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PSYX 535.01: Child Interventions

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PSYX 535: Child Interventions

Spring 2022

Course location and time

Tuesday and Thursday 9:30 am – 10:50 am
Stone Hall 304

Instructor information

Instructor: Jacqueline A. Brown, Ph.D., NCSP
Office: Skaggs 204
Email: jacqueline.brown@mso.umt.edu
Office hours: By appointment (send me an email to set up a meeting)

Course Description

This course provides an intensive introduction to evidence-based psychological practices, treatment planning, and treatment components for a variety of problems that children and families experience in school and clinical settings. There will be an emphasis on cognitive-behavioral and behavioral approaches, given that the youth evidence base primarily consists of these modalities across problem areas. An overview of treatments for several conditions such as anxiety disorders, depression, disruptive behavior problems, and trauma will be covered, with a main focus being on the MATCH-ADTC program, an evidence-based treatment of childhood anxiety, depression, trauma, and conduct problems. Given the focus on cognitive-behavioral approaches, we will review cognitive, affective, and behavior responses, as well as the inter-relation between these three components, when covering evidence-based treatments for these conditions. The focus of the course will be primarily applied and practical, although we will also focus on scientific issues.

This course addresses a variety of areas, including specific NASP and APA accreditation requirements. Specific NASP Domains addressed in this course include the following: Domain 2, Domain 4, Domain 7, Domain 8, Domain 9, and Domain 10. APA accreditation requirements include addressing both Affective and Cognitive Aspects of Behavior, through the readings, lectures, assignments, and treatment strategies learned and practiced throughout the course.

Learning Outcomes

Throughout this course, students will:

1. Better understand what it means to be an evidence-based therapist and the importance of utilizing evidence-based treatments in therapy.
2. Understand cognitive, affective, and behavioral responses across multiple mental health disorders, as well as the inter-relation between these components, when implementing evidence-based treatments.
3. Become familiar with evidence-based and best practice approaches to child/adolescent treatment.
4. Develop skills in identifying and delivering evidence-based treatments and practices for specific problems.

5. Identify progress monitoring measures to use in conjunction with evidence-based treatments.
6. Increase their ability to effectively analyze/critique the evidence-base surrounding a variety of interventions and be aware of their theoretical basis.
7. Increase their comfort in delivering evidence-based treatments in the form of role-plays and being able to self-reflect upon their own performance.
8. Increase their awareness of diversity issues that must be taken into account and understood when providing services to children and families.

Readings and Materials

The following readings will be provided to you in PDF format through Moodle. Resources from PracticeWise (MATCH-ADTC strategies) will also be provided to you in PDF format on Moodle.

Caldarella, P., Williams, L., Hansen, B. D., Wills, H. (2015). Managing student behavior with class-wide function-related intervention teams: An observational study in early elementary classrooms. *Early Childhood Education Journal*, 43, 357-365.

<https://doi.org/10.1007/s10643-014-0664-3>

Chorpita, B. F., & Daleiden, E. (2009). Mapping evidence-based treatments for children and adolescents: Application of the Distillation and Matching Model to 615 treatments from 322 randomized trials. *Journal of Consulting and Clinical Psychology*, 77, 566-579.

<https://doi.org/10.1037/a0014565>

Cohen, J. A., & Mannarino, A. P. (2015). Trauma-focused cognitive behavioral therapy for traumatized children and families. *Child and Adolescent Psychiatric Clinics of North America*, 24(3), 557-570. <https://doi.org/10.1016/j.chc.2015.02.005>

Deblinger, E., Mannarino, A. P., Cohen, J. A., Runyon, M. K., & Steer, R. A. (2011). Trauma-Focused Cognitive Behavioral Therapy for children: Impact of the trauma narrative and treatment length. *Depression and Anxiety*, 28, 67-75. <https://doi.org/10.1002/da.20744>

Duong, M. T., Kelly, B. M., Haaland, W. I., Matsumiya, B., Huey, S. J., McCarty, C. A. (2016). Mediators and moderators of a school-based cognitive-behavioral depression prevention program. *Cognitive Therapy and Research*, 40, 705-716.

