

Psychology 660
Evidence-Based Psychological Intervention with Children and Families
Fall 2016

Instructor: Jill Ehrenreich-May, Ph.D.

Meeting Time: Mondays, 9:05am-12:05pm

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Class Location: Flipse Building, Room 201

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Office Hours: By appointment, as well as Tuesdays from 2:00- 3:00pm and Thursdays from 1:00pm-3pm

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Description of Course:

This course is designed to provide an overview of psychotherapy approaches appropriate for usage with children and families. The course will heavily emphasize an understanding of and experiential practice in evidence-based treatments for child and adolescent disorders; but a broader understanding of the theory and practice of interventions with children and families is also desired. To that end, the course has three primary components:

- 1) An introduction to the *historical context of psychotherapy interventions for youth and examples of prevailing theoretical and pragmatic models* for such, along with guiding principles and ethical considerations in the application of youth psychotherapy. When broader theoretical models are reviewed, efforts will be made to provide class attendees with commensurate exposure to the pragmatic application of such theories with youth from experienced providers in the community. We will also focus on the more recent history of the evidence-based practice movement and efforts to disseminate effective treatments.
- 2) *A review of the evidence-based treatment literature for common forms of youth psychopathology.* In this section of the course, students will be exposed to several evidence-based interventions for child and adolescent disorders and their supporting research. Through review of such literature, students are expected to gain both an understanding of what treatments work for core childhood disorders and a keen grasp of overarching issues in child treatment research (e.g., mechanisms of action, moderators of outcome, etc.).
- 3) The final component of this class will focus on the *experience of providing core treatment skills in the context of evidence-based treatment* for disorders frequently observed in children and adolescents. While not comprehensive to all psychological problems observed in children and families, it is expected that this focused and integrative practice will familiarize class attendees with techniques common to several evidence-based approaches and, particularly, both behavioral and cognitive-behavioral treatments for child psychopathology. We will also continue to learn from esteemed practitioners of specialized evidence-based practices in the community and have scheduled opportunities to discuss these practices with both these practitioners and the instructor.

Recommended Books and Materials:

Mash, E.J. & Barkley, R.A. (2006). *Treatment of childhood disorders (3rd edition)*. New York: Guilford Press.

In addition to the Mash & Barkley book, a student subscription to PracticeWise (www.practicewise.com) is required for Unit 3 of this course. Instructions for purchase of this subscription has been distributed to the class via email and is available from the instructor.

Finally, your practice clinical assignment will involve techniques found in the following:
Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2006). *Treating trauma and traumatic grief in children and adolescents*. New York: Guilford Press.

Please note: A copy of the above treatment manual will be available in the upper mailbox hanging outside of my office (315). It should be returned within 4 hours of it being borrowed by any student, as a courtesy to your classmates and instructor. This book is also available as an e-book at:

<http://site.ebrary.com.access.library.miami.edu/lib/univmiami/detail.action?docID=10172288>

Other Useful Materials:

Both books listed below may be useful in the preparation of materials for class presentations on the evidence base for youth psychopathology. However, these should be supplemented for your presentations with more recent empirical literature on topics assigned.

Hibbs, E.D. & Jensen, P.S. (2005). *Psychosocial treatments for child and adolescent disorders: Empirically based strategies for clinical practice (2nd edition)*. Washington, DC: American Psychological Association.

Weisz, J.R. & Kazdin, A.E. (2010). *Evidence-based psychotherapies for children and adolescents (2nd edition)*. New York: Guilford Press.

Required articles are available on Blackboard. Additional materials may be provided to support practitioner presentations as they become available.

Course Format:

Course objectives will be met via lectures, written assignments, class discussions and clinical skills practice. This is meant to be a highly interactive course and therefore, aside from readings, there will be modeling, expert presentations, role-plays and occasionally even homework to practice skills outside of the classroom.

Course Assignments and Grading:

Your grade in this course will be based on four evaluative domains: a written paper, class participation, a class presentation and a practice clinical assignment.

Written Paper: The “Not Quite Ready for the Evidence Base” (NQR) writing assignment will account for **30%** of your final grade. For the “NQR” writing assignment, you will select a treatment approach that we do not discuss much 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.; transdiagnostic approaches are okay too). 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. **Your selection must be approved by the course instructor no later than 10/24/16 and is due in class on 12/5/16.** 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.
2. 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 (this list is NOT exhaustive):
 - 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?
3. 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?
4. Present the evidence base for the treatment, providing a thorough examination of the 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 mechanisms of action are relevant to the problem area?
5. Analyze the evidence base. Consider the study methods, including internal and external validity concerns, measurement issues, 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?

