COURSE DESCRIPTION

This course will provide an overview of the most common expressions of child and adolescent psychopathology. The learning objectives include conceptual, research, and clinical issues related to the mental health of children and adolescents. The diverse factors that influence the etiology and expression of disorders will be considered. In particular, the contributions of factors such as genetics, family influences, social systems, learned patterns of behavior, and psychodynamics will be explored. Students will become familiar with the DSM-5 and how to conceptualize cases. You will also be taught how to communicate as a professional through your writing so that you will be able to convey complexity of the cases in a clear and understandable manner.

At times, interventions may be mentioned in presentations and course readings. However, the issue of treatment will not be a significant focus. This course is designed to advance the student’s understanding of the current state of knowledge with regard to etiological factors and the diagnostic issues related to the expression of various disorders.

This course will introduce you to the steps of case conceptualization and provide multiple opportunities for mastering this skill, such as in-class conceptualizations and written assignments. Relatedly, you will learn DSM 5 & ICD 10 diagnostic criteria, which will build upon knowledge acquired in the adult psychopathology class. You will acquire knowledge of basic mechanisms and processes that provide a foundation for some advanced specialty courses.

The format of this seminar class will be lecture and discussions. Open discussion is an integral part of this seminar.

Methods To Assess Whether You Have Met The Learning Objectives Of The Course:

You will write a series of essays throughout the course. They will be graded guided by the learning objectives for the course. Questions guiding the grading include: Do you accurately summarize empirically-based findings related to the etiology and expression of the childhood disorder? Do you consider the range of etiological influences? Do you provide a coherent case conceptualization which reflects the complexity of the case? Do you demonstrate familiarity with the DSM-5? Do you write in a professional manner that could be understood by a layperson? Can the case conceptualization stand on its’ own? If a treating psychologist picked up the document, could he/she understand the disorder that the child or adolescent is manifesting and start treatment?
LEARNING OBJECTIVES

Profession-Wide Competencies

Students who complete Child Psychopathology will be able to:

1. Critically interpret and apply empirical findings to address problems, make decisions and enhance the social, behavioral and/or academic functioning of children and youth. [SP-PWC Element 1.3]

2. Demonstrate knowledge of and adherence to APA Ethical Principles, Code of Conduct and relevant laws, professional standards and guidelines governing psychological practice. [SP-PWC Element 2.1]

3. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve those dilemmas. [SP-PWC Element 2.2]

4. Conduct self in an ethical manner across professional activities. [SP-PWC Element 2.3]

5. Display an awareness of how personal bias and cultural history, attitudes, and biases affect understanding and interactions with people different from themselves. [SP-PWC Element 3.1]

6. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others. [SP-PWC Element 4.1]

7. Exhibit behaviors that reflect an openness and responsiveness to feedback and supervision. [SP-PWC Element 4.2]

8. Engage in self-reflection and professional and personal growth activities to maintain and improve performance and professional effectiveness. [SP-PWC Element 4.3]

9. Demonstrate skills in producing, comprehending, and integrating oral, nonverbal, and written communications that are informative and well-integrated across a range of situations, populations, and systems. [SP-PWC Element 5.2]

10. Communicate orally and in writing assessment results in an accurate and effective manner sensitive to a range of audiences. [SP-PWC Element 6.3]

11. Demonstrate current knowledge of diagnostic classification systems, adaptive and maladaptive behaviors, and the impact of client behaviors on functioning. [SP-PWC Element 6.4]

12. Identify and develop evidence-based interventions in classrooms, schools, and other service settings that are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables. [SP-PWC Elements 7.2]

13. Apply relevant literature and empirically-based principles to clinical decision making. [SP-PWC Element 7.3]
14. Demonstrate knowledge and respect for the diverse roles, beliefs, and competencies of professionals and stakeholders working in schools, mental health organizations, and other relevant settings. [SP-PWC Element 9.1]

15. Demonstrate an understanding of the impact of multiple systems on student development and functioning. [SP-PWC Element 10.1*]

**Discipline-Specific Knowledge**

*Affective Aspects of Behaviors*, including topics such as affect, mood, and emotion. Psychopathology and mood disorders do not by themselves fulfill this category.

