



CSPP CALIFORNIA SCHOOL OF PROFESSIONAL PSYCHOLOGY

ALLIANT INTERNATIONAL UNIVERSITY

Course: PSY7292 Clinical Interventions: Children and Adolescents
School: California School of Professional Psychology
Course Units: 2 Units
Grading: Letter Grades

Instructor: Jackie Parke, Psy.D.
Office Hours: By appointment

I. Rationale

The Clinical Interventions: Children and Adolescents course was developed to familiarize students with interventions commonly utilized by psychologists when treating children and adolescents in psychotherapy. Since children and adolescents have unique clinical presentations by way of their developmental trajectory and therefore also benefit from uniquely tailored intervention, this course emphasizes a *developmentally-grounded perspective* (grounded in developmental theory) when conceptualizing children and adolescents and selecting/implementing interventions. It also integrates *various theoretical orientations* and how each can inform the conceptualization of children and adolescents, including cognitive-behavioral theory, psychodynamic theory, family systems theory, and play/art-based approaches. Within this developmental and theoretical approach, this course emphasizes the selection and implementation of *evidence-based interventions* that are derived from clinical research.

II. Course Description, Purpose, Student Learning Outcomes, and Assessment

A. Course Description

This course focuses on the development of the knowledge and practical skills necessary to implement psychotherapeutic interventions with children and adolescents. The three core dimensions of the course involve: 1) understanding developmental theory and using a *developmentally-grounded perspective* to conceptualize children and adolescents, 2) understanding how the integration of *various theoretical orientations* can inform the conceptualization of children and adolescents, and 3) forming a working knowledge base of *evidence-based interventions* for children and adolescents that can be appropriately selected and implemented with children and adolescents. Given that this last dimension involves the appropriate selection of interventions (based on a thorough intake evaluation and case conceptualization) as well as implementation of interventions, this course involves the practice of these skills both within the classroom and outside of it.

B. Goals

This course will familiarize students with interventions that are utilized in psychotherapy with children and adolescents. The course will do the following:

- Explore knowledge of developmental theories and how they help us understand the development of one individual at a given point in time from a *developmentally-grounded perspective*
- Provide clarity about how *various theoretical orientations* can inform case conceptualization with children and adolescents
- Present specific *evidence-based interventions* that are implicated in the treatment of specific clinical disorders
- Foster development of skills in selecting interventions, based upon thorough evaluation/assessment and sound case conceptualization
- Foster development of skills in implementing interventions in a manner that is uniquely tailored to each child or adolescent
- Encourage identification of specific measures by which the efficacy of interventions can be evaluated

C. Specific Learning Outcomes

Upon successful completion of the course, students will be able to:

1. Demonstrate knowledge of developmental theories and how they help us understand the development of one individual at a given point in time from a *developmentally-grounded perspective*
 - a. Students will be able to demonstrate knowledge of various developmental theories
 - b. Students will be able to apply this knowledge to their understanding of a child or adolescent
 - c. Students will be able to conceptualize a child or adolescent and their developmental trajectory compared to typical/atypical development
2. Explain how *various theoretical orientations* can each inform case conceptualization with children and adolescents
 - a. Students will be able to demonstrate knowledge of various theoretical orientations and their key theoretical concepts/assumptions
 - b. Students will be able to integrate at least one of these theoretical orientations into a written case conceptualization of a child or adolescent
 - c. Students will be able to integrate more than one theoretical orientation into a case conceptualization
3. Maintain a working knowledge base of *evidence-based interventions* that are implicated in the treatment of specific clinical disorders
 - a. Students will be able to identify evidence-based interventions that correspond to a range of clinical disorders seen in children and adolescents
 - b. Students will be able to identify and describe the key components involved in these evidence-based interventions
4. Appropriately select interventions for children and adolescents, based upon thorough evaluation/assessment and sound case conceptualization
 - a. Students will be able to integrate intake data from collateral sources and baseline assessment measures to arrive at an initial diagnosis