<https://doi.org/10.1007/s10608-016-9780-2>

Evans, S. C., Weisz, J. R., Carvalho, A. C., Garibaldi, P. M., Bearman, S. K., Chorpita, B. F., & The Research Network on Youth Mental Health (2020). Effects of standard and modular psychotherapies in the treatment of youth with severe irritability. *Journal of Consulting and Clinical Psychology*, 88(1), 255-268. <http://dx.doi.org/10.1037/ccp0000456>

Gola, J. A., Beidas, R. S., Antinoro-Burke, D., Kratz, H. E., & Fingerhut, R. (2016). Ethical considerations in exposure therapy with children. *Cognitive and Behavioral Practice*, 23, 184-193. <https://doi.org/10.1016/j.cbpra.2015.04.003>

- Hoover, S. A., Sapere, H., Lang, J. M., Nadeem, E., Dean, K. L., Vona, P. (2018). Statewide implementation of an evidence-based trauma intervention in schools. *School Psychology Quarterly*, 33(1), 44-53. <https://doi.org/10.1037/spq0000248>
- Jones, R. B., Thapar, A., Stone, Z., Thapar, A., Jones, I., Smith, D., & Simpson, S. (2018). Psychoeducational interventions in adolescent depression: A systematic review. *Patient Education and Counseling*, 101(5), 804-816. <https://doi.org/10.1016/j.pec.2017.10.015>
- Kazdin, A. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. *American Psychologist*, 63, 146-159. <https://doi.org/10.1037/0003-066X.63.3.146>
- McCart, M. R., Sheidow, A. J. (2016). Evidence-based psychosocial treatments for adolescents with disruptive behavior. *Journal of Clinical Child and Adolescent Psychology*, 45, 529-563. <https://doi.org/10.1080/15374416.2016.1146990>
- McCauley, E., Gudmundsen, G., Schloredt, K., Martell, C., Rhew, I., Hubley, S., & Dimidjian, S. (2016). The adolescent behavioral activation program: Adapting behavioral activation as a treatment for depression in adolescence. *Journal of Clinical Child & Adolescent Psychology*, 45(3), 291-304. <https://doi.org/10.1080/15374416.2014.979933>
- Pina, A. A., Polo, A. J., & Huey, S. J. (2019). Evidence-based psychosocial interventions for ethnic minority youth: The 10-year update. *Journal of Clinical Child and Adolescent Psychology*, 48 (2), 179-202. <https://doi.org/10.1080/15374416.2019.1567350>
- Sutherland, K. S., Conroy, M. A., McLeod, B. D., Kunemund, R., & McKnight, K. (2018). Common practice elements for improving social, emotional, and behavioral outcomes of young elementary school students. *Journal of Emotional and Behavioral Disorders*, 1-10. <https://doi.org/10.1177/1063426618784009>
- Swan, A. J., & Kendall, P. C. (2016). Fear and missing out: Youth anxiety and functional outcomes. *Clinical Psychology: Science and Practice*, 23, 417-435. <https://doi.org/10.1111/cpsp.12169>
- Weersing, V. R., Jeffreys, M., Do, M. C. T., Schwartz, K. T. G., & Bolano, C. (2016). Evidence-based update of psychosocial treatments for child and adolescent depression. *Journal of Clinical Child & Adolescent Psychology*, 00, 1-33. <https://doi.org/10.1080/15374416.2016.1220310>
- Weisz, J., Kuppens, S., Yi Ng, M., Eckshtain, D., Ugueto, A. M., Vaughn-Coaxum, R.,...Fordwood, S. R. (2017). What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. *American Psychologist*, 72(2), 79-117. <https://doi.org/10.1037/a0040360>
- Whiteside, S. P. H., Deacon, B. J., Benito, K., & Stewart, E. (2016). Factors associated with practitioners' use of exposure therapy for childhood anxiety disorders. *Journal of Anxiety Disorders*, 40, 29-36. <https://doi.org/10.1016/j.janxdis.2016.04.001>

Van der Gucht, K., Takano, K., Kuppens, P., & Raes, F. (2017). Potential moderations of the effects of a school-based mindfulness program on symptoms of depression in adolescents. *Mindfulness*, 8, 797-806. <https://doi.org/10.1007/s12671-016-0658-x>

Required assignments

All written assignments must be completed according to proper APA format.