The length of the paper will not affect its score. Most papers will be between 10-15 pages, **but there is no required length.** I fully expect that papers will vary greatly in their length depending on the evidence available for a particular treatment. Please know that I will NOT worry about the paper’s length when grading. Instead, I will focus on whether you have completed the task described above in a thoughtful, thorough and scholarly manner. Attention to your prose is important, too; organization, grammar, and clarity will matter in determining your final score.

Class Participation: Given the key interactive elements of this course, class participation will constitute **30%** of your total grade. Class participation will be graded accordingly:

1. I expect that you will come to each class having read the materials assigned and prepared to discuss them in thoughtful detail. Particularly in Units 1 and 2 of the course, your readings are key as I expect several of these classes to primarily involve a discussion of the theory or empirical literature under investigation. Thus, **15%** of your grade will be scored according to evidence that you have read assigned materials, are asking thoughtful questions about such, are participating

actively in discussions, have completed any requisite homework assignments and are attending class regularly and on-time.

Texting, emailing and other distracting behaviors on a cell phone, tablet device or laptop are discouraged and indications of such occurring may be a means by which your score in this area could be impacted. On top of that, every time you text or check your email during class you will make this kitten sad. I assume you don't want to make the kitten sad. Me neither.



2. **15%** of your class participation grade will be evaluated in terms of preparation for Unit III skill review of the MATCH protocol (Chorpita & Weisz, 2009) and the EBT materials used for the ADHD skills practice day. During Unit III, you will be expected to have the appropriate aspects of the MATCH protocol (or other relevant materials provided) either printed out or easily accessible on a laptop. PLEASE NOTE: Two students will be identified to primarily model and role-play materials for each of the skills practice day in advance, but even if it is not your day to lead role-plays - you may still be asked to role-play, participate or otherwise assist the instructor, other students or guest presenters in illustrating techniques and thus should read the protocol/other materials provided in advance of its review in class that day. I don't expect you to be expert in the conduct of a protocol before it is reviewed, but I expect you to **prepare appropriately**.

Class Presentation: During Unit II of the course, you will lead approx. 45-55 minutes of class (on **10/10, 10/17 or 10/24**, respectively) in a thorough presentation of the evidence base for treatments targeting the specified conditions to be discussed that week. This presentation will be worth **25%** of your total grade in the class. The presenter should read all assigned/optional readings for their topic (Child Maltreatment; Depressive Disorders; Anxiety Disorders; OCD and Related Disorders; Eating Disorders; Conduct Problems; ADHD; or, Substance Abuse). They may also be expected to have completed a thorough literature search of the child interventions relevant to their topic as part of their preparation process. Presenters will be responsible for outlining important points from the reading(s) assigned, enhancing students understanding of the evidence-based for interventions regarding the problem assigned, asking the class sophisticated discussion questions and guiding the subsequent discussion. While creativity is encouraged in your teaching methods, please make sure it is not at the expense of increasing the knowledge base of your classmates. This presentation is expected to last no more than 55 minutes, allowing time for questions and class discussion.

TF-CBT Web: Students are asked to independently complete the online training course in Trauma Focused Cognitive Behavior Therapy (TF-CBT; <http://tfcbt.musc.edu/>) by **10/3/16**. After this date, students will arrange a 30-45 minute meeting with me to describe and discuss child therapy techniques from the TF-CBT (Cohen, Mannarino & Deblinger, 2006) manual. These meetings may not occur during class time and students are responsible for initiating

scheduling of this meeting. You will be primarily evaluated on your critical and complex understanding of techniques presented and theoretical underpinnings of such (15% of total grade). You may propose a topic for our discussion in advance or a technique you can critically evaluate for me, or I can choose one for you. Meetings must occur prior to **12/9/16** in order to receive full credit for the assignment, although students are encouraged not to wait until the last minute to schedule, given the instructor's busy schedule.

Academic Dishonesty:

In accord with University Honor Code, academic dishonesty, including cheating, plagiarism, misrepresentation, second-hand papers retrieved via internet or other sources, or other dishonest practices may result in an "F" for the course and other procedural responses, as detailed at: http://www6.miami.edu/dean-students/pdf/graduate_honorcode.pdf.

Course Calendar:

Dates	Topic/Important Class Events
	<i>UNIT I – INTRODUCTION TO CHILD THERAPY: THEORETICAL PERSPECTIVES, GUIDING PRINCIPLES AND EVIDENCE BASED PRACTICE</i>
M, 8/22/16	Review of Course Expectations/Syllabus; Historical Context of Child Interventions and Evidence Based Practices
M, 8/29/16	<i>Key Approaches I, BT/CBT Part 1: Applications of Behavior Modification Techniques for Children with Autism Spectrum Disorders and Related Conditions</i> <i>Guest Speaker: Anibal Gutierrez, Ph.D., University of Miami</i> <i>Key Approaches I, BT/CBT Part 2: CBT for Children: History and Future</i>
M, 9/5/16	<i>NO CLASS – LABOR DAY</i>
M, 9/12/16	<i>Key Approaches II: Family Systems Models of Intervention</i> <i>Guest Speaker: TBA</i>
M, 9/19/16	<i>Key Approaches III: Psychodynamic Models of Youth Intervention</i> <i>Guest Speaker: Luly Casares, Ph.D., Private Practice</i>
M, 9/26/16	<i>Key Approaches IV: Community-Based Models of Youth Intervention: Schools, Pediatric Settings, Juvenile Justice</i> <i>Guest Speaker: Elizabeth Pulgaron, Ph.D., Mailman Center for Child Development</i>
M, 10/3/16	Guiding Principles for Child Therapy: Issues of Development, Diversity and Ethics TF-CBT Course Should be Completed by 10/3/16
	<i>UNIT II – EMPIRICAL SUPPORT FOR PSYCHOTHERAPY WITH CHILDREN AND ADOLESCENTS</i>
M, 10/10/16	Child Maltreatment; Depressive Disorders

M, 10/17/16	Anxiety Disorders; Obsessive-Compulsive Disorder; Eating Disorders
M, 10/24/16	Conduct Problems; ADHD; Substance Abuse Written Paper Topic Must be Approved by 10/24/16
	<u>UNIT III – SKILLS PRACTICE</u>
M, 10/31/16	Introduction to the MATCH Protocol
M, 11/7/16	Depression (MATCH Protocol on PracticeWise) <i>Guest Speaker: Lydia Kalsner-Silver, Ph.D., Private Practice</i>
M, 11/14/16	Conduct Problems (MATCH Protocol on PracticeWise) <i>Guest Speaker: Tara M. Kellogg, LMFT, Chrysalis Health</i>
M, 11/21/16	NO CLASS – THANKSGIVING BREAK
M, 11/28/16	ADHD (Additional role-play materials will be distributed in and before class) <i>Guest Speaker: Maggie Sibley, Ph.D., Center for Children and Families, FIU</i>
M, 12/5/16	Anxiety and Fear Disorders (MATCH Protocol on PracticeWise) <i>Guest Clinician: Katia Moritz, Ph.D., Neurobehavioral Institute of Weston</i> Written Paper Due in Class on 12/5/16 Practice Clinical Assignment Must be Completed by 12/9/16

Note: Although every effort will be made to stick to the schedule above, some dates, guest speakers and planned topics are subject to change due to unforeseen circumstances.

Course Readings:

UNIT I – INTRODUCTION TO CHILD THERAPY: THEORETICAL PERSPECTIVES, GUIDING PRINCIPLES AND EVIDENCE BASED PRACTICE

8/22/16: Historical Context of Child Interventions and Evidence Based Practices

D'Angelo, E.J., & Koocher, G.P. (2011). Psychotherapy patients: Children. In J.C. Norcross, G.R. VandenBos, D.K. Freedheim (Eds.), *History of psychotherapy: Continuity and change (2nd edition)*. Washington, DC: American Psychological Association.

Emmelkamp, P.M.G. et al. (2014). Advancing psychotherapy and evidence-based practice interventions. *International Journal of Methods in Psychiatric Research*, 23(Suppl. 1), 58-91 (Pages 74-78 are required; Remaining article is excellent, but optional).

Optional Reading:

Chambless, D. L., & Ollendick, T. H. (2001). Empirically supported psychosocial interventions: Controversies and evidence. *Annual Review of Psychology*, 52, 685-716.