- b. Students will be able to conceptualize a case of a child or adolescent by interpreting intake/assessment data through the lens of developmental theory and a theoretical orientation(s)
 - c. Students will be able to identify and describe evidence-based interventions that are appropriate for a given child or adolescent client, in light of this conceptualization and the clinical research
5. Appropriately implement interventions with children and adolescents in a manner that is tailored to each individual client
- a. Students will be able to consider and suggest developmental modifications to interventions that may render them more appropriate for a given client's developmental level
 - b. Students will be able to practice implementing evidence-based interventions both within the classroom as well as outside of it
6. Encourage identification of specific measures by which the efficacy of interventions can be evaluated
- a. Students will be able to identify specific means by which "baseline" measures of clients' target behaviors can be evaluated
 - b. Students will also be able to identify specific means by which progress can be measured and the efficacy of interventions can be evaluated
 - c. Students will develop an awareness of the importance of measuring client progress via client report, parent report, therapist observation, and/or specific psychological self-report or parent-report measures

D. Instructional Strategy

This course will utilize multiple formats in the presentation of material. It will incorporate traditional learning methods (such as readings, lecture, and in-class discussion) with technology and more interactive activities (such as multimedia presentations and in vivo role play activities). Using a range of teaching formats will allow for different learning styles to be represented and different aspects of education to be procured.

Most importantly, the balance between acquiring knowledge through lecture and practicing it through role-play exercises in class will provide an enriched academic experience. It will allow for the knowledge-based concepts to translate into practical applications and experiential learning, which assists students in understanding how concepts can be practically applied in clinical settings.

E. Description of Course Requirements and Assessment Methods

Students are expected to read the assigned materials before coming to class and be prepared to discuss the readings and apply them to class discussions and case vignettes. Class participation is required and constitutes part of the final grade. Sharing ideas and engaging in intellectual dialogue are requirements of the course and constitute an integral part of preparation to be a psychologist. Participation in class discussion is an important component for evaluating student competence. Through participation, students also contribute to others' learning and advance their own personal understanding. It is one way in which students are able to demonstrate mastery of class material,

course specific objectives, and the ability to engage in problem solving and professional learning behaviors.

If speaking in class is difficult for anyone, the student should inform the instructor and work with her to find a possible alternative means for satisfying this requirement. No one should hesitate to interact with the instructor as needed to help meet this requirement.

The final semester grade is determined by the following weighting of class participation and assignments:

Class Attendance	10% of grade (43 points)
Class Participation	10% of grade (43 points)
Parent Interview Paper:	25% of grade (50 points)
Child Interaction Paper:	25% of grade (50 points)
Final Child Application Paper:	30% of grade (50 points)

Class Participation Rubric

- 20 points: Student arrives on time, stays until class is dismissed and actively participates in 90% or more of classes, including in-class activities and role-plays
- 18 points: Student arrives on time, stays until class is dismissed and actively participates in 85% or more of classes, including in-class activities and role-plays
- 16 points: Student arrives on time, stays until class is dismissed and actively participates in 80% or more of classes, including in-class activities and role-plays
- 14 points: Student arrives on time, stays until class is dismissed and actively participates in 75% or more of classes, including in-class activities and role-plays
- 12 points: Student arrives on time, stays until class is dismissed and actively participates in 70% or more of classes, including in-class activities and role-plays
- 0 points: Student actively participates in less than 70% of classes

Parent Interview Paper (5-6 pages; 50 points): Students will interview a parent who currently has a child between the ages of five and eleven. The purpose of the interview is to gather information regarding the child's development up until the current time. Questions will be asked regarding the child's development in a number of domains across time, the parent's perceptions of the child's strengths and potential, and any concerns the parent has regarding their child. The paper should describe and summarize information gathered from the parent and also integrate developmental theories to explain the child's developmental trajectory. Although the content of the interview resembles that of a clinical intake interview, it should be conducted with the understanding that it is for the student's educational purposes only and no feedback will be provided to the parent. See grading rubric at the end of the syllabus for more information.

Child Interaction Paper (5-6 pages; 50 points): Students will spend half an hour with the child of the parent they interviewed for the parent interview paper (this should be the same child they gathered information about when interviewing the parent, not a sibling or unrelated child). The student will spend thirty minutes alone with the child, building a relationship with the child and engaging in some sort of play, art, music, or bibliotherapy-based activity. Feel free to be as fun, creative, and flexible as would be appropriate in building the relationship with the child. The activity can be anything from playing a board game to drawing a picture to reading a book together. It should involve relationship-building and be interactive, however (not one person watching the other one play a video game, for example). The student will write a reflection paper regarding the interaction. See grading rubric at the end of the syllabus for more information.