1. Class participation and role plays (50 points)

Participation and Role Plays (30 points). Participation in class assignments, activities, discussion, and readings is critical for learning in this course. I expect that you will attend class having read all of the required readings. Students will take part in frequent role-play exercises during each Thursday class. Role-plays will occur in small groups. To be prepared for role-plays, students will be expected to review MATCH-ADTC practice guides prior to the class and reference them in class. Furthermore, students will also be expected to reflect upon the strategies in the MATCH-ADTC program, including what may be challenging for them and what may be particularly effective about the technique. The primary focus of the MATCH-ADTC program is on cognitive-behavioral and behavioral strategies. Consequently, because of this treatment focus, the strategies targeted in this class will address cognitions, mood/emotions, and behavior.

Final Role Play (20 Points). A final recorded role-play and accompanying self-critique will account for 20 points of your course grade. Each student will serve as a therapist conducting a 30-minute evidence-based therapy session with a “client” presenting with a semi-scripted problem and utilizing MATCH-ADTC evidence-based strategies. The client can either be another peer in the class or someone else. I encourage that you record it via Zoom, as it allows for ease of recording and takes into account safety considerations. This will also be a great opportunity for you to practice providing telehealth services. After the session, you will prepare a detailed critique of their own performance, with time-codes for specific strengths and weaknesses. Your critique can either be paragraph or bullet format, as long as you make sure to be thorough in your critique. *An example of what your self-critique MAY look like is posted on Moodle, but you are not required to follow this specific format.* The grade for this portion of the class will be based on both the skills shown during the 30-minute session and the thoughtfulness and accuracy of the student’s own commentaries on their performance.

2. Presentation (40 points)

For your in-class presentation, you will select an evidence-based intervention that **we do not discuss in the course**. A few rules: The treatment must be specified for a particular child/adolescent problem (e.g., diagnostic category like depression or bipolar disorder, problem like delinquency, attachment difficulties, or self-injurious behaviors, etc.). In your presentation, you should discuss the existing research on the protocol or technique, and your audience should come away from your presentation with a good understanding of how to do the treatment, as well as any critiques of the protocol/technique that you may have revealed or developed during your research.

Your selection must be approved by the course instructor on March 15, 2022. Please submit a paragraph description **by email in a Word document** of the treatment/practice(s) including a brief description of it and a brief overview of your initial literature/online search. Once you are “cleared,” the assignment involves several steps:

1. **Describe the treatment in detail** so that it is clear you understand what the approach involves. Ideally, you will be able to describe the “course” of treatment—that is, how treatment would “appear and feel” to a client/family. You should be able to answer the following questions:
 - a. What treatment strategies are involved?
 - b. How does the treatment address cognitive, affective (mood/emotions), and/or behavioral aspects of the disorder that it is designed to treat? Please address those that are relevant to this treatment.
 - c. Who is involved in the treatment?
 - d. How does the treatment begin?
 - e. How is it designed to conclude?
2. **Discuss the theoretical basis of the treatment**, including your understanding of the rationale for using the treatment for the population. Which theory (or theories) does the treatment draw on? Why does the treatment fit the problem area?
3. **Present the evidence base for the treatment**, providing a thorough examination of the available data about the treatment. The evidence base will include clinical studies that test the efficacy of the treatment. You may also want to review any basic research that would support the use of the approach. As an example, what studies suggest that the proposed treatment is relevant and effective for the problem area?
4. **Analyze/critique the evidence base**. Consider the study methods, including internal and external validity concerns, measurement issues, ethical concerns, and when needed, statistical analyses. A consideration of the evidence base with regard to diverse populations is also required.
5. **Identify one progress monitoring measure relevant to the treatment**. If the treatment is meant to improve ‘attachment relationships,’ for example, what is an observable, measurable indicator of progress in the treatment.
6. **Identify future directions for research** on the treatment approach. Is anything else needed to increase the evidence-base of this treatment? If the treatment is ‘risky,’ that would suggest that some children are helped by the treatment and some are not—what would be required to improve the treatment so that it is empirically based and ethical, if at all?

