2014). Therapeutic relationship and dropout in youth mental health care with ethnic minority children and adolescents. *Clinical Psychologist*, 18(1), 1-9.

Bosk, E.A. (2013). Between badness and sickness: Reconsidering medicalization for high risk children and youth. *Children and Youth Services Review*, 35, 1212-1218.

Friesen, B.J., Koroloff, N. M., Walker, J.S., & Biggs, H.E., (2011). Family and youth voice in systems of care: The evolution of influence. *Best Practice in Mental Health*, 7(1), 1-25.

Burk, L.K., Bergan, J. Long, J., Noelle, R., Soto, R., Richardson, R., & Waetzig, E. (2013). Youth advocate to advocate for youth. Available for download at: <http://www.pathwaysrtc.pdx.edu/featuredproducts>. Portland, OR: Research and Training Center for Pathways to Positive Futures. NOTE: Listed under 2013 Youth Advocacy Guide in SAKAI.

Week 6 **Service Utilization and Models of Care (Care Management and Wraparound)**

Lyons, J. (2004). The role of existing programs and services in an evolving system. *Redressing the Emperor: Improving Our Children's Public Mental Health System*. NY: Praeger, 179-197 (Chapter 6).

Bruns, E.J., Walker, J.S., & The National Wraparound Initiative Advisory Group (2008). Ten principles of the wraparound process. In E.J. Bruns & J.S. Walder (Eds.), *The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health.

Suter, J.C., & Bruns, E.J. (2009). Effectiveness of the wraparound process for children with emotional and behavioral disorders: A meta-analysis. *Clinical Child and Family Psychology Review*, 12, 336-351.

Miles, P., Bruns, E.J., Osher, T.W., Walker, J.S., & National Wraparound Initiative Advisory Group (2006). *The Wraparound Process User's Guide: A Handbook for Families*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University. Available at: http://www.nwi.pdx.edu/pdf/Wraparound_Family_Guide09-2010.pdf

Whitson, M. L., & Connell, C.M. (2016). The relation of exposure to traumatic events and longitudinal mental health outcomes for children enrolled in Systems of Care: Results from a national System of Care evaluation. *American Journal of Community Psychology*.

Week 7 **Special Populations: Youth in Transition**

Pottick, K.J., Warner, L.A., Vander Stoep, A., & Knight, N.M. (2014). Clinical characteristics and outpatient mental health service use among transition-age youth in the USA. *The Journal of Behavioral Health Services and Research*, 41(2), 230-243.

Copeland, W., Shanahan, L., Davis, M., Burns, B.J., Angold, A.M.B., & Costello, E.J. (2015). Increase in untreated psychiatric cases during the transition to adulthood. *Psychiatric Services*, 66 (4), 397-403

Zajac, K., Sheidow, A., & Davis, M. (2015). Juvenile justice, mental health, and the transition to adulthood: A review of service system involvement and unmet needs in the U.S. *Children and Youth Services Review*, 56, 139-148.

Sakai, C., Mackie, T.I., Shetgiri, R., Franzen, S., Partap, A., Flores, G., & Leslie, L.K. (2014). Mental health beliefs and barriers to accessing mental health services in youth aging out of foster care. *Academic Pediatrics*, 2014, 14, 565-573.

Lee, B.R., Hwang, J., Socha, K., Pau, T., Shaw, T.V. (2013). Going home again: Transitioning youth to families after group care placement. *Journal of Child and Family Studies*, 22 (4), 447-459.

Week 8 Special Populations: Youth in Child Welfare and Trauma-informed Care

Raghavan, R. Inoue, M., Ettner, S.L., Hamilton, B.H., & Landsverk, J. (2010). A preliminary analysis of the receipt of mental health services consistent with national standards among children in the child welfare system. *American Journal of Public Health*, 100(4), 742-749.

Keinan, G., Shrira, A., & Shmotkin, D. (2012). The association between cumulative adversity and mental health: Considering dose and primary focus of adversity. *Quality of Life Research*, 21(7), 1149-1158.

Shonkoff, J. P., Garner, A. S., Siegel, B. S., et al.(2012).The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129(1), 232-246.

Warner, L.A., Song, N., & Pottick, K.J. (2014). Outpatient psychotropic medication use in the US: A comparison based on foster care status. *Journal of Child and Family Studies*, DOI 10.1007/s10826-013-9985-0.

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Week 9 Special Populations: Youth with Mental Health Needs in Juvenile Justice

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Week 10 Cultural Competence, Disparities, and Access to Children’s Mental Health

Alegria, M., Green, J.G., McLaughlin, K.A., & Loder, S. (2015). Disparities in child and adolescent mental health and mental health services in the U.S., N.Y: William T. Grant Foundation.

Yasui, M. & Pottick, K.J. (in editorial process). Looking at the cultural aspects of global mental health: The Culturally Infused Engagement model. In J. Escobar (Ed.), *Global Mental Health: From the Exotic to the Mainstream*. New Jersey: Rutgers University Press.

