

**Child and Family Intervention Science  
Psychology 610, Spring 2010  
Thursday 12:00 pm to 2:50 pm  
Child and Family Center  
195 West 12th Avenue**

Instructors:

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Office Hours Thursday 3 to 4pm and by appointment schedule with Pamela Beeler (346 4805)

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Office Hours Tuesday 9-10 am and by appointment (schedule by email)

Child and Family Center website: (<http://cfc.uoregon.edu>)

Username: pubs; Password: CFCpublication

Description:

This doctoral seminar provides an intensive overview of the scientific and clinical literature on mental health interventions for children, adolescents and families. The seminar is designed for individuals interested in integrating developmental and intervention research into clinical practice with children and families. Introductory lectures provide a framework for considering the developmental, systems, and clinical empirical literature forming the basis of mental health interventions with children and families. Reviews of current intervention strategies will include pragmatic, detailed descriptions, reviews of supporting data, as well as delineations of the limits of current research. An effort will be made to present and integrate clinical practice in real world settings with research guidelines on best practices. An ecological perspective on intervention science provides a framework to bridge individually oriented interventions to those that emphasize relationships and families.

This professional training seminar prepares doctoral students for advanced training in Clinical, Counseling Psychology or School Psychology and for participation in advanced training for interventions targeting children and families. In addition, the seminar is designed for advanced students interested in developing a program of research in the broad area of child and family intervention science.

For the first three weeks, the instructors will present and organize material to support a critical understanding of the empirical, conceptual and ethical issues most pertinent to a science based approach to the design and delivery of mental health interventions for children and families. Graduate student teams will then present expert best practice presentations on specific empirically support interventions for unique forms of child and adolescent psychopathology. The final weeks of the quarter will focus on specialized treatment topics.

\*\*\*Please note: this syllabus is preliminary and may be adjusted over the course of the quarter to meet student/instructor needs.

### Course Objectives:

The following are educational objectives and skills emphasized for this course:

- 1) Familiarity with an ecological approach to interventions with children and families;
- 2) Familiarity with assessment driven intervention models, and various assessment strategies relevant to child and family interventions;
- 3) Case conceptualization using empirically validated intervention strategies from an ecological perspective;
- 4) A solid review of the empirical and clinical literature on effective interventions for children, adolescents and families;
- 5) A critical perspective on the state of knowledge and the limits of current research;
- 6) An understanding of adaptive – tailored interventions that are systematically guided by psychological and behavioral assessments.
- 7) Comfort with videotaped role-play practice and feedback using key clinical skills in mental health services for children and families.
- 8) An understanding of the pragmatic details of specific intervention strategies for various child disorders;

### **Grading**

The course can be taken as graded, or pass/no pass. Grades will be computed on a standard scale based on the percentage of points: 90% or more = A, 80-89% = B, 70-79% = C, etc.

The following is the distribution of points available for this seminar:

- 1) Attendance and participation: 15
- 2) Weekly abstracts and submission of questions (2 per week) 15
- 3) FCU Tailored Intervention 25
- 4) Student Presentation on Manual-based Treatment Modality + role-play 25
- 5) Take home exam: 10 pages maximum 20

### **Attendance/Participation**

Class attendance and participation are an important part of your grade. Thus, attendance of lectures is mandatory, and failure to attend will result in diminished grades. You may miss one class with prior notification to both lecturers via email.

*Demonstration of Completed Reading:* You are expected to complete all assigned readings prior to class and be prepared to discuss them. Student participation will be considered exemplary when they demonstrate a good understanding of the reading, critical thinking skills, and questions and comments related to thoughtful application of the materials to clinical interventions.

To facilitate participation in class discussions, students will submit summary abstracts and questions about two of the assigned readings for class by Wednesday morning (9 am) the day prior to class (emailed to both instructors. Thus, two abstracts will be submitted weekly, no longer than one page, double spaced, including the question for discussion.

## **Evidence-Based Treatment Modality Presentations:**

Students will make 1 presentation this quarter comprised of two parts. The first part of the presentation is to provide an overview of one evidence-based treatment modality relying heavily on the manual which details the intervention. This presentation will include promising assessment strategies, comparisons with similar intervention techniques, and evaluation of the empirical literature with respect to issues of diversity and populations upon which the intervention has been studied. The second part of the presentation is to structure a role-play activity where a key component of the intervention is taught, and the students in the class role play the treatment skill in groups of 2. Each student will work closely with the instructors on both parts of this assignment.

