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PSYX 535.01: Child Interventions

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PSYX 535: Child Interventions

Spring 2018

Course location and time

Skaggs 303

Tuesday and Thursday 11:00 am – 12:20 pm

Instructor information

Instructor: Paul Silverman, Ph.D.

Office: Skaggs 336

Email: paul.silverman@umontana.edu

Office hours: By appointment (send me an email to set up)

Phone: (406) 240-1173

Course description

This course provides an intensive introduction to empirically supported psychological practices, treatment planning, and treatment components for a variety of problems that children, adolescents and families experience in clinical settings. Emphasis will be given to the importance of the therapist-client relationship and common factors associated with non-directive play. In my view, this serves as the “bedrock” upon which specific techniques such as cognitive-behavioral and behavioral approaches are built. 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 and ethical issues.

There is a useful metaphor for learning to do psychotherapy. Think of it as becoming a musician. First one learns to read and play music, note for note. This is like learning the theories and “techniques” of psychotherapy at an intellectual way. But an accomplished musician also develops a unique “voice” or style. In psychotherapy, this means going beyond the acquired techniques to develop your own therapeutic voice. In this class you will learn about techniques and perhaps actually acquire some. You may begin to develop your voice, but doing so is a continuous process that requires exposure to different supervisors and clients and taking (and modifying) what fits your own style. It is this style that includes those important “common factors.”

Another helpful metaphor is one that applies to the actual process of building therapy skills. If you want to learn to ride a bike, you can read about bicycling, but you must get on the bike to acquire and practice the skills. In this class we will read about child and adolescent psychotherapy but you will also “get on the bike” and practice engaging in a child-centered relationship and using the skills that build this. To learn this you will need to video yourself spending an hour with a child, twice during the semester, in the

playroom of the Clinical Psychology Center (it need not be the same child). You may have access to a child who can participate. However, if you cannot secure a child, get in touch with me soon and we will find one.

My own orientation is likely to influence what I teach and it is important for you to know something about my beliefs and style: Parents and broader environments are especially important in effecting change in children (and therefore should be part of treatment); Children's social, emotional and cognitive developmental processes should influence therapy; The emotional attachments of children (to caregivers) and their relationships (to others, including the therapist) are particularly important in change; Treatment approaches (e.g., play, cognitive-behavioral, dynamic, attachment-based, parent-training, etc.) need to be tailored to the child's (and/or family) problems and characteristics (a corollary of this- Cognitive-behavioral techniques are valuable tools, but not always sufficient); Conceptualization drives therapy (and therapy is a process of conceptualization, assessment of progress or lack of it, and re-conceptualization). Generally I approach therapy issues in a combination of psychodynamic, relationship, and developmental context. All of these incorporate a therapist attitude of "benevolent curiosity." I develop therapeutic goals and associated strategies for the children and families I work with, and implement interventions by structuring therapy but also by using opportunities that spontaneously occur during treatment. I would characterize my style as playful and caring.

The format for this course is discussion and presentations. All students and I will take turns being responsible for summarizing readings and leading discussions of issues raised. In addition, each student will (1) learn to engage in non-directive play with a child and present at least two video excerpts for class discussion, (2) learn a specific therapeutic technique by familiarizing oneself with a therapy manual or guide and present this to the class, (3) write a paper describing and analyzing the same therapeutic technique, and (4) complete a take-home final that will include essays on material covered in class as well as a therapy plan for a child or adolescent. videotape presentation will count the remaining 20%.

Required Readings and Materials (Apart from the two textbooks, all other material is available on the class website.)

Landreth, G.L. (2012). *Play Therapy: The Art of the Relationship, Third Edition*. New York, NY, US: Routledge.

Shapiro, J.P. (2015). *Child and Adolescent Therapy, Second Edition*. Hoboken, NJ: John Wiley & Sons. There is a website containing a variety of forms mentioned in the Shapiro textbook:

<http://bcs.wiley.com/he-bcs/Books?action=resource&bcsId=9775&itemId=1118722116&resourceId=39025&chapterId=111886>.

Becker-Weidman, A. & Hughes, D. (2008). Dyadic developmental psychotherapy: an evidence-based treatment for children with complex trauma and disorders of attachment. *Child and Family Social Work, 13*, 329-337.

Koocher, G. (2008). Ethical challenges in mental health services to children and families. *Journal of Clinical Psychology: In Session, 64*, 601-612.

Laska, K.M., Gurman, A.S., & Wampold, B.E. (2014). Expanding the lens of evidence-based practice in psychotherapy: a common factors perspective. *Psychotherapy, 51*, 467-481.

