

PSY 725 Psychological Interventions II: Child Behavior Therapy

SPRING 2009

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Office Hours: By appointment

Office: 625 Poe
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Class Meeting: T 10:15 am to 1:00 pm

Purpose:

This course will build upon the theoretical and procedural bases of cognitive-behavioral assessment and intervention and single-case designs presented in Psychological Interventions I and etiology of childhood disorders discussed in Developmental Psychopathology. Material from courses in multicultural issues also will be relevant. In this course, the psychosocial treatment of psychological disorders of children and adolescents will be presented and discussed, with a focus on evidence-based and empirically-supported interventions. In addition, prevention will be highlighted. Moderators and mediators of outcomes will be examined. Current issues in the broad realm of children's mental health treatment will be examined as time permits, and students are encouraged to bring current issues to the table for discussion.

Although some class sessions will include discussion of basic therapeutic tools this course will primarily provide an overview of intervention and prevention techniques from validated programs. Implementation and skills acquisition will occur in practica placements; this course will be coordinated with the Clinic-based Treatment Practicum (i.e., ACES: Academic Coaching for Educational Success) in which students will be simultaneously enrolled.

Reading have been placed on e-reserve under the NC State Libraries menu. The readings were chosen to provide a background review of material regarding cognitive behavior therapy.

Objectives:

- To gain an appreciation for the breadth of child and adolescent problems for which a school psychologist might become involved.
- To gain experience in planning and evaluating intervention approaches for children and adolescents with psychological problems.
- To communicate, orally and in writing, information regarding children's mental health treatment to other mental health professionals, parents, and teachers.
- To prepare a written treatment protocol for a disorder of your choosing.
- To present your treatment protocol to the class using a power point presentation.

Course Requirements:

1. Regular class attendance and active participation in discussions.

Active participation in class discussions is essential for meeting the objectives of this course. Students are expected to participate in all phases of the class meeting, including small group activities such as debates and cooperative learning tasks.

2. Devise a written treatment plan for a student with a DSM-IV-TR multi-axial diagnosis. (Due April 14th or April 21st dependent on your PowerPoint presentation date.)

Each graduate student is to present a case that describes a course of treatment for a school-aged student either in individual or group psychosocial treatment. Within this description also present other possible psychosocial mediating or moderating influences that affect your client's functioning and possible eligibility within the special education nomenclature. The written format will be as follows:

Background Information:

Present made-up developmental, cognitive, academic, behavioral and other psychosocial information that frames your client's level of functioning, also including school functioning. This section should provide the necessary information to determine what the client's probable multi-axial diagnosis is, as well as, whether the student might qualify for special education services. Close this section with your diagnosis. (Recommended length of this section is 1 to 2 pages).

Treatment Plan:

Treatment goals. Provide short-term and long-term goals of therapy prior to describing the sessions. Short term goals should describe the desired results after weeks of therapy. Long term goals should describe desired results for the client after therapy is over and at around one year's time. The long term therapy goals should follow from the short term goals. (Recommended length ½ to 1 page).

Assessment of client's performance per session. Devise a way to assess the client and your performance over the course of treatment. For example, for client functioning: Parent/Teacher Ratings of Behavior, Self-Report Strategies, Rating of Group Experience, Self-Monitoring, Observations Outside of the Group, In-Group Observations, Role-Play Tests, Goal Attainment Scaling, Sociometric Strategies, Social Impact Measures, and Knowledge Tests. Therapist functioning: Supervisor Observations, Client-Rating of Experience, Narrative Notes (i.e., Subjective, Objective, Assessment, Plan), and Self-Assessment. (Recommended length ½ to 1 page).