### **Presentation on Manual-based Treatment Modality.**

On the first day of class, we will distribute a list of evidence-based treatment manuals for groups to choose from. Groups will then present, following a 45-minute workshop format described previously. In the allotted time, presentations should provide:

- 1) A model-based overview of the treatment modality, describing the theoretical model/orientation that guides the treatment (i.e., how does the model effect change in child outcomes? What are the mediating constructs that account for mechanisms of change?)
- 2) A summary of the treatment outcomes targeted – what outcomes does this model have an evidence base for improving?
- 3) A description of the treatment population (e.g., what ages, who participates, evaluation of effectiveness with diverse groups, etc.)
- 4) Description of the format of treatment (e.g., family, individual)
- 5) A summary of treatment sessions provided.
- 6) Key clinical or professional skills involved in delivering the intervention.
- 7) Common ethical issues related to use of this modality
- 8) A critical summary of the evidence-base for this treatment. Students should review at least 2 empirical studies, and be familiar with the general body of evidence supporting the treatment. Presenters should describe the quantity and quality of evidence supporting this modality, consistent with the APA Task Force guidelines for Evidence Based Treatments

Materials to be distributed:

1. Groups must distribute powerpoint slides to the class by 9 am on the day prior to their presentation so peers may print them out and review before class.
2. Groups must create and distribute a 1-page treatment summary sheet for students to have as a reference guide. A template for this summary form will be provided by instructors.

### **Structuring of Role-Plays**

The goal of this assignment is to teach the class key treatment sessions from each selected treatment manual. To teach these manual-based treatment sessions, students will distribute outlines and any supporting materials for the treatment session to classmates on the day prior to presenting. Then the presentation will include an overview of the content of the session, a model role-play (approx 15 minutes), and then facilitate the rest of the class in conducting role-plays of the therapy session. Students will work with instructors to identify which treatment sessions will be presented, and will gain guidance on structuring the class role-plays.

Materials to be distributed:

1. Groups must distribute treatment session outlines to the class by 9 am on the day prior to their presentation so peers may print them out and review before class.
2. Also, if there are any supporting materials for the session (handouts, in-session exercises, etc) these should also be distributed to the class by 9 am on the day prior to the presentation.

### **Family Check-Up Feedback Session + Tailored Intervention Assignment (Due 5/27/10)**

You are to create a feedback profile consistent with your selected treatment manual (e.g., conduct problems, anxiety). Based on this feedback profile, you are to write up a project that encapsulates a tailored assessment and feedback session consistent with the Family Check-Up model. This assignment includes two components: a paper, and a video-recorded role-play. Student pairs will work together for role-plays, but each student will independently produce their own final product.

#### **Written Assignment**

Students will write up a tailored Family Check-Up assessment packet that is adapted to fit with the unique presenting concerns of the population treated by the treatment manual you presented on (e.g., conduct problems, anxiety). Each write up should include the following components:

- 1) Client demographics and presenting problem. You should provide a 1-page description of the client/family demographics and presenting concerns.
- 2) Assessment tools: We expect that you will conceptualize your case with the established FCU assessment packets. In your write up, you should describe *supplementary* assessment tools you would use to tailor the FCU for your client vignette/presenting concerns. Minimum of one supplementary assessment tool for each section of the rainbow sheet (ecological, family management, youth adjustment).

Also, in addition to the questionnaire assessments, you should also design one specialized observational task for the family to participate, that captures important family dynamics related to the specifics of your case. Also list 4

features of the family interaction that would provide information for the feedback session (i.e., describe observational codes you would devise, stated as questions, to rate the observational task).

- 3) A brief (approximately 2 pages) case conceptualization within an ecological framework, following the FCU model. How do the different aspects of the assessment results fit together into a cohesive story that you would provide your client?
- 4) A feedback summary sheet (you may adapt the rainbow sheet). This should include the scores for your family feedback, on dimensions of the FCU, with added information about the supplementary sections you added to the assessment.
- 5) Menu of Options: you should create a menu of options consistent with the FCU model for this family. You should include recommendations for treatment services using your treatment manual, recommendations for community referrals, and the option to have “no services at this time”. Additional recommendations for ecological support or psycho-educational materials should also be offered as relevant.

#### Role-Plays:

Each student will turn in a 15 minute role-play (as the therapist) of a feedback session based on the above written materials. You will likely work with your partner, but each will turn in a unique feedback session as the therapist. This feedback session should include the core components of the FCU feedback session: 1) client self-assessment, 2) clarification and support, 3) review of assessment results, and 4) discussion of the menu of options.