Weisz, J.R., Kuppens, S., Ng, M.Y., Eckshtain, D., Ugueto, A.M., Vaughn-Coaxum, R., Jensen-Doss, A., Hawley, K.M., Krumholz-Marchette, L.S., Chu, B.C., Weersing, V.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*, 79-117.

Website Course Activities Materials

Silverman, P. (2015). *Assorted Notes on Interpreting Parent-Child Interactions: What to Look For!*

Silverman, P. (2016). *Empirically Supported Non-specific factors in psychotherapy effectiveness.*

Silverman, P. (2017). *Empirically Supported Child and Adolescent Interventions.*

Silverman, P. (2017). *Information about psychotherapy and psychological evaluations and agreement to conditions of psychotherapy and evaluations.*

Silverman, P. (2017). *Parent video consent and Child video assent.*

Silverman, P. (2016). *Reflective Listening with Children.*

Silverman, P. (2015). *Reflective Listening with Adolescents.*

Optional Readings

Jensen, S.A., Biesen, J.N. &Graham, E.R. (2017). A meta-analytic review of play therapy with emphasis on outcome measures. *Professional Psychology Research and Practice, 48*, 390-400.

Weisz, J.R., Kuppens, S., Ugueto, A.M., Hawley, K.M., & Jensen-Doss, A. (2013). Performance of evidence-based youth psychotherapies compared with usual clinical care. *JAMA Psychiatry, 70*, 750-761.)

Course Objectives

Throughout this course, students will:

1. Acquire knowledge and skills necessary for therapist-client relationship building through the application of non-directive therapy techniques.
2. Become familiar with and develop skills for specific evidence-based approaches to child and adolescent treatment.
3. Increase ability to effectively analyze/critique evidence-based practices regarding a variety of interventions and be aware of their theoretical basis.

4. Increase awareness of diversity issues that must be taken into account and understood when providing services to children and families.

Course Activities

Class presentations, described below, will be scheduled and identified on an updated version of the Class Schedule using your initials.

- (1) **Child-centered play practice, parent-child interaction assessment, and class video presentations:** During the semester you will need to have five one-hour play sessions with a child (who is not a client) at the Clinical Psychology Center and video record each session. You also are asked to record a 20-minute parent-child interaction session. If you do not have access to a parent and child, I will assist you. On the class website you will find a “**Nondirective Play Participant Information and Informed Consent**” form that you will need to use. This document also includes a “**Child Participant Assent Form.**” There also is a handout on “**Reflective listening with Children**” that we will discuss as you acquire this skill set. You also will find a “**Parent-Child Interaction Video Participant Information and Informed Consent**” form as well as a “**Parent-Child Interaction Assessment Options**” guide and an “**Interpreting Parent-Child Interactions**” handout. Following each play session, you will need to schedule a meeting with me for about an hour for supervision. You also should do this for the parent-child interaction video. During class meetings you will be asked to present segments of one or two child-centered play video recordings for a discussion of about 20 minutes. You can choose a random place in the video recording or select one that targets something that you want to discuss (about five minutes). Class members and I will then share our reactions. In your presentation you should reflect on the technique: what was challenging, what seemed to work, and what might have been useful (or not) had this actually been a therapy session. You also will present a portion of the parent-child interaction assessment in class and draw conclusions about characteristics of the interaction. “**Interaction Interpretation Samples**” are available to you on the website. Class members will discuss the video and your conclusions. As a classmate responding to someone else’s presentation, you should provide constructive feedback.
- (2) **Psychotherapy intervention Presentation:** You are also expected to become familiar with a specific empirically supported child psychotherapy intervention. These often are available as published manuals or guides. On the class website you will find a document called “**Empirically Supported Child and Adolescent Interventions.**” You should choose one of these and acquire the materials you need to thoroughly familiarize yourself with the concrete practices associated with the technique. You will be asked to present the therapy approach to the class (about 45 minutes). Recognizing that learning a new technique well often

involves being mentored or attending a workshop (and that you have not done so), there should be two parts to your presentation:

- a. **A brief overview of the intervention:** Describe what theoretical approaches are incorporated and a thorough overview of the protocol or techniques.
- b. **A concrete description of a portion of the therapy as it is actually applied:** This might involve engaging in a role play (you are the therapist), creating and showing a role-play video, or finding and showing a video of a professional applying the technique. If you do a live role play, you will need to include sufficient information that allows another student (or me) to adopt the appropriate child role. Class members should come away from your presentation with a good understanding of how to do the treatment, as well as any critiques that you have of the protocol/technique. This presentation should be accompanied by a handout summarizing or highlighting the approach, along with references to sources. You may use a Powerpoint presentation, but this is not required. You should distribute a hand-out that summarizes your presentation. Be sure to include your name, the date, and the name of the intervention, and the sources that you used. Your selection must be submitted to me via email by February 25. Please submit a paragraph description of the intervention that includes a brief description of it and identify the key source (e.g., manual or guide) that you intend to use. You will need my approval before you actually commit to presenting the intervention

Before you commit to a particular Intervention, please submit a brief proposal, by February 13, in which you identify the intervention and the source materials that you will use. If more than one student selects the same intervention, a coin toss will determine which student is assigned that intervention.