Therapy sessions. Provide a detailed session by session treatment plan. Please cite appropriate references from borrowed material. Describe in detail what each session entails and what the intended outcomes of each session are. Explain how each session will be evaluated as to its intended therapeutic intents (i.e., What is the client learning, and how do you know it is working?). For the best examples of proposed treatment plans, describe what needs to be altered in response to your client's lack of adaptation at certain key phases along the therapeutic continuum. The treatment plan should include mock session assessments so we can determine in an objective way that the client is benefitting from your treatment. (Recommended length of this section is 7 to 10 pages).

Summary:

Provide a summary paragraph or two of your client's treatment outcome describing their attainment of their Short and potential to attain Long-term Goals.

Recommendations:

Provide a paragraph describing what additional psychotherapeutic intervention or other would be beneficial.

3. PowerPoint Presentation of your Treatment Plan.

Each student will present a “case study” of your Treatment Plan to the class using PowerPoint. An hour presentation based on your treatment plan will be presented.

INGREDIENTS	GRADE
1 Treatment Plan and PowerPoint contain all the items described above. 2 A copy of your treatment plan is given to your classmates. 3 The plan is coherent and well thought out with accompanying citations that indicate that it is evidenced based 4 The plan takes into consideration DSM-IV-TR multi-axial diagnoses 5 Special education eligibility is considered. 6 Assessment of the client’s functioning across therapy is objective and thorough. 7 Assessment for the therapist’s functioning is assessed (at some point in therapy). 8 Treatment goals are explicit and follow from the diagnoses. 9 Summary is well integrated in relation to the overall treatment plan and outcome. 10 Recommendations are thoughtful in relationship to other sources of help for the client.	A+ 100
One of the ingredients described above is unclear or vague.	A 96
Two of the ingredients above are unclear or vague.	A- 92
Three of the ingredients above are unclear or vague.	B+ 89
Four of the ingredients above are unclear or vague.	B 86
One ingredient is missing or multiple items presented are unclear or missing.	B- 82
Two ingredients are missing or many items presented are unclear	C+ 79
Three ingredients are missing or there over six items noted that are unclear or problematic	C 76
More problems than above will result in no credit for the project.	F

4. Examinations.

Two 90-minute exams will be given on **3/10/09** and **4/28/09**. The mid-term exam will consist of short answer and essay questions. Responses will require integration of course material with vignettes presented in the questions. The final exam will be similar to the mid-term although will cover the back half of the course content.

Course Grades. The Treatment Plan + Presentation is worth 50% of your final grade, the Mid-Term is worth 25%, and the Final Exam 25% of your final grade. Exam grades are assessed as the percentage of total points earned on the exam using the scale below. Each exam question will have a pre-assigned number of points. The number of points you earned will be divided by the total number of points possible on the exam multiplied by 100.

97.00-100	A+
93.00-96.99	A
90.00-92.99	A-
87.00-89.99	B+
83.00-86.99	B
80.00-82.99	B-
77.00-79.99	C+
73.00-76.99	C
70.00-72.99	C-
< 70.00	F

Other Information:

IN Grades

The NCSU Handbook for Teachers states, "At the discretion of the instructor, students may be given an IN grade for work not completed because of a serious interruption in their work not caused by their own negligence." It is expected that all course requirements will be completed in the current semester and that no grades of IN will be assigned.

Adverse Weather Policy

The adverse weather policy for the course is the same as the University policy. Therefore, when in doubt about this class, please check the University web site and follow the directions as posted.

Accommodations for Students with Disabilities

Reasonable accommodations will be made for students with verifiable disabilities. In order to take advantage of available accommodations, students must register with Disability Services for Students at 1900 Student Health Center, Campus Box 7509, 515-7653

http://www.ncsu.edu/provost/offices/affirm_action/dss/. For more information on NC State's policy on working with students with disabilities, please see the Academic Accommodations for Students with Disabilities Regulation