*Biological Aspects of Behaviors*, including multiple biological underpinnings of behavior, such as neural, physiological, anatomical, and genetic aspects of behavior. Although neuropsychological assessment and psychopharmacology can be included in this category, they do not, by themselves, fulfill this category.

*Cognitive Aspects of Behaviors*, including topics such as learning, memory, thought processes, and decision-making. Cognitive testing and cognitive therapy do not, by themselves, fulfill this category.

*Developmental Aspects of Behavior*, including transitions, growth, and development across an individual’s life. A coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is not sufficient.

*Social Aspects of Behavior*, including topics such as group processes, attributions, discrimination, and attitudes. Individual and cultural diversity and group or family therapy do not, by themselves, fulfill this category.

*Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas*, including graduate-level scientific knowledge that entails integration of multiple basic discipline-specific content areas identified in Category 2 (i.e., integration of at least two of: affective, biological, cognitive, social or developmental aspects of behavior).

**CLASSROOM CULTURE**

**Statement on Disabilities:**
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: [https://ods.rutgers.edu/students.documentation-guidelines](https://ods.rutgers.edu/students.documentation-guidelines). 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 ODS web site at: [https://ods.rutgers.edu/students/registration-form](https://ods.rutgers.edu/students/registration-form).

**Statement on Academic Integrity:**
The University’s academic integrity policy, to which this class will adhere, can be reviewed at: [http://academicintegrity.rutgers.eduacademic-integrity-at-rutgers](http://academicintegrity.rutgers.eduacademic-integrity-at-rutgers/)
Names and Pronouns:
Class rosters are provided to the instructor with the student’s legal name. I will gladly honor your request to address you by an alternate name or gender pronoun. Please advise me of this preference early in the semester so that I may make appropriate changes to my records.

Respect for Diversity:
It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated.

Classroom Participation and Professional Conduct:
In line with the literature on school climate, I want to ensure that our class maintains a comfortable and supportive learning environment for all participants and learning to work together as a group is one of the hallmarks of good psychology practice; as such, professional conduct within the class facilitates a supportive learning atmosphere.

In addition to your acquiring knowledge, skills and attitudes pertaining to professional psychology, training as a professional psychologist requires the development of professional behavior. Therefore, in line with the APA’s competencies, professional behavior is part of your grade and is expected at all times during the class. Active participation in the form of raising questions and discussing readings is expected. Although you may disagree with your classmates, learning to interact in groups is a key competency of school psychologists, as such, respectful behavior towards peers, guest speakers and faculty is required. Note writing, conversations and completing others’ work have the effect of excluding other class members and are not considered professional behavior.

Electronic Devices:
You will be advised as to times when laptops use is/is not allowed. Consistent with professional decorum, all electronic devices, including phones, must be turned to vibrate during class. Phones should be put away during class at all times; please do NOT leave them out on the table. Laptops/tablets may be used at certain times during the class, but otherwise, you may be asked to close them.

Laptops/tablets may be used as part of your class presentation (i.e. to show a video clip, etc). HOWEVER, USE OF LAPTOPS/TABLETS for non-class related purposes such as, checking email, instant messaging, surfing the web, social networking, etc. is not permitted and will result in their USE BEING PROHIBITED. This behavior is disrespectful to other classmates, guest speakers and the instructor. Inappropriate use of laptops is inconsistent with professional decorum and RU standards for appropriate student conduct.

Attendance:
Students are excused from class when observing religious holidays, in accordance with Rutgers University policy. With the exception of religious holidays, repeated lateness and/or absences, including prolonged absences during the middle of class will lower your grade. Promptness is an essential component of professional conduct as a school psychology. If you are unable to attend a class due to illness, please email/text me or ask one of your classmates to inform me of your absence. You will be responsible for any of the material covered during your absence.

Please bring assigned readings to class or have them available on your laptop/tablet. You will need to refer to them for certain class activities.
REQUIRED TEXT


RECOMMENDED TEXT


This textbook will give you additional information on the background of child psychopathology and is a great reference.

READINGS AVAILABLE ON SAKAI

Each week there will be additional readings by topic on the Sakai course site: https://sakai.rutgers.edu/. The PDFs of the readings are typically saved as the author’s last name. In addition, supplemental recommended readings may also be within each folder. Depending on your interest, you may decide to read the supplemental readings.