Plan for your presentation to **be 25 minutes** in length, including Questions/Answers. Part of your grade for this presentation will include time management.

3. Reaction Questions (10 points)

For two of the assigned readings (5 points per reading), you will be required to come up with one thoughtful question per reading that arose as a result of your completing the reading and guide an in-depth class discussion surrounding that question (up to 10 minutes). The expectation is that you do all readings for each class, and the reaction questions will also be used to facilitate in-class discussion. **The reaction question for each reading will be due before the start of class and must be submitted to the instructor by email prior to the day of class. Once approved by the instructor, the student will email their question to the rest of the class.**

Course grading

Grades are determined based on straight percentages and are as follows:

Percentage	Grade
94 – 100	A
90 – 93	A-
87 – 89	B+
84 – 86	B
80 – 83	B-
77 – 79	C+
74 – 76	C
70 – 73	C-
67 – 69	D+
64 – 66	D
60 – 63	D-
0 – 59	F

Course guidelines and policies

Student Conduct Code

Students entering the field of school psychology are held to a high standard of academic and professional honesty and integrity. The University of Montana Student Conduct Code (SCC) should be reviewed, especially in regards to plagiarism. It is the policy of the SPSY program that plagiarism will result in an “F” for the course in which the academic violation occurs, as well as grounds for consideration of dismissal from the program. ***Consequently, engaging in plagiarism is a serious matter that can have severe professional implications.*** The UM administration states: “All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University.” All students need to be familiar with the Student Conduct Code. *Please take care to acknowledge your sources, including the Internet, using APA Style.*

Attendance

Regular attendance and active engagement is required for all scheduled classes, as students are responsible for information covered in lectures, handouts, discussions, and activities.

Attendance is stressed because students will have opportunities to (a) improve their knowledge through discussions of critical topics and issues, (b) practice skills needed to engage in professional communication with colleagues, (c) obtain information from lectures and presentations, (d) participate in activities, and (e) submit required assignments.

Please inform me prior to class if a late arrival or early departure from class is absolutely necessary. In the case of illness or absence (including religious observances), please send me an email and make arrangements before missing the class. For extended absences due to medical issues, documentation should be provided. Absence for conferences is not automatically excused. You must be in good standing in the class and make arrangements for assignments before you leave.

Electronic Devices

All electronic devices other than computers must be turned off and put away before class. The use of computers during class to take notes or use electronic articles and PowerPoint presentations is allowed. However, students may not use any form of social media on their computer while in class or use computers for other personal reasons unrelated to the class content. I will speak to you if I feel your use of computers is interfering with your learning or is a distraction to other students. Inappropriate use of computers will result in a reduction in your participation grade in this course.

Respect for Diversity and Appropriate Language

I am committed to fostering a class environment in which all people will be treated and will be expected to treat others respectfully. People with disabilities or other elements of diversity are first and foremost individual people who should be treated with respect. Language used in assignments and class discussions should be respectful and professional at all times. Please use *“people first”* language in speaking and writing about people with disabilities or other elements of diversity. For example, please avoid phrases such as “the handicapped,” “LD kid,” “autistic child” or other statements that emphasize the disability or other elements of diversity first, rather than the individual. Pejorative terms and threatening or harassing language have no place in a respectful professional discussion or in your assignments.

Disability Modifications

The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and [Office for Disability Equity \(ODE\)](#). If you think you may have a disability adversely affecting your academic performance, and you have not already registered with ODE, please contact them in the Lommasson Center 154 or call 406.243.2243. I will work with you and ODE to provide an appropriate modification.