#### Assigned Texts

Weisz, J.R. & Kazdin (2010). Evidence-Based Psychotherapies for Children and Adolescents: Second Edition. Guilford Publications: New York

Dishion, T. J. and Stormshak, B. (2007). An Ecological Approach to Child and Adolescent Clinical Psychology. Washington, D.C., APA books

Additional readings will be posted on the Child and Family Center web page throughout the course (<https://cfc.uoregon.edu>)

## **Weekly Class Topics**

### **4/01 Introduction and Theoretical Overview I:**

Orientation, review syllabus, assign presentations,  
Overview: Systems Theory (Family, Ecological) vs. Individual-Focused  
Interventions (Fosco)

#### **Readings:**

Dishion & Stormshak (2007); Chapters 1, 2, 3, 4

Weisz & Kazdin (2010): Chapters 1 & 3

Minuchin, S. (1974). (Chapter 3) Families and family therapy. Cambridge, MA: Harvard University Press.

### **4/08 Model Building and Ethical Issues in Child and Family Interventions**

Providing a framework for evaluating ethical interventions for children and family interventions: 1) Empirical models that guide interventions, 2) Mediation and moderation, 3) Public health perspective; 4) Co morbidity, 5) Supervision and fidelity, and 6) Ethnicity and ascertainment bias. (Fosco/Dishion)

Dishion & Stormshak (2007); Chapters 12,13, 14

Weisz & Kazdin (2010): Chapter 28, 29, 31

#### **Resource articles:**

Huey & Polo (2008). Evidence based psychosocial treatments for minority youth: A review and meta-analysis. *Journal of Clinical Child and Adolescent Psychology*, 37, 262-301.

[Dishion, T. J., McCord, J., & Poulin, F. \(1999\).](#) When interventions harm: Peer groups and problem behavior. *American Psychologist*, 54, 755-764.

### **4/15 An Ecological Approach to Family Interventions and Treatment**

Adaptive and tailored interventions; Motivational interviewing; Family Check Up model and evidence of effectiveness, supervision practices and fidelity (Dishion)

Dishion & Stormshak (2007); Chapters 5, 6, 7, 8, 9, 10

Weisz & Kazdin (2010): Chapter 11

#### **Resource article:**

Collins, L. M., S. A. Murphy, et al. (2004). A conceptual framework for adaptive preventive interventions. *Prevention Science* 5: 185-196.

### **4/22 Conduct problems, delinquency and/or substance abuse.**

Weisz & Kazdin (2010): Chapters 15, 17, 26, 27

#### **4/29 Attention deficit and hyperactivity, Oppositional defiant**

Weisz & Kazdin (2010): Chapters 12, 14, 18

MTA Group (2009). MTA at 8 years: Prospective follow-up of children treated for combined-type ADHD in a multisite study. *Journal of the American Academy of Adolescent Psychiatry*, 48, 484-500.

#### **5/06 Child and adolescent depression.**

Weisz & Kazdin (2010): Chapter 9, 10

Kendall, P.C. et al. (2008). Cognitive behavioral therapy for anxiety disordered youth: A randomized clinical trial evaluating child and family modalities. *Journal of Consulting and Clinical Psychology*, 76, 282-297.

Stice, E., Rohde, P., Seeley, J. R., & Gau, J. M (2008). Brief cognitive behavioral depression prevention program for high-risk adolescents outperforms two alternative interventions: A randomized efficacy trial. *Journal of Consulting and Clinical Psychology*, 76, 595-606.

#### **5/13 Child and adolescent anxiety disorders and obsessive compulsive**

Weisz & Kazdin (2010): Chapters 4, 5, 6

#### **5/21 Child and adolescent trauma.**

Weisz & Kazdin (2010): Chapters 16, 19

Smith, D. K., Leve, L. D., Chamberlain, P. (2006). Adolescent girls' offending and health risking sexual behavior: The predictive role of trauma. *Child Maltreatment*, 11, 346-353.

Resource article:

Cohen et al, (2006). Psychosocial interventions for maltreated and violence exposed youth. *Journal of Social Issues*, 62, 737-766.

#### **5/27 Anorexia and/or bulimia**

Weisz & Kazdin (2010): Chapter 22

Keel, P. K. & Haedt, A. (2008). Evidence-based psychosocial treatments for eating problems and eating disorders. *Journal of Clinical Child & Adolescent Psychology*, 37, 39-61.

Additional Readings TBA

4/1/10

**6/03 Take Home Final:** 5 out of 7 short answer questions: Due last day of finals week