Academic Integrity

The free exchange of ideas depends on the participants' trust that they will be given credit for their work. Everyone in an academic community must be responsible for acknowledging, using the methods accepted by the various academic disciplines, their use of others' words and ideas. Because intellectual workers' words and ideas constitute intellectual property, plagiarism is theft. Furthermore, as a reader you may want to follow other writers' paths of research in order to make your own judgments about their evidence and arguments. You will depend on those writers' accuracy and honesty in reporting their sources. In turn, your readers will depend on yours. The free exchange of ideas also depends on the participants' trust that others' work is their own and that it was done and is being reported honestly. Intellectual progress in all the disciplines demands the truthfulness of all participants. Plagiarism and cheating are attacks on the very foundation of academic life, and cannot be tolerated within universities. Section eight (8) of the NC State Student Code of Conduct

(http://www.ncsu.edu/policies/student_services/student_discipline/POL11.35.1.php) defines academic dishonesty and provides information on potential sanctions for violators of academic integrity. I will do my best to hold everybody in this class to those standards, and to be vigorous in detecting and defending standards of academic integrity. I will expect you to do the same—even if that means bringing such issues to my attention or to the attention of other authorities. Please see me if you have any questions or concerns about academic integrity issues.

You also have other responsibilities—and rights! I invite you to review the NC State University Graduate School policies describing your rights and responsibilities (available at <http://www2.acs.ncsu.edu/grad/publicns/titlep.htm>). *This content was borrowed from Jeff Braden's syllabus for Developmental Psychopathology.*

COURSE OUTLINE

Week# Date	Treatment Topic	Reading Assignment: All on e-reserve
1. Jan 13th	Special Education eligibility and categories/ vs. DSM IV-TR nomenclature and Ethnic Minority Youth	NC Policies Governing Services for Children with Disabilities; Huey & Polo (2008)
2. Jan 20th	Disruptive Behavior Disorders: ODD/CD	Eyberg, Nelson, & Boggs (2008); Stage & Quiroz (1997)
3. Jan 27th	Attention Deficit Hyperactivity Disorder	Pelham & Fabiano (2008); Gresham, Lane, & Lambros (2000)
4. Feb 3rd	Autism	Rogers & Vismara (2008); Erba (2000)
5. Feb 10th	Eating Disorders	Keel & Haedt (2008); Eisler (2005)
6. Feb 17th	Anxiety Disorders	Silverman et al. (2008); Creed & Kendall (200); Coping Cat Program

7. Feb 24th	Depression Disorders	David-Ferdon & Kaslow (2008); Stark et al. (1998)
Mar 3	Spring Break	
8. Mar 10th	In-class Midterm	
9. Mar 17th	Post-traumatic Stress	Silverman et al. (2008); Trauma Focused Cognitive Behavioral Therapy
10. Mar 24th	Substance Abuse/ Therapeutic Alliance	Waldron, Barrett & Turner (2008); Shirk & Karver (2003)
11. Mar 31st	Obsessive-Compulsive Disorder	Barrett et al. (2008); Lewin et al. (2005)
12. Apr 7th	School-wide interventions	Atkins et al. (2003)
13. Apr 14th	Two student power point presentations	Treatment plan due.
14. Apr 21st	Two student power point presentations	Treatment plan due.
15. Apr 28 th	In-class (or Take-Home) Final	

Required Text:

American Psychological Association (2000). *Diagnostic and statistical manual (4th ed – TR)*. Washington DC: Author.

Readings:

Atkins, M.S., Graczyk, P.A., Frazier, S.L., & Abdul-Adil, J. (2003). Toward a new model for promoting urban children's mental health: Accessible, effective, and sustainable school-based mental health services. *School Psychology Review, 32*, 503-514.

Barrett, P.M., Farrell, L., Pina, A.A., Peris, T.S., & Piacentini, J. (2008). Evidenced-based psychosocial treatments for child and adolescent obsessive-compulsive disorder. *Journal of Clinical Child and Adolescent Psychology, 37*, 131-156.

Creed, T.A., & Kendall, P.C. (2005). Therapist alliance-building behavior within a cognitive-behavioral treatment for anxiety in youth. *Journal of Consulting and Clinical Psychology, 73*, 498-505.