CLASS REQUIREMENTS

1. **Attendance.** Each student is required to attend all classes and be on time. If you must miss a class due to illness or an emergency, please notify me in advance. There will be an approximately 10 minute break during the middle of the class. Please do your best to not leave during other times since the continual opening and closing of the door disrupts the rest of your cohort.

2. **Participation:** You are expected to come prepared for class and participate actively in class discussion. Students should come prepared to weave ideas from the assigned readings into the discussion. Computers can only be used for class related work. Please be prepared to share your thoughts at least once a class. Toward the end of the course, I may open the class with “free writes” where you will need to draw on your knowledge of the reading in a short answer response. You will turn them in (pass/fail) which will factor into your participation grade. 10% of course grade

3. **Forum Post:** On Sakai, under Forum, you are asked to read a short NY Times article about the question of whether diagnosing children with ADHD helps or hurts them. The link is in the blog post so you will need to copy and paste the link into your browser to access the article. There are five opinions about this question from various writers. Read the five opinions and then write a post about your opinion on this topic. 5% of course grade

4. **Short papers:** Instead of a mid-term, there are a total of two short papers which are due throughout the semester. They should be a maximum of 5 pages, double spaced, 12-pt font, 1 inch margins. Please do not turn in a paper over 5 pages; concise writing is an essential skill. Brevity is a challenge, but the aim is to reflect the length of real world professional products.

   For one of the papers, you will be asked to read a case vignette and write up a short paper including proposed diagnosis(es), presenting problem, case conceptualization, and research on the
etiology of the primary diagnosis (based on the assigned readings). In each of these essays in the final section on research, please reference the readings (APA style). Please use references ONLY in that section of the paper.

For the second short term paper, you will do an intake from the GSAPP clinic and do a write up as one would do for the clinic. Since this paper will become part of the client’s clinic paperwork, the DSM 5, case conceptualization and etiology sections will be written as an addendum to your paper since these sections will not become part of the clinic record. This will be further explained in class when the formulations are discussed.

You will be provided with details about the assignments before the first one is due. 30% of course grade.

5. **In class presentations.** You will present on a panel with your fellow students. More detail is provided at the end of this syllabus. 15% of course grade.

6. **Final exam:** You will view a videotaped intake session with a parent and a child interview. You will write up a case conceptualization and you will provide a DSM-5 diagnosis. The paper format will be the same as the first two papers above. This final paper can be a maximum of 8 pages (double spaced, 12-pt font, 1 inch margins). You are expected to integrate course material, but not outside readings. 40% of course grade.

**Individual Appointments**
If you wish to speak with me in private, please set up an individual appointment through email or see me before or after class.
### COURSE OUTLINE

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic/Readings</th>
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On Sakai: see “Vulnerability Chapter 2.pdf”


On Sakai: see “No-Label Movement.pdf”


Part 2: Case Conceptualization


On Sakai: see “Wilmshurst – Child and Adolescent Psychopathology.pdf”

Recommended:

Panel composition finalized.

February 4

Conduct & Oppositional Defiant Disorders


Cairns, R. B. & Cairns, B. D. The natural history and developmental functions of aggression. In A. J. Sameroff, M. Lewis, & S. M. Milles (Eds.) Handbook of


Appropriate sections of the DSM-5 – **Disruptive, Impulse-Control, and Conduct Disorders**

*Recommended:*

Chapter 3 in Mash & Barkley (pp. 145-179)

*Panel members have their first meeting (15 minutes)*

**February 11**

**Child and Adolescent Depression & Pediatric Bipolar Disorder**


Appropriate sections of the DSM-5 – **Depressive Disorders & Bipolar and Related Disorders**
Recommended:

Chapter 5 in Mash & Barkley (pp. 225-252)
Chapter 6 in Mash & Barkley (pp. 264-316)

**Blog Post Due by 2/11/20 at 11:59**

February 18

**Culture and Psychopathology**


Cultural Formulation Interview (CFI)
http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Cultural

Appropriate sections of the DSM-5 – **Cultural Formulation** pp. 749-760
February 25  Tourette Syndrome