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Week 11 **Treatment Interventions: What We Know and How We Know It**

Bernstein, A., Chorpita, B. F., Daleiden, E. L., Ebesutani, C. K., & Rosenblatt, A. (2015, June 1). Building an evidence-informed service array: Considering evidence-based programs as well as their practice elements. *Journal of Consulting and Clinical Psychology*, Advance online publication. <http://dx.doi.org/10.1037/ccp0000029>.

Chorpita, B. F., Bernstein, A., & Daleiden, E. L. (2011). Empirically guided coordination of multiple evidence-based treatments: an illustration of relevance mapping in children's mental health services. *Journal of Consulting and Clinical Psychology*, 79(4), 470-480.

McCart, M. R., & Sheidow, A. J. (2016). Evidence-based psychosocial treatments for adolescents with disruptive behavior. *Journal of Clinical Child & Adolescent Psychology*, 45(5), 529-563.

Henggeler, S. W., & Sheidow, A.J. (2012). Empirically supported family-based treatments for conduct disorder and delinquency in adolescents. *Journal of Marital and Family Therapy*, 38, 30-58.

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Week 12 **Financing Children's Mental Health Services: Looking Forward**

Overview of the Patient Protection and Affordable Care Act of 2010:

The Basics: <http://healthreform.kff.org/the-basics.aspx>

Prevention Provisions in the Affordable Care Act: <http://www.apha.org/NR/rdonlyres/763D7507-2CC3-4828-AF84-1010EA1304A4/0/FinalPreventionACAWeb.pdf>

Pires, S.A., Stroul, B.A., Armstrong, M., McCarthy, J. Pizzigati, K.A., Wood, G., & Echo-Hawk, H. (2008). Financing strategies for systems of care. In: Stroul, B.A., & Balu, G.M. (eds.). *The System of Care Handbook: Transforming Mental Health Services for Children, Youth, and Families*. Baltimore, MD: Paul H. Brookes Publishing Co., 181-212. (Look up Pires book)

Armstrong, M.I., Milch, H., Curtis, P., Endress, P. (2012). A business model for managing system change through strategic financing and performance indicators: A case study. *American Journal of Community Psychology*, 49(3), 517-525.

Week 13 **Evaluation and Research Methods in Children's Mental Health Services**

McGill, K., & Rea, K. (2015). New Jersey's historical development of a statewide Children's System of Care, including the lessons learned from embedding CANS tools: Developments, innovations, and data analysis. *Sage Open*, 1-11, DOI: 10.1177/2158244015602806

Mendenhall, A.N., & Frauenholtz, S. (2014). System of care development in children's mental health: Lessons learned from a process evaluation. *Journal of Child and Family Studies*, 23(1), 157-168.

Stroul, B.A., Heflinger, C.A., Alegria, M., Slaton, E., Farmer, E.M.Z., Betts, V.T., Outlaw, F.H. & Gruttadaro, D. (2010). Improving the linkage between research and system change: Making it real. *Administration & policy in Mental Health and Mental Health Services Research*, 37 (1/2), 125-127.

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Week 14 **Sustaining Systems of Care**

Miller, B., Blau, G., Christopher, O., & Jordan, P. (2012). Sustaining and expanding systems of care to provide mental health services for children, youth, and families across America. *American Journal of Community Psychology*, 49(3/4), 566-579.

Week 15 **Bringing It All Together: Synthesis of What We Have Learned**

Disability Accommodation

Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where you are officially enrolled, participate in an intake interview, and provide documentation (see [General Documentation Guidelines and Principles](#)). If the documentation supports your request for reasonable accommodations, your campus's disability services office will provide you with a Letter of Accommodations. Please share this letter with your instructors and discuss the accommodations with them as early in your courses as possible. To begin this process, please complete the Registration form on the [Office of Disability Services website](#).

Any student, who has already received a letter of accommodation, should contact the instructor privately to discuss implementation of his/her accommodations immediately. Failure to discuss implementation of accommodations with the instructor promptly may result in denial of your accommodations.

Help with Writing

Success in graduate school and within the larger profession of social work depends on strong writing skills. Several resources are available to help students strengthen their professional and academic writing skills. Writing assistance is available to all MSW students as described below.

Writing & Style Guide Resources:

- **Owl at Purdue/APA STYLE:** <http://owl.english.purdue.edu/owl/section/2/10/>
- **American Psychological Association (APA) Online Style Tips:** <http://apastyle.apa.org/> (full access via **Login to Rutgers University Libraries home page:** <http://www.libraries.rutgers.edu/>)
- **RefWorks (Rutgers University Libraries Web-based Bibliography and Database Manager):** <http://www.libraries.rutgers.edu/refworks>
- **Rutgers Writing Program:** <http://wp.rutgers.edu/>

New Brunswick Campus

All MSW SSW students (NB, Camden, Newark, IW, online and blended) are eligible to access writing assistance at the New Brunswick Learning Center. Online tutoring may also be available.

Contact: <https://rlc.rutgers.edu/student-info/group-and-individual-academic-support/writing-coaching>

Newark Campus

The Newark writing center is available for MSW students on the Newark campus by appointment. <http://www.ncas.rutgers.edu/writingcenter>

Camden Campus

The Camden learning center provides writing assistance for MSW students on the Camden campus. <http://learn.camden.rutgers.edu/writing-assistance>