Final Child Application Paper (12-14 pages; 50 points): Students will complete a final child application paper that demonstrates their ability to conceptualize from a developmental, theoretically integrative perspective and to design interventions as appropriate. This paper will involve altering the information gathered during the parent interview and child interaction assignments to create a hypothetical “client” who has been diagnosed with a psychological disorder discussed during this semester’s course. The paper will involve describing the symptoms associated with the “client’s” disorder, an explanation of how this is affecting the client developmentally, a conceptualization of the client based upon developmental theory and one or more theoretical orientations, consideration of risk versus protective factors, and a thorough explanation of therapeutic interventions that could be utilized with the client (including evidence-based interventions, wherever possible). See grading rubric at the end of the syllabus for more information.

Several criteria will be used by the instructor to assess the student’s performance, including the following. Does the student:

1. Demonstrate a clear understanding of the course concepts when speaking and writing?
2. Apply the course concepts to case vignettes or in-class activities in appropriate and thoughtful ways?
3. Show sufficient effort to think through the issues and present ideas that are well developed?
4. Demonstrate sensitivity to issues of diversity and to cultural context when discussing or applying course concepts?
5. Submit written assignments that are written in APA style, well organized, grammatically correct, and proofread?

Grading Scale

93 – 100 points = A	78 – 79 points = C+
90 – 92 points = A-	73 – 77 points = C
88 – 89 points = B+	70 – 72 points = C-
83 – 87 points = B	60 – 69 points = D
80 – 82 points = B-	<60 points = F

III. Policies and Procedures: Behavioral Expectations/Attendance

Policies Related To Class Attendance, Lateness to Class, Late Assignments

The University expects regular class attendance by all students. Each student is responsible for all academic work missed during absences including class notes and assignments. When an absence is necessary, students should contact the instructor as soon as possible. The student should get notes from another student who attended the class. See the University Catalog for the complete policy on attendance. More than two absences per semester may result in a “Mid-Semester Statement of Concern” and additional absences could result in “No Credit” in the course and a referral to the Psy.D. Program Student Evaluation and Review Committee (SERC).

Arriving late to class can be disruptive to the instructor and to other students, and information can be missed that is important for the student’s learning and performance. Late attendances and leaving class may result in a “Mid-Semester Statement of Concern” and or a referral to SERC.

Responsibility to Keep Copies

Remember – it is good practice to keep copies of ALL papers you turn in. On rare occasions, work may be lost because of computer failure or other mishaps.

Resources for Obtaining Tutoring or Other Student Support Services

Tutors may be available to help students with course-based needs. Contact the Director of Student Support Services, Stephanie Byers-Bell for information on obtaining tutoring or other student support services.

Respectful Speech and Actions

Alliant International University, by mission and practice, is committed to fair and respectful consideration of all members of our community, and the greater communities surrounding us.

All members of the University must treat one another as they would wish to be treated themselves, with dignity and concern.

As an institution of higher education, Alliant International University has the obligation to combat racism, sexism, and other forms of bias and to provide an equal educational opportunity. The APA Ethical Codes and the AIU Academic Code shall be the guiding principles in dealing with speech or actions that, when considered objectively, are abusive and insulting.

Academic Code of Conduct and Ethics

The University is committed to principles of scholastic honesty. Its members are expected to abide by ethical standards both in their conduct and in their exercise of responsibility towards other members of the community. Each student’s conduct is expected to be in accordance with the standards of the University. *The complete Academic Code, which covers acts of misconduct including plagiarism, unauthorized collaboration, and assisting other students in acts of misconduct, among others, may be found in the University Catalog.* The University reserves the right to use plagiarism detection software.

Disability Accommodations Request

If you need disability-related accommodations in this class, please see me privately. All accommodations must be requested in a timely manner (at least 2 weeks ahead of time) with a letter of support from Alliant's Office of Disability Services. If you have questions about accommodations, please contact the Office of Disability Services.

Policy on Course Requirements During Religious Holidays

Alliant International University does not officially observe any religious holidays. However, in keeping with the institution's commitment to issues of cultural diversity as well as humanitarian considerations, faculty are encouraged to appreciate students' religious observances by not penalizing them when they are absent from classes on holy days. Alliant International University faculty will be sensitive to these matters.

Problem Solving Resources

Various resources are available to students who encounter a problem with faculty, staff or other students. One resource available to students is their Academic Advisor. If you do not know who this person is, please contact Lloyd Wilson in the Psy.D. Program office. Student grievance procedures can also be found on the AIU portal.

Grade Appeal Policy

The Alliant Grade Appeal Policy can be found on the Alliant Portal. Students who wish to appeal their grade must carefully review this policy and proceed in a timely manner. You need to start the process soon after the grade is posted by our Registrar. The Program further requires that before initiating a grade appeal students must first attempt to informally resolve the matter and/or any related problems directly with the instructor and then, if applicable, any course coordinator. These attempts will need to be documented as part of the grade appeal process.

Required Textbooks

Adler-Tapia, R. (2012). *Child psychotherapy: Integrating developmental theory into clinical practice*. New York, NY: Springer.

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

Recommended Textbooks

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Additional Recommended Readings

American Academy of Pediatrics. (2011). ADHD: Clinical practice guidelines for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics*, 128 (5) 1-16.

Barkley, R. A. (Ed.). (2005). *Attention deficit hyperactivity disorder: A handbook for*

- diagnosis and treatment*. New York: Guilford Press.
- Barkley, R.A. (1987). *Defiant children: A clinician's guide to parent training*. New York: Guilford.
- Barrett, P. M., Duffy, A. L., Dadds, M. R., & Rapee, R. M. (2001). Cognitive-behavioral treatment of anxiety disorders in children: Long-term (6-year) follow-up. *Journal of Consulting and Clinical Psychology, 69*, 135–141.
- Barrett, P.M., Farrell, L., Pina, A.A., Peris, T.S. & Piacentini, J. (2008). Evidence-based psychosocial treatments for child and adolescent obsessive–compulsive disorder. *Journal of Clinical Child & Adolescent Psychology, 37* (1), 131-155.
- Carr, A. (Ed.). (2000). *What works with children and adolescents? A critical review of psychological interventions with children, adolescents and their families*. New York: Routledge.
- Clark, C. (2004). *Hurt: Inside the world of today's teenagers*. Grand Rapids: Baker Academic.
- Conduct Problems Prevention Research Group. (2010). The difficulty of maintaining positive intervention effects: A look at disruptive behavior, deviant peer relations, and social skills during the middle school years. *Journal of Early Adolescence, 6*, 131–157.
- Cook, C. R. & Blacher, J. (2007). Evidence-based psychosocial treatments for tic disorders. *Clinical Psychology: Science and Practice, 14*, 252–267.
- Curry, J.F., & Becker, S.J. (2008). Empirically supported psychotherapies for adolescent depression and mood disorders. In R.G. Steele, T.D. Elkin, & M.C. Roberts (Eds.). *Handbook of evidence-based therapies for children and adolescents*, pp. 161-176. New York, NY: Springer.
- David-Ferndon, C., Kaslow, N. J. (2008). Evidence-based psychosocial treatments for child and adolescent depression. *Journal of Clinical Child and Adolescent Psychology, 37*(1):62-104.
- Dahl, R. & Patia Spear, L. (2004). *Adolescent Brain Development: Vulnerabilities and Opportunities*. New York: New York Academy of Sciences, Vol. 1021.
- Diamond, G.S., Wintersteen, M.B., Brown, G.K., Diamond, G.M., Gallop, R., Shelef, K., Levy, S. (2010). Attachment-based family therapy for adolescents with suicidal ideation: a randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry, 49*, 122—131.
- Dretzke, J., Davenport, C., Frew, E., Barlow, J., Stewart-Brown, S., Bayliss, S., Taylor, R.S., Sndercock, J., & Hyde, C. (2009). The clinical effectiveness of different parenting programmes for children with conduct problems: A systematic review of randomized controlled trials. *Child and Adolescent Psychiatry & Mental Health, 3*, 7.
- Evans, D; Foa, E.; Gur, R; Hendlin, H; O'Brien, C.; Seligman, M. & Walsh, B.T. (2005). *Treating and preventing adolescent mental health disorders: What we know and what we don't know. A research Agenda*. New York: Oxford.
- Eyberg, S.M., Nelson, M.M., & Boggs, S, R. (2008). Evidence-based psychosocial treatment for children and adolescents with disruptive behavior. *Journal of Clinical & Adolescent Psychology, 37*(1), 215-237.
- Fabiano, G., Pelham, W.E., Coles, E.K., Gnagy, E.M., Chronis, A.M., & O'Connor, B.C. (2009). A metaanalysis of behavioral treatments for attention-deficit/hyperactivity disorder. *Behavior Therapy, 40*, 190-204.
- Fristad, M.A., Verducci, J.S., Walters, K., & Young, M.E. (2009). Impact of multifamily psychoeducational psychotherapy in treating children aged 8 to 12 years with mood

- disorders. *Archives of General Psychiatry*, 66(9), 1013-1021.
- Garcia, A.M., Sapyta, J.J., Moore, P.S., Freeman, J.B., Franklin, M.E., March, J.S., Foa, E.B. (2010). Predictors and moderators of treatment outcome in the pediatric obsessive compulsive treatment study (POTS I). *Journal of the American Academy of Child & Adolescent Psychiatry*, 49 (10), 1024-1033.
- Geller, D.A., Biederman, J., S., Gowers, S., Clark, A., Roberts, C., Griffiths, A., Edwards, V., et al. (2007). Clinical effectiveness of treatments for anorexia nervosa in adolescents. Randomised controlled trial. *British Journal of Psychiatry*, 91, 427-435.
- Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42(4), 386-405.
- Greene, R. W. & Ablon, J. S. (2006). *Treating Explosive Kids: The Collaborative Problem-Solving Approach*. New York: Guilford Press.
- Hinshaw, S. P., Klein, R. G., & Abikoff, H. B. (2002). Childhood attention-deficit hyperactivity disorder: Nonpharmacological treatments and their combination with medication. In P. E. Nathan & J. M. Gorman (Eds.). *A guide to treatments that work* (2nd ed., pp. 3-55). New York: Oxford University Press.
- Kaminer, Y. & Winters, K.C. (Eds.) (2011). *Clinical manual of adolescent substance abuse treatment*. Washington DC: American Psychiatric Association.
- Kaminski, J. W., Valle, L. A., Filene, J. H., & Boyle, C. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology*, 36, 567-589.
- Kolko, D. J., Iselin, A. M., & Gully, K. (2011). Evaluation of the sustainability and clinical outcome of alternatives for families: A cognitive-behavioral therapy (AF-CBT) in a child protection center. *Child Abuse & Neglect*, 35, 105-116.
- Kowatch, R.A., Fristad, M.A., & Findling, R. (2009). *Clinical manual for the management of bipolar disorder in children and adolescents*. Washington, DC: American Psychiatric Publishing, Inc.
- Landreth, G. (2002). *Play therapy: The art of the relationship* (2nd ed.). New York: Brunner-Routledge.
- Le Grange, D., & Lock, J. (Eds.) (2011). *Children and adolescents with eating disorders: Handbook of assessment and treatment*. New York: Guilford Press.
- Leffler, J.M., Fristad, M.A. & Klaus, N.M. (2010). Psychoeducational psychotherapy (PEP) for children with bipolar disorder: Two case studies. *Journal of Family Psychotherapy*, 21, 269–286.
- Lipsey, M.W., Tanner-Smith, E.E., & Wilson, S.J. (2010). *Comparative effectiveness of adolescent substance treatment: Three meta-analyses with implications for practice*. Nashville, TN: Peabody Research Institute, Vanderbilt University.
- Lock, J., Le Grange, D., Agras, S., Bryson, S., & Booil, J. (2011). Randomized clinical trial comparing family-based treatment to adolescent focused individual therapy for adolescents with anorexia nervosa. *Archives of General Psychiatry*, 67, 1025-1032.
- Lowenstein, L. (1999). *Creative interventions for troubled children & youth*. Toronto, Canada: Champion Press.
- Lundahl, B. W., Tollefson, D., Risser, H., & Lovejoy, M. C. (2008). A meta-analysis of father involvement in parent training. *Research on Social Work Practice*, 18 (2), 97–106.
- Miklowitz, D. J., Biuckians, A., & Richards, J. A. (2006). Early-onset bipolar disorder: a family treatment perspective. *Development and Psychopathology*, 18 (4), 1247-1265.

- Nixon, R. D. V., Sweeney, L., Erickson, D. B., & Touyz, S.W. (2003). Parent-Child Interaction Therapy: A comparison of standard and abbreviated treatments for oppositional defiant preschoolers. *Journal of Consulting and Clinical Psychology, 71*, 251–260.
- Pavuluri, M.N., Graczyk, P.A., Henry, D.B., Carbray, J.A., Heidenreich, J., & Miklowitz, D.J. (2004). Child- and family-focused cognitive-behavioral therapy for pediatric bipolar disorder: Development and preliminary results. *Journal of the American Academy of Child & Adolescent Psychiatry, 43* (5), 528-537.
- Piacentini, J., Woods, D.W., Scahill, L., Wilhelm, S., Peterson, A.L., Chang, S., & Walkup, J.T. (2010). Behavior therapy for children with Tourette disorder: A randomized controlled trial. *Journal of the American Medical Association, 303* (19), 1929-1937.
- Reid, M. J., Webster-Stratton, C., & Hammond, M. (2007). Enhancing a classroom social competence and problem-solving curriculum by offering parent training to families of moderate- to high-risk elementary school children. *Journal of Clinical Child & Adolescent Psychology, 36*, 605–620.
- Rogers, S. J., & Vismara, L. A. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child and Adolescent Psychology, 37*, 8-38.
- Saavedra L.M., Silverman W.K., Morgan-Lopez A.A., & Kurtines W.M. (2010). Cognitive behavioral treatment for childhood anxiety disorders: long-term effects on anxiety and secondary disorders in young adulthood. *Journal of Child Psychology & Psychiatry, 51*(8), 924-934.
- Sanders, M. R. (1999). Triple P-Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children. *Clinical Child & Family Psychology Review, 2*, 71-90.
- Siegel, D. J., & Hartzell, M. (2003). *Parenting from the inside out: How a deeper self-understanding can help you raise children who thrive*. New York: Penguin.
- Silverman, W.K. & Field, A.P. (2011). *Anxiety disorders in children and adolescents*. Cambridge University Press: New York.
- Silverman, W.K., Pina, A. A., & Viswesvaran, C. (2008). Evidence-based psychosocial treatments for phobic and anxiety disorders in children and adolescents. *Journal of Clinical Child & Adolescent Psychology, 37*(1), 105-130.
- Smith, T. (2011). Applied behavior analysis and early intensive intervention. In D. G. Amaral, G. Dawson, & D. H. Geschwind (Eds.), *Autism Spectrum Disorders* (pp. 1037-1055). New York: Oxford University Press.
- Southam-Gerow, M. A., Weisz, J. R., Chu, B. C., McLeod, B. D., Gordis, E. B., & Connor-Smith, J. K. (2010). Does CBT for youth anxiety outperform usual care in community clinics?: An initial effectiveness test. *Journal of the American Academy of Child & Adolescent Psychiatry, 49*, 1043–1052.
- Speakman, D. (2002). *Nothing but a thief: The street and her children*. UK: Sovereign World.
- Straus, M. B. (1999). *No talk therapy for children and adolescents*. New York: Norton.
- Swenson, C. C., Schaeffer, C. M., Henggeler, S. W., Faldowski, R., & Mayhew, A.M. (2010). Multisystemic therapy for child abuse and neglect: A randomized effectiveness trial. *Journal of Family Psychology, 24*(2), 497-507.
- Timmer, S. G., Urquiza, A. J., Zebell, N. M., & McGrath, J. M. (2005). Parent-child interaction therapy: application to maltreating parent-child dyads. *Abuse and Neglect, 29*, 825-842.

- