

Spring 2-1-2017

## PSYX 535.01: Child Interventions

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**PSYX 535: Child Interventions  
Spring 2017**

**Course location and time**

Skaggs 336  
Tuesday and Thursday 8:00 am – 9:20 am

**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)

**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 a particular 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. The focus of the course will be primarily applied and practical, although we will also focus on scientific issues.

**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. Become familiar with evidence-based and best practice approaches to child/adolescent treatment.
3. Develop skills in identifying and delivering evidence-based treatments and practices for specific problems.
4. Identify progress monitoring measures to use in conjunction with evidence-based treatments.
5. Increase their ability to effectively analyze/critique the evidence-based surrounding a variety of interventions and be aware of their theoretical basis.
6. Increase their comfort in delivering evidence-based treatments in the form of role-plays in front of their peers and being able to self-reflect upon their own performance.
7. Increase their awareness of diversity issues that must be taken into account and understood when providing services to children and families.

**Readings and Materials**

You are required to sign up for [PracticeWise](#), which is a state-of-the-art intervention system. It is expected that you will gain introductory competence in treatment skills and best practices for a variety of child and adolescent diagnoses and behavior. This will be the only expense for this course.

The following readings will be provided to you in PDF format through Moodle. There may be additional readings assigned during the semester, but you will be provided with them in advance.

### **Week 1**

Chorpita, B. F., Daleiden, E., & Weisz, J. R. (2005). Identifying and selecting the common elements of evidence based interventions: A distillation and matching model. *Mental Health Services Research, 7*, 5-20.

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.

### **Week 2**

Weisz, J., Chorpita, B., Palinkas, L., Schoenwald, S., Miranda, J., Bearman, S.K., Daleiden, E., Ugueto A., Martin, J., Gray, J., Alleyne, A., Langer, D., Southam-Gerow, M., Gibbons, R., & the Research Network on Youth Mental Health (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial. *Archives of General Psychiatry, 69*, 274-282.

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.

Jackson, K., & Hodge, D. (2010). Native American youth and culturally sensitive interventions: A systematic review. *Research on Social Work Practice, 20*, 260-270.

Lau, A. S. (2006). Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent treatment. *Clinical Psychology: Science and Practice, 13*, 295-310.

### **Week 3**

Swan, A. J., & Kendall, P. C. (2016). Fear and missing out: Youth anxiety and functional outcomes. *Clinical Psychology: Science and Practice, 23*, 417-435.

### **Week 4**

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.

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.

## **Week 6**

Cohen, J. A., & Mannarino, A. P. (2008). Trauma-Focused Cognitive Behavioral Therapy for children and parents. *Child and Adolescent Mental Health, 13*, 158-162.

Springer, C., & Misurell, J. R. (2012). Game-based Cognitive-Behavioral Therapy individual module for child sexual abuse. *International Journal of Play Therapy, 21*, 188-201.

## **Week 7**

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.

Morsette, A., Swaney, G., Stolle, D., Schuldberg, D., van den Pol, R., & Young, M. (2009). Cognitive Behavioral Intervention for Trauma in Schools [CBITS]: School-based treatment on a rural American Indian reservation. *Journal of Behavior Therapy and Experimental Psychiatry, 40*, 169-178.

## **Week 8**

Ong, S. H., & Caron, A. (2008). Family-based psychoeducation for children and adolescents with mood disorders. *Journal of Child and Family Studies, 17*, 809-822.

## **Week 10**

McCauley, E., Schloredt, K., Gudmundsen, G., & Martell, C. (2011). Expanding behavioral activation to depressed adolescents: Lessons learned in treatment development. *Cognitive and Behavioral Practice, 18*, 371-383.

Raes, F., Griffith, J. W., Van der Gucht, K., & Williams, J. M. G. (2014). School-based prevention and reduction of depression in adolescents: A cluster randomized controlled trial of a mindfulness group program. *Mindfulness, 5*, 477-486.

## **Week 11**

Shirk, S. R., Kaplinski, H., Gudmundsen, G. (2009). School-based Cognitive-Behavioral Therapy for adolescent depression. *Journal of Emotional and Behavioral Disorders, 17*, 106-117.

Weersing, V. R., Jeffreys, M., Do, M. C. T., Schwartz, K. T. G., & Bolano, C. (2016). Evidence base update of psychosocial treatments for child and adolescent depression. *Journal of Clinical Child & Adolescent Psychology, 00*, 1-33.

## **Week 12**

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.

Nix, R. L., Bierman, K. L., McMahon, R. J., & The Conduct Problems Prevention Research Group. (2009). How attendance and quality of participation affect treatment response to parent management training. *Journal of Consulting and Clinical Psychology, 77*, 429-438.

### **Week 13**

Wheatly, R. K., West, R. P., Charlton, C. T., Sanders, R. B., Smith, T. G., & Taylor, M. J. (2009). Improving behavior through differential reinforcement: A praise note system for elementary school students. *Education and Treatment of Children, 32*, 551-571.

### **Other Recommended Resources**

Chorpita, B. F. (2007). *Modular Cognitive-Behavioral Therapy for Childhood Anxiety Disorders*. New York, NY: Guilford Press.

Chorpita, B.F., & Weisz, J. (2009). *Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems*. Satellite Beach, FL: PracticeWise, LLC.  
**[Available online through your PracticeWise subscription]**

Barkley, R. (2013). *Defiant Children, Third Edition: A Clinician's Manual for Assessment and Parent Training*. New York, NY: Guilford Press.

Kendall, P., & Hedtke, K. (2006). *Coping Cat Workbook, Second Edition*. Philadelphia, PA: Child Therapy Workbooks.

### **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 come to class having read all of the required readings. Students will take part in frequent role-play exercises during each Thursday class, for which the therapist and client will be selected by the instructor. Role-plays will occur either in small groups and/or a single dyad will perform in front of the class. To be prepared for role-plays, students will be expected to review practice guides prior to the class and reference them in class. Furthermore, students will also be *required to reflect upon the strategies* in the practice guides, *including what may be challenging for them and what may be particularly effective about the technique*.

**Final Role Play.** A final video-taped role-play and accompanying self-critique will account for **20 points** of your course grade. Each student will serve as a therapist conducting an evidence-based therapy session with a “client” presenting with a semi-scripted problem. After the session, participants will prepare a detailed critique of their own performance, with time-codes for specific strengths and weaknesses. The grade for this portion of the class will be based on both the skills shown during session (30 minute

session) and the thoughtfulness and accuracy of participants' own commentaries on their performances.

## 2. Presentation (40 points)

For your in-class presentation, you will select a treatment approach that we do not discuss in the course, usually one with a more limited (or even no) evidence base. 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.). The treatment could be one that appears promising from early research; however, you may also choose a treatment that is well-known and not well-studied. 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 by **FEBRUARY 28, 2017**. 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/media 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 to the extent that this information is available (keep in mind that you may need to contact authors directly in a professional way):
  - a. What treatment strategies are involved?
  - b. Who is involved in the treatment?
  - c. How does the treatment begin?
  - d. 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, are there studies suggesting 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 warranted.

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. What would it take to take the treatment to the next level? Should the treatment be taken to the next level (i.e., if a 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 **15 minutes** in length, allowing for **5 minutes** for Questions/Answers, for a **total of 20 minutes**. 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 that arose as a result of your completing the reading and guide an in-depth class discussion surrounding that question (approximately 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. Though much of the class is practically oriented, understanding the history, empirical research, and causal mechanisms underlying specific treatment approaches or modalities is critical to effectively execute treatment techniques and be able to provide rationales for their use. **Reaction questions will be due by the start of class and must be submitted by email.** **Make sure you have your questions on hand as well to reference it when initiating and guiding the discussion.**

### 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. 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 must be provided. Failure to do so may result in penalty. 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 [Disability Services for Students](#). If you think you may have a disability adversely affecting your academic performance, and you have not already registered with Disability Services, please contact Disability Services in Lommasson Center 154 or call 406.243.2243. I will work with you and Disability Services to provide an appropriate modification.

### **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 ***five 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 24	Introductions and Course Syllabus Assign Presentation Dates Navigating PracticeWise		
	January 26	<b>Becoming an Evidence-Based Therapist</b> <i>What does it mean to be evidence-based?</i> <i>CBT Basics and Practice Element Model</i>	Chorpita, Daleiden, & Weisz (2005)  Kazdin (2008)	Miki  Hannah
2	January 31	<b>Becoming an Evidence-Based Therapist</b> <i>Cognitive-Behavioral Case Conceptualization, and Treatment Non-Specifics</i>	Weisz et al. (2012)  Chorpita & Daleiden (2009)	Sydnee  Danielle
	February 2	<b>Becoming an Evidence-Based Therapist</b> <i>Embracing Diversity</i>	Jackson & Hodge (2010)  Lau (2006)	Olivia  Eliza
3	February 7	<b>Anxiety 1: Foundation</b> <i>Self-Monitoring, Monitoring, Psychoeducation (child &amp; caregiver), cognitive for anxiety</i>	Swan & Kendall (2016)	Tiffany
	February 9	<b>Anxiety 1: Practice</b> <i>Self-Monitoring, Monitoring, Psychoeducation (child &amp; caregiver), Cognitive for anxiety</i>	<b>Review Anxiety MATCH Strategies:</b> Getting Acquainted, Fear Ladder, and Learning about Anxiety (Child AND Parent)	
4	February 14	<b>Anxiety 2: Foundation</b> <i>Exposure</i>	Gola, Beidas, Antinoro-Burke, Kratz, & Fingerhut (2016)  Whiteside, Deacon, Benito, & Stewart (2016)	Jessica  Kristen
	February 16	<b>Anxiety 2: Practice</b> <i>Exposure</i>	<b>Review Anxiety MATCH Strategies:</b> Practicing, Maintenance, & Wrap Up	
5	February 21	<b>No Class- NASP Convention</b>		
	February 23	<b>No Class- NASP Convention</b>		
6	February 28	<b>Traumatic Stress 1: Foundation</b> <i>Personal Safety Skills</i>	Cohen & Mannarino (2008)  Springer & Misurell (2012)	Veronica  Ennis <b>Presentation Topic Due</b>
	March 2	<b>Traumatic Stress 1: Practice</b> <i>Personal Safety Skills</i>	<b>Review Traumatic Stress MATCH Strategies:</b> Safety Planning & Learning to Relax	

Week	Date	Topics	Required Readings	Assignment Due/Question
7	March 7	<b>Traumatic Stress 2: Foundation</b> <i>Trauma Narrative</i>	Deblinger et al. (2011)  Morsette et al. (2009)	Miki  Hannah
	March 9	<b>Traumatic Stress 2: Practice</b> <i>Trauma Narrative</i>	<b>Review Traumatic Stress MATCH</b> <b>Strategies:</b> Trauma Narrative	
8	March 14	<b>Depression 1: Foundation</b> <i>Psychoeducation (child &amp; caregiver), self-monitoring, monitoring</i>	Ong & Caron (2008)	Sydnee
	March 16	<b>Depression 1: Practice</b> <i>Psychoeducation (child &amp; caregiver), self-monitoring, monitoring</i>	<b>Review Depression MATCH</b> <b>Strategies:</b> Getting Acquainted, Learning about Depression (Child AND Parent)	
9	March 21	<b>No Class- Spring Break</b>		
	March 23	<b>No Class- Spring Break</b>		
10	March 28	<b>Depression 2: Foundation</b> <i>Problem Solving, Activity Selection, Relaxation, Quick Calming</i>	McCauley, Schloredt, Gudmundsen, & Martell (2011)  Raes, Griffith, Van der Gucht, & Williams (2014)	Danielle  Olivia
	March 30	<b>Depression 2: Practice</b> <i>Problem Solving, Activity Selection, Relaxation, Quick Calming</i>	<b>Review Depression MATCH</b> <b>Strategies:</b> Problem Solving, Activity Selection, Learning to Relax, Quick Calming, & Presenting a Positive Self.	
11	April 4	<b>Depression 3: Foundation</b> <i>Cognitive, Maintenance</i>	Shirk, Kaplinski, & Gudmundsen (2009)  Weersing, Jeffreys, Do, Schwartz, & Bolano (2016)	Eliza  Tiffany
	April 6	<b>Depression 3: Practice</b> <i>Cognitive, Maintenance</i>	<b>Review Depression MATCH</b> <b>Strategies:</b> Cognitive BLUE & TLC, Plans for Coping & Wrap Up	
12	April 11	<b>Disruptive Behavior 1: Foundation</b> <i>Engaging Parents, Psychoeducation (caregiver), learning about behavior</i>	McCart & Sheidow (2016)- <i>Two students for Discussion Questions</i>  Nix, Bierman, McMahon, & The Conduct Problems Prevention Research Group (2009)	Jessica & Kristen  Veronica
	April 13	<b>Disruptive Behavior 1: Practice</b> <i>Engaging Parents, Psychoeducation (caregiver), learning about behavior</i>	<b>Review Conduct MATCH Strategies:</b> Engaging Parents, Learning about Behavior	

Week	Date	Topics	Required Readings	Assignment Due/Question
13	April 18	<b>Disruptive Behavior 2: Foundation</b> <i>Attending, Praise, Active Ignoring, Effective Instructions</i>	Wheatley, West, Charlton, Sanders, Smith, & Taylor (2009)	Ennis
	April 20	<b>Disruptive Behavior 2: Practice</b> <i>Attending, Praise, Active Ignoring, Effective Instructions</i>	<b>Review Conduct MATCH Strategies:</b> One-on-One time, Praise, Active Ignoring, Instructions	
14	April 25	<b>Disruptive Behavior 3: Foundation &amp; Practice</b> <i>Rewards, Response Cost, Time Out</i>	<b>Review Conduct MATCH Strategies:</b> Rewards, Time Out, & Daily Report Card	<b>Final Role Plays DUE</b>
	April 27	Student Presentations (4) -Miki -Olivia -Ennis -Tiffany	None	
15	May 2	Student Presentations (4) -Sydnee -Danielle -Kristen -Eliza	None	
	May 4	Student Presentations (3) and Evaluations -Jessica -Hannah -Veronica	None	
16	May 9	<b>No Class- Final Exams</b>		
	May 11	<b>No Class- Final Exams</b>		