Spring 1-2016

PSYX 535.01: Child Interventions

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PSYX535: Child Interventions

Thursdays, 8:10am – 11:00am
SB303

Instructor information

Instructor: Cameo Stanick, Ph.D.
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Office hours: by appointment

Course description:

This course provides an intensive introduction to evidence-based psychological practices, treatment planning, and treatment components for a variety of problems facing children and families in 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. Although it is not all-inclusive, treatment of several conditions such as anxiety disorders, depression, disruptive behavior problems, and trauma will be covered. There will also be a focus on dissemination and implementation science as it pertains to the development of evidence-based practice for youth. Our focus will be primarily practical, though we will afford attention to scientific issues.

Required materials:

PracticeWise subscriptions

Additional readings assigned & provided via email or Moodle

Suggested readings:

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

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.

Policy on Absences:

As active participation is central to this course, only one absence during the semester will be excused (you will, however, be accountable for that class session's assignment). For a second absence, students will be assigned a book on an evidence-based treatment to read and critique. Except in extraordinary circumstances, a third absence will result in a grade reduction (or an incomplete until the missed sessions can be made up in a subsequent semester).

Disability accommodations:

In accordance with University of Montana's mission to provide equal educational opportunities for all students, necessary accommodations for students with disabilities will be made whenever possible. If you require accommodations, please provide written information regarding your disability from the Disability Services as soon as possible so that accommodations can be made.

Grading:

A major proportion of your grade will be based on class participation and active participation in role-plays (50%). There will be one presentation included in your grade as well (30%). The remainder of your grade will be based on coming up with and submitting reaction questions to facilitate discussion, based on the classes in which readings are assigned (20%). Students are expected to finish all assignments by the specified deadlines. Because of the active engagement required in class activities, it will be very apparent if you did not do the assigned reading. The instructor reserves the right to assign due dates for work necessary to remove an 'incomplete' grade.

Participation (50%):

Role Play. A major determinant of your course grade will be preparation for class and active, thoughtful participation in class (30%). Students will take part in frequent role-play exercises during class, for which the therapist and client will be selected by the instructor. Role-plays will occur either in small groups or a single dyad will perform in front of the class. In order to be prepared for role-plays, students will be expected to review practice guides prior to the class and reference them in class.

Final Role Play. A final video-taped role-play and accompanying self-critique will account for 20% 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. Session videos and self-critiques will be submitted to the instructor by the last day of class. The grade for this portion of the class will be based on both the skills shown during session and the thoughtfulness and accuracy of participants' own commentaries on their performances.

Presentation (30%):

Presentation. 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 (e.g., a level 5 treatment). 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 yet not well-studied. In your presentation, you should discuss the extant 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 25, 2016**. Please submit a paragraph description 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. As examples, you should be able to answer the following questions to the extent that this information is available (this list is NOT exhaustive; keep in mind that you may need to contact authors directly and any correspondence should go through the course instructor BEFORE sending):
    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. What are the proposed

mechanisms of action? 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 data about the treatment. The evidence base will obviously 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 mechanisms of action are relevant to the problem area?
4. *Identify at least 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.
5. *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.
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 be NO MORE THAN 20 minutes in length, allowing for 5-10 minutes of Q&A for a TOTAL OF NO MORE THAN 30 minutes. Part of your grade for this presentation will include time management. Remember that this is a *professional presentation* and please be respectful of your peers, and all of their hard work as well, by treating it as such.

Reaction Questions (20%):

Reaction Questions. For 20 of the assigned readings, you will be required to come up with one thoughtful question *per reading* that arose as a result of your completing the readings. The expectation is that you do all readings for each class, and the reactions questions will also be used at the instructor's discretion to facilitate in-class discussion. Though much of the class is very 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. It is your choice which 20 you respond to. Make sure you have your questions on hand as well in order to reference them for discussion.**

NOTE ABOUT GRADING:
The Policy and Procedures Manual: Section V. C. 5, page 17 on "Progress in the Program" states the following:

It is the course instructor's prerogative to assign a grade of incomplete (I) in special circumstances. The student must have the consent of the course instructor to obtain an "I". The University rules dictate that an "I" will revert to whatever alternate grade the instructor assigned within one year of the grade assignment- if the deficient work had not been completed by then. However. It is the expectation of our graduate program that an "I" be made-up for within one semester. Undue delay in completing the course requirements may be used by the instructor as a factor in grading the completed work. Incompletes indicate lack of progress: they will be considered in student evaluations as well as in assistantship assignments.

Course Calendar: [a,b]

Dates	Topic
1/28/16	**Introductions** **Becoming an Evidence-Based Therapist: What Does It Mean to Be Evidence-Based and the Common Elements Model** -Syllabus Review -Getting registered & level system in PracticeWise **Becoming an Evidence-Based Therapist: CBT Basics and Practice Element Model** -Evidence-Based Services System Model *Readings:* 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.
2/4/16	**Becoming an Evidence-Based Therapist: CBT Basics and Practice Element Model cont'd AND Cognitive-Behavioral Case Conceptualization, Treatment Non-specifics, and Embracing Diversity** *Readings:* Daleiden, E., & Chorpita, B. F. (2005). From data to wisdom: Quality improvement strategies supporting large-scale implementation of evidence based services. *Child and Adolescent Psychiatric Clinics of North America, 14,* 329-349. 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. Chorpita, B., Bernstein, A., Daleiden, E., & The Research Network on Youth Mental Health. (2008). Driving with roadmaps and dashboards: Using information resources to structure the decision models in service organizations. *Administration & Policy in Mental Health, 35*, 114-123. DOI: 10.1007/s10488-007-0151-x
2/11/16	**Cognitive-Behavioral Case Conceptualization, Treatment Non-specifics, and Embracing Diversity cont'd** *Readings:* Jackson, K., & Hodge, D. (2010). Native American youth and culturally sensitive interventions: A systematic review. *Research on Social Work Practice, 20,* 260-270. **Navigating PracticeWise** -Practice Tools -Process Tools -MATCH tools *Readings:* 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., Weisz, J., Daleiden, E., Schoenwald, S., Palinkas, L., Miranda, J., Higa-McMillian, C., Nakamura, B., Austin, A.A., Borntrager, C., Ward, A., Wells, K., Gibbons, R., & the Research Network on Youth Mental Health (2013). Long-term outcomes for

Dates	Topic
	the Child STEPs randomized effectiveness trial: A comparison of modular and standard treatment designs with usual care. *Journal of Consulting and Clinical Psychology,* doi: 10.1037/a0034200
2/18/16	**Anxiety 1** ***Self-Monitoring, Monitoring, Psychoeducation for anxiety (child & caregiver), Cognitive for anxiety***
2/25/16	******************PRESENTATION TOPIC DUE TO INSTRUCTOR**************** **Anxiety 2** ***Exposure*** *Readings:* Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. Psychological Bulletin, 99(1), 20-35. Olatunji, B., Deacon, B., & Abramowitz, J. (2009). The cruelest cure? Ethical issues in the implementation of exposure-based treatments. *Cognitive and Behavioral Practice, 16,* 172-180. **Traumatic stress 1** ***Trauma narrative*** *Readings:* De Arellano, M., Waldrop, A., Deblinger, E., Cohen, J., Kmett Danielson, C., & Mannarino, A. (2005). A community outreach program for child victims of traumatic events: A community-based project for underserved children. *Behavior Modification, 29,* 130-155. Chaffin, M., Hanson, R., Saunders, B., Nichols, T., Barnett, D., Zeanah, C., Berliner, L., Egeland, B., Newman, E., Lyon, T., Letourneau, E., & Miller-Perrin, C. (2006). Report of the APSAC Task Force on attachment therapy, reactive attachment disorder, and attachment problems. *Child Maltreatment, 11,* 76-89.
3/3/16	**Traumatic stress 2** ***Personal safety skills*** **Developmental trauma & CBITS** *Readings:* van der Kolk, B. (2005). Developmental trauma disorder: Toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals, 35*, 401-408. Borntrager, C., Chorpita, B., Higa-McMillan, C., Daleiden, E., & Starace, N. (2013). Usual care for trauma-exposed youth: Are clinician-reported therapy techniques evidence-based? *Children & Youth Services Review, 35,* 133-141. 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.
3/10/16	**Depression 1** ***Psychoeducation for depression (child & caregiver), Self-Monitoring, Monitoring*** *Readings:* Weisz, J., Thurber, C., Sweeney, L., Proffitt, V., LeGagnoux, G. (1997). Brief treatment of mild-to-moderate child depression using primary and secondary control enhancement training. *Journal of Consulting and Clinical Psychology, 65,* 703-707.

Dates	Topic
	Depression 2 ***Problem solving, Activity Selection, Relaxation, Secret Calming (MATCH)***
3/17/16	**Depression 3** ***Cognitive for depression, Maintenance*** **Disruptive behavior 1** ***Engaging Parents, Psychoeducation for disruptive behavior (caregiver)/Learning about behavior (MATCH)*** *Readings:* Eyberg, S., Nelson, M., & Boggs, S. (2008). Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *Journal of Clinical Child and Adolescent Psychology, 37,* 215-237. Garland, A., Haine-Schlagel, R., Accurso,E., Baker-Ericze'n, M. (2012). Exploring the effect of therapists' treatment practices on client attendance in community-based care for children. *Psychological Services, 9,* 74-88.
3/24/16	**Disruptive behavior 2** ***Attending, Praise, Active ignoring*** *Readings:* Nix, R., Bierman, K., McMahon, R., & 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. Weiss, B., Caron, A., Ball, S., Tapp, J., Johnson, M., & Weisz, J. (2005). Iatrogenic effects of group treatment for antisocial youth. *Journal of Consulting and Clinical Psychology, 73,* 1036-1044.
3/31/16	**Disruptive behavior 3** ***Effective instructions, Rewards, Response cost, Time out***
4/7/16	***SPRING BREAK!***
4/14/16	**Childhood psychosis** *Readings:* Schiffman, J., Chorpita, B., Daleiden, E., Maeda, J., & Nakamura, B. (2008). Service profile of youths with schizophrenia-spectrum diagnoses. *Children and Youth Services Review, 30,* 427-436. **Dissemination & implementation of evidence-based practices** *Readings:* Schiffman, J., Becker, K., & Daleiden, E. (2006). Evidence-based services in a statewide public mental health system: Do the services fit the problems? *Journal of Clinical Child and Adolescent Psychology, 35*, 13-19. Steinfeld, B., Coffman, S., & Keyes, J. (2009). Implementation of an evidence-based practice in a clinical setting: What happens when you get there? *Professional Psychology: Research and Practice, 40,* 410-416. Southam-Gerow, M., Rodriguez, A., Chorpita, B., & Daleiden, E. (2012). Dissemination and implementation of evidence-based treatments for youth: Challenges and recommendations. *Professional Psychology: Research and Practice, 43,* 527-534.

Dates	Topic
	Lyon, A., Borntrager, C., Nakamura, B., & Higa-McMillan, C., (2013). From distal to proximal: Routine educational data monitoring in school-based mental health. *Advances in School Mental Health Promotion, 6*, 263-279. doi: 10.1080/1754730X.2013.832008
4/21/16	**Childhood psychosis AND Dissemination & implementation of evidence-based practices cont'd**
4/28/16	**STUDENT PRESENTATIONS (5)** Cody Kristi SaraH Catherine Jane
5/5/16	**STUDENT PRESENTATIONS (4) & EVALUATIONS** Lani Cara Liza Ka
5/13/16	**FINAL ROLE-PLAYS DUE**

[a]Practitioner Guides for EACH practice element are required readings, though they are not eligible for your reaction question assignment
[b]Subject to revision by instructor

Student Conduct Code

You are expected to adhere to the University's student conduct code with regard to academic integrity. *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.*