David-Ferdon, C. & Kaslow, N.J. (2008). Evidenced-based psychosocial treatments for child and adolescent depression. *Journal of Clinical Child and Adolescent Psychology, 37*, 62-105.

Eisler, I. (2005). The empirical and theoretical base of family therapy and multiple family day therapy for adolescent anorexia nervosa. *Journal of Family Therapy, 27*, 104-131.

Erba, H.W. (2000). Early intervention programs for children with autism: Conceptual frameworks for implementation. *American Journal of Orthopsychiatry, 70*, 82-94.

- Eyberg, S., Nelson, M.M., & Boggs, S.R. (2008). Evidenced-based psychosocial treatments for child and adolescents with disruptive behavior. *Journal of Clinical Child and Adolescent Psychology, 37*, 215-238.
- Gresham, F.M., Lane, K.L., & Lambros, K.M. (2000). Comorbidity of conduct problems and ADHD: Identification of "fledgling psychopaths". *Journal of Emotional and Behavioral Disorders, 8*, 83-93.
- Huey, S.J., & Polo, A.J. (2008). Evidenced-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child and Adolescent Psychology, 37*, 262-301.
- Keel, P.K. & Haedt, A. (2008). Evidenced-based psychosocial treatments for eating problems and eating disorders. *Journal of Clinical Child and Adolescent Psychology, 37*, 39-62.
- Kendall, P. (1994). *Coping cat program*. Promising Practices Network.
<http://www.promisingpractices.net/program.asp?programid=156>
- Lewin, A.B., Storch, E.A., Merlo, L.J., Adkins, J.W., Murphy, T., & Geffken, G.R. (2005). Intensive cognitive behavioral therapy for pediatric obsessive-compulsive disorder: A treatment protocol for mental health providers. *Psychological Services, 2*, 91-104.
- North Carolina Polices Governing Services for Children with Disabilities* (2007). NC State Board of Education. <http://www.dpi.state.nc.us/docs/ec/policy/policies/2007policies.pdf>
- Pelham, W.E. & Fabiano, G.A. (2008). Evidenced-based psychosocial treatments for attention-deficit/ hyperactivity disorder. *Journal of Clinical Child and Adolescent Psychology, 37*, 184-215.
- Rogers, S.J. & Vismara, L.A. (2008). Evidenced-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology, 37*, 8-39.
- Shirk, S.R., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 71*, 452-464.
- Silverman, W.K., Ortiz, C.D., Viswesvaran, C., Burns, B.J., Kolko, D.J., Putnam, F.W., Fabiano, G.A., Amaya-Jackson, L. (2008). Evidenced-based psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child and Adolescent Psychology, 37*, 156-184.
- Silverman, W.K., Pina, A.A., Peris, & Viswesvaran, C. (2008). Evidenced-based psychosocial treatments for phobic and anxiety disorders in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 37*, 105-131.
- Stage, S. A. & Quiroz, D. R. (1997). A meta-analysis of interventions to decrease

disruptive classroom behavior in public education settings. *School Psychology Review*, 26, 333-368.

Stark, K.D., Swearer, S., Sommer, D., Hickey B.B., Napolitano, S., Kurowski, C., & Dempsey, M. (1998). School-based group treatment for depressive disorders in children. In K.C. Stoiber & T.R. Kratochwill (Ed.s), *Handbook of group intervention for children and families* (pp. 68-100). Needham Hts., MA: Allyn & Bacon.

Trauma-focused cognitive-behavior therapy. SAMSA: Substance Abuse and Mental Health Services Administration. <http://www.modelprograms.samhsa.gov/pdfs/model/TFCBT.pdf>

Waldron, H.B. & Turner, C.W. (2008). Evidence-based psychosocial treatments for adolescent substance abuse. *Journal of Clinical Child and Adolescent Psychology*, 37, 238-262.