Guest Speakers: Rob Zambrano, Psy.D. – Clinical Psychologist (2:00-3:30)
Faith Rice - Executive Director at NJ Center for Tourette Syndrome & Associated Disorders


Appropriate sections of the DSM-5 – **Motor Disorders pp. 74-86**

**Recommended:**

Chapter 9 in Mash & Barkley (pp. 440-461)

**Panel members have their second meeting (15 minutes)**

March 3  Anxiety Disorders

Guest Speaker: David – Living with Anxiety


Appropriate sections of the DSM-5 – Anxiety Disorders & Obsessive-Compulsive Related Disorders

Recommended:
Chapter 8 in Mash & Barkley (pp. 345-428)

Chapter 9 in Mash & Barkley (pp. 429-440 only)


March 10

Childhood Posttraumatic Stress Disorder & Child Maltreatment

Guest Speaker: Elizabeth Smith, Psy.D. - Forensic Psychologist


Appropriate sections of the DSM-5 – *Trauma and Stressor-Related Disorders*

**Recommended:**


Chapter 10 in Mash & Barkley (pp. 476-528)
Chapter 16 in Mash & Barkley (pp. 737-798)

March 17  **Spring Break – No Class**

March 24  **ADHD - Attention-Deficit Hyperactivity Disorder**

**Guest Speaker: Ruby – Living with Anxiety & ADHD**


Appropriate sections of the DSM-5 – **Attention-Deficit/Hyperactivity Disorder pp.59-66.**

*Recommended:*

Chapter 2 in Mash & Barkley (pp. 75-121)

**Paper #2 Due today**

Panelist present to one another (30 minutes of presentation and 30 minutes of identifying similarities and differences across interventions)

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**March 31**

**Eating disorders**

**Guest Speaker: Miriam Wolosh, Ph.D. – Clinical Psychologist (1:45-3:15)**

Family Based Eating Disorders


Appropriate sections of the DSM-5 – **Feeding and Eating Disorders pp. 329-354**

*Recommended:*

Chapter 17 in Mash & Barkley (pp. 801-834)

**Student panel presentation #1 Disruptive Behavior Disorders (CD, ODD, ADHD)**
April 7  

**Autism Spectrum Disorder**

**Guest Speaker: Sid – Living with Autism Spectrum Disorder (ASD)**


Appropriate sections of the DSM-5 – **Autism Spectrum Disorder pp. 50-59**

**Recommended:**

Chapter 11 in Mash & Barkley (pp. 531-559)

*Student panel presentation #2: Autism Spectrum Disorder, Tourette Syndrome, OCD OR other childhood diagnoses not in other groups.*

April 14  

**Underlying processes** – Emotion regulation, Learned behavior, Attachment, Rumination


Recommended:


Substance-related disorders

Kher, S. (2019, January 25). E-cigarettes such as Juul are popular among teenagers – are they harmful? Tufts Now Magazine. Retrieved from https://now.tufts.edu/articles/e-cigarettes-such-juul-are-popular-among-teenagers-are-they-harmful?utm_source=Tufts%20Now%20-0_c17dba3525-7ee70c93c0-207329009


Appropriate sections of the DSM-5 – Substance-Related & Addictive Disorders

Recommended:
Chapter 4 in Mash & Barkley (pp. 180-221)
Student panel presentation #3 (Substance Abuse, Eating Disorders, Gender Dysphoria)

April 21

**Gender and Sexual Identity**


Appropriate sections of the DSM-5 -**Gender Dysphoria, p. 451-460)**.

Student panel presentation #4: Mood disorders (Anxiety, Depression, Bipolar)

April 28

Material for FINAL presented in class: Together we will view a child and parent interview. We will view the tape once together. Please NO discussion of the case until after you turn in your final. You will have one week to synthesize what you learned from the video in your final essay.
May 5 **FINAL case write up DUE at the start of class.**

**Come to class to discuss case.**

**Summary of the Course**


**Further detail on the assignments:**

A) **Essays 1 &2 and the Final (Case conceptualization of case vignettes)**

Throughout the semester, you will be asked to read case vignettes and develop case conceptualizations. You will turn in two essays and complete a final exam in a similar format. More detail will be provided in class.

Please follow the following guidelines when writing reports:

1. Each of the first two essays should be no more than 5 pages, 1 inch margins, 12 point font and the final should be no more than 8 pages. It is fine if the papers are shorter – as long as they contain all of then necessary information. Please do not turn in a paper **over** the maximum; concise writing is an essential skill. If any paper does not meet the formatting and maximum length requirements, I will return it to you without grading it
2. Organize your paper carefully so that each topic is only discussed in one place, each paragraph makes only one point, and each semester is clear and concise.
3. You must use headings to separate the sections listed below.

Your essays will have the following sections:

1) **Identifying Information**: Include demographics (age, race, SES), appearance, who is in the home, jobs, etc. **Please use initials or a pseudonym to keep the information confidential.**

2) **Presenting Problem (and history of the problem)**: In one to two paragraphs, please describe the presenting problem/symptoms of the child/adolescent as the referral sources sees it. Why are the child/adolescent and family seeking support? What is the concern? What are some of the symptoms? Identify any *historical factors*, i.e. medical history, developmental history, history of trauma, family psychiatric history, etc.

3) **Mental Status**: Include appearance, mood, affect and cognitive functioning during the interview.

4) **Behavioral Observations**: Include significant or atypical behaviors expressed and notable responses to the interviewer and the tasks.

5) **Diagnosis**: Assign a diagnosis using the ICD-10 codes. When listing diagnoses, please specify the diagnostic code first, and then write the diagnosis. Also please list your diagnoses in order of primary, secondary, etc., followed by any rule-out diagnoses. Please defend your diagnoses by
including a brief narrative description of the symptoms that fit with the diagnoses given and explain why you ruled in (or out) a diagnosis.

6) Case Conceptualization/Formulation - Please hypothesize why this client is struggling from the symptoms and what might be exacerbating, mitigating, and/or maintaining the symptoms? Provide a tentative causal model explaining the illness based on what you read in the case vignette and based on what you know about the etiology of the illness. Discuss any known risk/resilience factors.

7) Etiology - Please provide two paragraphs about what we know related to the etiology of the primary diagnosis. Please cite readings and lectures. DO NOT MENTION THE CASE in this section. No need to provide a reference list but use APA style when citing in the text.

8) Summary, Recommendations and Treatment Goals: Include any identification of any additional information that is needed, what specific treatment interventions are needed and the prognosis (guarded, fair, poor, good, excellent).

Case conceptualization #1 will be on a clinical vignette that I will provide. Case conceptualization #2 will be on an intake that you will do at the Rutgers Center for Psychological Services (GSAPP Clinic). In your case write up on the clinic intake, you will include all of the above sections on Therasoft with the exception of the DSM 5 diagnosis and etiology. These last two sections will be turned in as an addendum to your case conceptualization. More information about this will be provided in class.

After you do your case conceptualization for the clinic intake, you will submit your intake to the clinic peer supervisors and clinic coordinators for feedback and attend the clinic case conference meetings. After you receive your feedback on your intake, you will submit your case conceptualization to me, along with the addendum.

B) Student Presentations on Panels
Please rank order your interest in the following four panel topics:

Empirically-based treatments/guidelines for practice for:
Panel 1: Disruptive Behavior Disorders (CD, ODD, ADHD, could also include anger management)
Panel 2: Autism Spectrum Disorder, Tourette Syndrome, OCD or other childhood diagnoses not in other groups.
Panel 3: Substance Abuse, Eating Disorders, Gender Dysphoria
Panel 4: Mood disorders (Anxiety, Depression, Bipolar)

All attempts will be made to place you on a panel concerning your first and second topical choices. You will be placed with 3-4 fellow students. You will select a treatment for your diagnosis of choice, you will read literature on its effectiveness or efficacy, and you will try to understand the mediating mechanisms of the treatment. Make sure to coordinate with members of your panel so that you select distinct treatment programs or approaches.

In preparing for your presentation, choose an audience that you’d like your cohort to be. You can have the class be a group of parents, teachers, mental health professionals, students, etc. but make sure that you take the evidenced based information on the different diagnoses and translate it to the audience to which you will be presenting. As psychologists, doing presentations, trainings and workshops is an important part of what we do to disseminate information about mental health issues. This activity will allow you to practice ways of taking scholarly and evidenced based information on different diagnoses and targeting the material to a specific audience.

1) You present to one another for 10 minutes. In your presentation, you MUST cover a-c below in a clear way (please practice the timing of your presentation):
a) Teach your colleague(s) about the content/approach of your selected treatment, b) Offer your colleague(s) a brief review of the empirical research or guidelines for treatment on your chosen treatment in relation to specific diagnoses or health outcomes. Be critical of the evaluation studies. Are they rigorous, credible, and convincing? How diverse are the samples? What are the limits of the studies? c) Speculate on the mechanisms of action of the treatment. Why is the treatment theorized to be effective? What are the active ingredients that might affect change?

2) After you present to one another, you will meet for a group discussion. You will identify common principles/approaches/content across the interventions (and point out dissimilarities as well). In other words, you will look across the selected interventions and determine core components they hold in common and identify fundamental ways they differ. You will prepare a joint 25 minute presentation, in which you will inform the whole class about all of the selected intervention programs with a focus on their similarities and differences.

Tips for Your In-Class Panel Presentations

1. Attempt a somewhat dynamic delivery of your presentation.

2. The most common error students have made in the past was to have too much material. When they have a lot of material, they feel duty bound to present it all, and that is often dry. Be modest in your goals. Practice the timing of your presentation. You will not be able to go over time.

3. Make the powerpoints readable with big font and minimal writing per slide. No need to spend tons of time on clip art or other graphics.

4. You will be assessed on the content of the material in the slides, the clarity (readability) of your slides, and your presentation style.

5. Remember, it will be up to you as a panel to make sure that you don’t select the same program or intervention.

Sample selected programs from previous years:

Anxiety disorders
- “Cool Kids” Program- Teaches how to better manage any type of anxiety disorder

Externalizing disorders
- Multisystemic Therapy-
- The Incredible Years Training Series

Depression
- Interpersonal Psychotherapy for depressed adolescents

Eating disorders
- Exposure Plus Response Prevention With CBT

Autism Spectrum Disorders
- Social Stories
- Peer-Mediated Instruction and Intervention

Prevention and social skills development:
- Video Modeling
- Promoting Alternative Thinking Strategies (PATHS)

Online resources and searchable databases:
The What Works Clearinghouse collects information on evidence-based educational programs and practices, including evaluation reports: http://ies.ed.gov/ncee/wwc/

NREPP is a searchable online registry of more than 340 substance abuse and mental health interventions. NREPP was developed to help the public learn more about evidence-based interventions that are available for implementation.
http://www.samhsa.gov/nrepp

Infoaboutkids.org is an ongoing collaboration of the Consortium for Science-Based Information on Children, Youth and Families. Our goal is to promote healthy child and family development by highlighting science-based information for those who care for, or work with, children. Our site, updated quarterly, links to other well-established, trustworthy websites for parents, other caregivers, and professionals. Our monthly blogs will summarize science-based information on timely topics.
http://infoaboutkids.org/

Blueprints for Healthy Youth Development is a research project within the Center for the Study and Prevention of Violence, at the University of Colorado Boulder. The Blueprints mission is to identify evidence-based prevention and intervention programs that are effective in reducing antisocial behavior and promoting a healthy course of youth development. This website provides information on the Blueprints project (such as background and a dissemination project related to the model program LifeSkills Training).
http://www.blueprintsprograms.com/

The Office of Juvenile Justice and Delinquency Prevention’s (OJJDP’s) Model Programs Guide (MPG) contains information about evidence-based juvenile justice and youth prevention, intervention, and reentry programs. It is a resource for practitioners and communities about what works, what is promising, and what does not work in juvenile justice, delinquency prevention, and child protection and safety.
http://www.ojjdp.gov/mpg/Program

The Campbell Library of Systematic Reviews provides free online access to systematic reviews in the areas of education, criminal justice and social welfare. The library is a peer-reviewed source of reliable evidence of the effects of interventions.
http://www.campbellcollaboration.org/lib/?go=browse

http://www.socialworkpolicy.org/research/evidence-based-practice-2.html#resources

I look forward to a wonderful semester!