(3) **Intervention Paper** (due May 3): This describes the intervention that you present in class and includes the following:

- a. **Describe the treatment in detail** so that it is clear you understand what the approach involves. Identify the targeted diagnoses or issues. Describe the “course” of treatment—that is, how treatment would “appear and feel” to a client/family. Describe the treatment strategies involved, who is involved in the treatment, how the treatment begins, and how it is intended to conclude.
- b. **Discuss the theoretical basis of the treatment**, including your understanding of the rationale for using the treatment for the population. Identify the theory or theories the treatment draws on.

- c. **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(s)?
 - d. **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.
 - e. **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.
 - f. **Identify future directions for research** on the treatment approach. What would it take to move 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?) While there is no specific number of pages required, it is reasonable to expect that your paper would be between 10 and 20 pages in length.
- (4) **Discussion leader**: You will guide class discussions of two to three chapters from Landreth and/or Shapiro. You will be graded based on your performance as a discussion leader for readings. To guide discussion, identify 3 to 5 points of interest or questions for discussion, present them, and encourage class discussion. Your discussion points should be written and distributed to all class members. Be sure to include your name, the date, and the book and chapter that is being covered. When you come to class, be prepared to actually discuss, answer, or give an opinion about each issue or question that you have listed. There are a variety of techniques to do encourage class discussion. In addition to writing the points of interests you might (1) prepare class members by asking them via email, a day or two before your presentation, to focus on particular issues for discussion as they read the material; (3) you could ask class members to bring at least one of their own questions or comments to class; (4) if time permits, you might do a demonstration or show a video to provoke discussion.

- (5) **Final exam:** This will be an open-book take-home exam with two parts: (a) several discussion questions from which you select a subset. The purpose of this is to demonstrate your understanding of the readings and to synthesize them. Your answers should include references, and cite the page numbers. (b) several case studies (from which you choose one) that describe a child or adolescent referral. Based on this information you will develop an intervention plan to address the presenting (problem(s)). This should include a case conceptualization, a description of the treatment approach, an explanation of its relevance to the client, an illustration of how the treatment would be implemented during a multiple-session course of treatment, and anticipation of likely obstacles to implementation, and an account of how you would counteract these difficulties. You may not collaborate with anyone on this. You will have 15 days to complete and return the exam. Questions will be distributed on April 26 and answers are due on the last day of class (“final exam” day), May 10, when class begins at 8:00 am.

Course Grades

Grades will be based on the following criteria:

Child-centered play mastery and video presentations: Mastery of the technique, clarity and exchanges during your class presentation. (10%)

Parent-child interaction interpretation mastery and video presentations: Mastery of the technique, clarity and exchanges during your class presentation. (10%)

Intervention approach presentation: Understanding and mastery of elements of the technique, effectiveness of presentation, effectiveness of class member engagement, clarity and exchanges during your class presentation, and quality of your hand out. (20%)

Intervention approach paper: Understanding and mastery of elements of the technique, APA style, organization. (20%)

Discussion Leader: Organization, effectiveness, clarity, engaging others in intellectual exchange about written discussion points. (15%)

Final Exam: General writing style (Need not be APA style), content, citation of appropriate readings, evidence that you have read and understood class materials, quality of therapy plan. (20%)

Class Participation: Your class attendance, active participation in discussions, and insights. (5%)

Grades are determined based on percentages and are as follows: A (90-100%), B (80-89%), C (70-79%), D (60-69%), F (0-59%).

Course Schedule

Jan. 23 General Factors and the Therapist-Client Relationship; Efficacy

Weisz, J.R., Kuppens, S., Ng, M.Y., Eckshtain, D., Ugueto, A.M., Vaughn-Coaxum, R., Jensen-Doss, A., Hawley, K.M., Krumholz-Marchette, L.S., Chu, B.C., Weersing, V.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*, 79-117.

Laska, K.M., Gurman, A.S., & Wampold, B.E. (2014). Expanding the lens of evidence-based practice in psychotherapy: a common factors perspective. *Psychotherapy, 51*, 467-481.

Silverman, P. (2016). *Empirically Supported Non-specific factors in psychotherapy effectiveness.*

Jan. 25 Shapiro- Chpt 1: Therapy Fundamentals; nondirective play therapy role play

Silverman, P. (2016). *Reflective Listening with Children.*

Jan. 30 Landreth 17- **Research in Play Therapy**

Jensen, S.A., Biesen, J.N. &Graham, E.R. (2017). A meta-analytic review of play therapy with emphasis on outcome measures. *Professional Psychology Research and Practice, 48*, 390-400.

Feb. 1 Landreth 2,3,4: The Meaning of Play: History and Development of Play Therapy; A View of Children

Feb. 6 Landreth-5, Child-Centered Play Therapy

Feb. 8 Landreth-6 The Play Therapist

Feb. 13 Landreth 7,8 Parents as Partners in Play Therapy; The Playroom and Materials

Play video 1a

Turn in your intervention presentation proposal

Feb. 15 Landreth 9, Beginning the Relationship: The Child's Time

Play video 2a

Feb. 20 Landreth-10 Characteristics of Facilitative Responses

Play video 3a

Feb. 22 Landreth 11. Therapeutic Limit Setting
Play video 4a

Feb. 27 Landreth 12,13 Typical Problems in Play Therapy and What to do if... ; Issues in Play Therapy
Play video 5a

March 1 Landreth 14 Children in Play Therapy
Play video 6a; pci video

March 6 Landreth 15,16 Deterining Therapeutic Process and Termination; Intensive and Short-Term Play Therapy
Play video 7a; pci video

March 13 Readings Interviewing parents and children; Doing a parent-child interaction observation and interpretation
Play video 8a; pci video

March 15 Shapiro 2 Behavior Therapy
Intervention 1

March 20 Shapiro 4 Mindfulness-Based Cognitive-Behavioral Therapies
Intervention 2

March 22 Shapiro 5 Psychodynamic Therapy
Intervention 3

March 27 Spring Break

March 29 Spring Break

April 3 Shapiro 6 Constructivism: Solution-Focused and Narrative Therapy
Intervention 4

April 5 Shapiro 7 Family Systems Therapy
Intervention 5

April 10 Shapiro 8 Atheoretical and Transtheoretical Techniques
Intervention 6

**April 12 Shapiro 9 Cultural Factors in Therapy
Intervention 7**

**April 17 Shapiro 10 Disruptive Behavior in Children
Intervention 8**

**April 19 Shapiro 11 Disruptive Behavior in Adolescents
Play video 1b; pci video**

**April 24 Shapiro 12 Aggression and Violence
Play video 2b; pci video**

**April 26 Shapiro 13 Anxiety
Play video 3b; pci video
Final Exam Distributed**

**May 1 Shapiro 14 Depression
Pay video 4b; pci video**

**May 3 Shapiro 15 Stress and Trauma
Play video 5b; pci video
Intervention Paper is Due**

**May 10 8:00-10:00 Last Meeting
Parent-Child Attachment Therapy; Ethics
Play videos 6b, 7b, 8b
Final Exam is Due**

Becker-Weidman, A. & Hughes, D. (2008). Dyadic developmental psychotherapy: an evidence-based treatment for children with complex trauma and disorders of attachment. *Child and Family Social Work, 13*, 329-337.

Koocher, G. (2008). Ethical challenges in mental health services to children and families. *Journal of Clinical Psychology: In Session, 64*, 601-612.

Course Guidelines and Policies

Student Conduct Code

UM requires that the following statement be included in every course syllabus: “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.” The Code is

available for review online at

<http://www.umt.edu/vpesa/Dean%20of%20Students/default.php>

Presenting another person's ideas, answers, or writings as your own is considered plagiarism, is unethical, and is a violation of the Student Conduct Code (this also applies to materials accessed from the Internet). Academic misconduct is subject to an academic penalty by the course instructor and/or disciplinary sanction by the University.

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. In the case of absence, or legitimate and documentable reasons for late assignments, you must contact me in advance to make suitable arrangements. Out of consideration for classmates and the instructor, please *arrive for class on time* and remain for the entire time; leaving early disrupts everyone -- if there is an unavoidable emergency, please try to inform me *before* class. Please put your phone away and do not be a distraction to others by having side conversations during class.

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.

Finally, I reserve 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. I would like to thank Drs. Cameo Stanick and Jacqueline Brown for allowing me to view their syllabi for this course. Some of the wording in this document is directly borrowed from their work.