8/29/16: Key Approaches I: Behavioral and Cognitive Behavioral Models of Youth Intervention

Benjamin, C. L., Puleo, C.M., Settiani, C.A., Brodman, D.M., Edmunds, J.M., Cummings, C.M., & Kendall, P.C. (2011). History of cognitive-behavioral therapy in youth. *Child and Adolescent Psychiatric Clinics of North America*, 20(2), 179-189.

Lovass, I.O., & Smith, T. (1989). A comprehensive behavioral theory of autistic children: Paradigm for research and treatment. *Journal of Behavior Therapy and Experimental Psychiatry*, 20(1), 17-29.

Optional Reading:

Kendall, P.C., O'Neil Rodriguez, K.A., Villabo, M.A., Martinsen, K.D., Stark, K.D., & Banneyer, K. (2014). Cognitive-Behavioral Therapy with Children and Adolescents. In J. Ehrenreich-May & B. Chu (Eds.), *Transdiagnostic Treatments for Children and Adolescents: Principles and Practice*. New York, NY: Guilford Press.

9/12/16: Key Approaches II: Family Systems Models of Intervention

Carr, A. (2014). The evidence base for family therapy and systemic interventions for child-focused problems. *Journal of Family Therapy*, 36, 107-157.

Gunn, Jr., W.B., Haley, J., Prouty Lyness, A.M. (2007). Systemic approaches: Family therapy. In H.T. Prout & D.T. Brown (Eds.), *Counseling and psychotherapy with children and adolescents: Theory and practice for school and clinical settings (4th ed.)*. Hoboken, NJ: John Wiley & Sons.

Robin, A.L. & le Grange, D. (2010). Family therapy for adolescents with anorexia nervosa. In J. Weisz & A. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents (2nd edition)*. New York: Guilford Press.

9/19/16: Key Approaches III: Psychodynamic Models of Youth Intervention

Merydith, S.P. (2007). Psychodynamic approaches. In H.T. Prout & D.T. Brown (Eds.), *Counseling and psychotherapy with children and adolescents: Theory and practice for school and clinical settings (4th ed.)*. Hoboken, NJ: John Wiley & Sons.

Articles for Class Discussion on the Efficacy of Psychodynamic Models of Intervention:
Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65, 98-109.

Anestis, M.D., Anestis, J.C., Lilienfeld, S.O. (2011). When it comes to psychodynamic therapy, the devil is in the details. *American Psychologist*, 66(2), 149-151.

McKay, D. (2011). Methods and mechanisms of psychodynamic psychotherapy. *American Psychologist*, 66(2), 147-148.

Shedler, J. (2011). Science or ideology? *American Psychologist*, 66(2), 152-154.
Tryon, W.W., & Tryon, G.S. (2011). No ownership of common factors. *American Psychologist*, 66(2), 151-152.

9/26/16: Key Approaches IV: Community-Oriented Models of Youth Intervention

Haine-Schlagel, R., Fettes, D. L., Garcia, A. R., Brookman-Frazee, L., & Garland, A. F. (2013). Consistency with Evidence-Based Treatments and Perceived Effectiveness of Children's Community-Based Care. *Community Mental Health Journal, 50*(2), 158-163.

Kolko, D. J., & Perrin, E. (2014). The Integration of Behavioral Health Interventions in Children's Health Care: Services, Science, and Suggestions. *Journal of Clinical Child & Adolescent Psychology, 43*(2), 216-228.

Weist, M. D., Youngstrom, E. A., Stephan, S., Lever, N., Fowler, J., Taylor, L., Hoagwood, K. (2013). Challenges and Ideas from a Research Program on High-Quality, Evidence-Based Practice in School Mental Health. *Journal of Clinical Child & Adolescent Psychology, 43*(2), 244-255.

10/3/16: Guiding Principles for Child Therapy: Issues of Development, Diversity and Ethics

Holmbeck, G. N., Devine, K. A., & Bruno, E. F. (2010). Developmental issues and considerations in research and practice. In Weisz, J. R. & Kazdin, A. E. (Eds.) *Evidence-based psychotherapies for children and adolescents* (2nd Ed). (pp. 28-39). New York: Guilford Press.

Huey, S. J. & Polo, A. J. (2010). Assessing the effects of evidence-based psychotherapies with ethnic minority youths. In Weisz, J. R. & Kazdin, A. E. (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed). (pp. 451-465). New York: Guilford Press.