Covid-19 Considerations

I thank all students for following the recommendations or requirements of the University of Montana, as well as those of Missoula County Health Department. I ask that you not attend class if you are sick or experiencing symptoms of any illness. If you are experiencing minor symptoms of an illness or are required to quarantine by the Missoula County Health Department or Curry Health Center due to Covid-19 exposure and are still able to be present for class, I am more than happy to set up a Zoom link for you to attend class remotely.

If you would like to meet with me, I am happy to meet either in person or via Zoom. If we meet in person, I kindly request that you wear a mask while in my office, since it is a small space that makes it harder to physical distance. If you rather not wear a mask or rather not meet in person, I am happy to meet with you via Zoom.

Please also see the following bullet points for information provided by the University of Montana Administration, Legal Counsel, and the Covid-19 Response Team.

- Mask use is required within the classroom or laboratory.
- If you feel sick and/or are exhibiting COVID-19 symptoms, please don't come to class and contact the Curry Health Center at (406) 243-4330.
- UM recommends students get the COVID-19 vaccine. Please direct your questions or concerns about vaccines to Curry Health Center.
- Where social distancing (maintaining consistent 6 feet between individuals) is not possible, specific seating arrangements will be used to support contact tracing efforts.
- Class attendance and seating will be recorded to support contact tracing efforts.
- Drinking liquids and eating food is discouraged within the classroom.
- Mask use is required in shared vehicles when traveling to field sites as part of class/fieldwork.
- Up-to-Date COVID-19 Information from the University of Montana: [Covid Operations Plan](#)
- If a student requires a COVID-related accommodation in order to safely attend class, they should contact the [Office of Disability Equity](#) (ODE) (formerly Disability Services for Students). ODE will work with the student and their advisor on a case-by-case basis.

Assignment expectations

Students are expected to submit assignments at or before the assigned due date (no later than the end of class). Prior notification is required for excused or late assignments. Unexcused assignments submitted after the due date will be penalized by a reduction of **two points per calendar day** late. It is the student's responsibility to ask questions when information required in the assignments or discussed in class is unclear. There will be no make-up or extra-credit assignments.

The instructor reserves the right to modify or substitute coursework, including readings and assignments, during the course to enhance learning. These changes will not result in a substantially increased workload or decreased opportunities to earn points, but will instead likely benefit students.

Course Schedule

The course schedule is subject to minor adjustments, as determined by the instructor.

Week	Date	Topics	Required Readings	Assignment Due/Question
1	January 18	Introductions and Course Syllabus Review Presentation and Question Dates and Assign Role Play Scenarios	None	
	January 20	Becoming an Evidence-Based Therapist <i>What does it mean to be evidence-based? Practice Element Model</i>	Weisz et al. (2017) Kazdin (2008)*	Christine
2	January 25	Becoming an Evidence-Based Therapist <i>Cognitive-Behavioral Model Basics and Case Conceptualization, Treatment Non-Specifics</i>	Evans et al. (2020)* Chorpita & Daleiden (2009)	Emily
	January 27	Becoming an Evidence-Based Therapist <i>Embracing Diversity</i>	Pina et al. (2019)	Nicholas
3	February 1	Disruptive Behavior 1: Foundation <i>Engaging Parents, Psychoeducation (caregiver), learning about behavior</i>	McCart & Sheidow (2016)	Sarah
	February 3	Disruptive Behavior 1: Practice <i>Engaging Parents, Psychoeducation (caregiver), learning about behavior</i>	Review Conduct MATCH Strategies: Engaging Parents, Learning about Behavior	
4	February 8	Disruptive Behavior 2: Foundation <i>Attending, Praise, Active Ignoring, Effective Instructions</i>	Caldarella et al. (2015)	Taylor
	February 10	Disruptive Behavior 2: Practice <i>Attending, Praise, Active Ignoring, Effective Instructions</i>	Review Conduct MATCH Strategies: One-on-One time, Praise, Active Ignoring, Instructions	
5	February 15	NASP Convention- No Class	None	
	February 17	NASP Convention- No Class	None	
6	February 22	Disruptive Behavior 3: Foundation <i>Rewards, Response Cost, Time Out</i>	Sutherland et al. (2018)	Brad
	February 24	Disruptive Behavior 3: Practice <i>Rewards, Response Cost, Time Out</i>	Review Conduct MATCH Strategies: Rewards, Time Out, & Daily Report Card	
7	March 1	Anxiety 1: Foundation	Swan & Kendall (2016)	Charlotte