Adelson, S. L. (2012). Practice parameter on gay, lesbian, or bisexual orientation, gender nonconformity, and gender discordance. *Journal of the American Association of Child & Adolescent Psychiatry, 51*, 957-974.

Hoagwood, K. E. & Cavaleri, M. A. (2010). Ethical issues in child and adolescent psychotherapy research. In Weisz, J. R. & Kazdin, A. E. (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed). (pp. 10-27). New York: Guilford Press.

UNIT II – EMPIRICAL SUPPORT FOR PSYCHOTHERAPY WITH CHILDREN AND ADOLESCENTS

10/10/16:

Child Maltreatment

Azar, S. T., & Wolfe, D. A. (2006). Child physical abuse and neglect. In Mash, E. J. & Barkley, R. A. (Eds.), *Treatment of Childhood Disorders* (3rd ed). (pp.595-646). New York: Guilford Press.

Florida State Child Abuse Reporting Guidelines

Optional

Kalichman, S. C. (1999). Mandated reporting as an ethical dilemma. *Mandated Reporting of Suspected Child Abuse: Ethics, Law, & Policy* (pp. 43-63). Washington, DC: American Psychological Association.

Kalichman, S. C. (1999). When professional hunches become reasonable suspicions. *Mandated Reporting of Suspected Child Abuse: Ethics, Law, & Policy* (pp. 65-92). Washington, DC: American Psychological Association.

Kalichman, S. C. (1999). Guidelines for reporting suspected child abuse. *Mandated Reporting of Suspected Child Abuse: Ethics, Law, & Policy* (pp. 141-160). Washington, DC: American Psychological Association.

Depressive Disorders

Curry, J. F. (2014). Future Directions in Research on Psychotherapy for Adolescent Depression. *Journal of Clinical Child & Adolescent Psychology, 43*(3), 510-526.

10/17/16:

Anxiety Disorders

Higa-McMillan, C. K., Francis, S. E., Rith-Najarian, L., & Chorpita, B. F. (2016). Evidence Base Update: 50 Years of Research on Treatment for Child and Adolescent Anxiety. *Journal of Clinical Child & Adolescent Psychology, 45*(2), 91-113.

OCD

Freeman, J., Garcia, A., Frank, H., Benito, K., Conelea, C., Walther, M., & Edmunds, J. (2013). Evidence Base Update for Psychosocial Treatments for Pediatric Obsessive-Compulsive Disorder. *Journal of Clinical Child & Adolescent Psychology, 43*(1), 7-26.

Eating Disorders

Lock, J. (2015). An Update on Evidence-Based Psychosocial Treatments for Eating Disorders in Children and Adolescents. *Journal of Clinical Child & Adolescent Psychology, 44*(5), 707-721.

10/24/16:

Conduct Problems

Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-Based Psychosocial Treatments for Children and Adolescents With Disruptive Behavior. *Journal of Clinical Child & Adolescent Psychology, 37*(1), 215-237.

Schoenwald, S.K. (2014). Multisystemic Therapy. In J. Ehrenreich-May & B. Chu (Eds.), *Transdiagnostic Treatments for Children and Adolescents: Principles and Practice*. New York, NY: The Guilford Press.

ADHD

Evans, S. W., Owens, J. S., & Bunford, N. (2013). Evidence-Based Psychosocial Treatments for Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. *Journal of Clinical Child & Adolescent Psychology, 43*(4), 527-551.

Substance Abuse

Waldron, H. B., & Turner, C. W. (2008). Evidence-Based Psychosocial Treatments for Adolescent Substance Abuse. *Journal of Clinical Child & Adolescent Psychology, 37*(1), 238-261.

UNIT III – SKILLS PRACTICE

10/31/16 Introduction to the MATCH Protocol

Chorpita, B.F., Daleiden, E.L. & Collins, K.S. (2014). Managing and adapting practice: A system of applying evidence in clinical care with youth and families. *Journal of Clinical Social Work, 42*, 134-142.

Weisz, J., Chorpita, B.F. et al. (2012). Testing standard and modular designs for psychotherapy with youth depression, anxiety and conduct problems: A randomized effectiveness trial. *Archives of General Psychiatry, 69*, 274-282.

11/7-12/5/16 Additional Readings

Additional readings will be made available on Blackboard to support the presentations of guest speakers in this Unit. Please check Blackboard weekly for any further updates.