Week	Date	Topics	Required Readings	Assignment Due/Question
		<i>Self-Monitoring, Monitoring, Psychoeducation (child & caregiver), Cognitive/Affective/Behavior for anxiety</i>		
	March 3	Anxiety 1: Practice <i>Self-Monitoring, Monitoring, Psychoeducation (child & caregiver), Cognitive for anxiety</i>	Review Anxiety MATCH Strategies: Getting Acquainted, Fear Ladder, and Learning about Anxiety (Child AND Parent)	
8	March 8	Anxiety 2: Foundation <i>Exposure</i>	Gola, Beidas, Antinoro-Burke, Kratz, & Fingerhut (2016)* Whiteside, Deacon, Benito, & Stewart (2016)	Edgar
	March 10	Anxiety 2: Practice <i>Exposure</i>	Review Anxiety MATCH Strategies: Practicing, Maintenance, & Wrap Up	
9	March 15	Traumatic Stress 1: Foundation <i>Personal Safety Skills</i>	Cohen & Mannarino (2015)	Christine Presentation Topic Due
	March 17	Traumatic Stress 1: Practice <i>Personal Safety Skills</i>	Review Traumatic Stress MATCH Strategies: Safety Planning & Learning to Relax	
10	March 22	Spring Break- No Class	None	
	March 24	Spring Break- No Class	None	
11	March 29	Traumatic Stress 2: Foundation <i>Trauma Narrative</i>	Deblinger et al. (2011) Hoover et al. (2018)	Emily Nicholas
	March 31	Traumatic Stress 2: Practice <i>Trauma Narrative</i>	Review Traumatic Stress MATCH Strategies: Trauma Narrative	
12	April 5	Depression 1: Foundation <i>Cognitive/Affective/Behavior for Depression, Psychoeducation (child & caregiver), self-monitoring, monitoring</i>	Jones et al. (2018)	Sarah
	April 7	Depression 1: Practice <i>Psychoeducation (child & caregiver), self-monitoring, monitoring</i>	Review Depression MATCH Strategies: Getting Acquainted, Learning about Depression (Child AND Parent)	

Week	Date	Topics	Required Readings	Assignment Due/Question
13	April 12	Depression 2: Foundation <i>Problem Solving, Activity Selection, Relaxation, Quick Calming</i>	McCauley et al. (2016)* Van der Gucht et al. (2017)*	Taylor Brad
	April 14	Depression 2: Practice <i>Problem Solving, Activity Selection, Relaxation, Quick Calming</i>	Review Depression MATCH Strategies: Problem Solving, Activity Selection, Learning to Relax, Quick Calming.	FINAL ROLE PLAYS DUE
14	April 19	Depression 3: Foundation <i>Cognitive, Maintenance</i>	Duong et al. (2016)* Weersing, Jeffreys, Do, Schwartz, & Bolano (2016)*	Charlotte Edgar
	April 21	Depression 3: Practice <i>Cognitive, Maintenance</i>	Review Depression MATCH Strategies: Cognitive BLUE & TLC, Plans for Coping, Presenting a Positive Self & Wrap Up	
15	April 26	Student Presentations (2)	None	
	April 28	Student Presentations (2)	None	
16	May 3	Student Presentations (2)	None	
	May 5	Student Presentations (2)	None	
17	May 10	Finals Week- No Class	None	None
	May 12	Finals Week- No Class	None	None

*Denotes reaction question reading for each class.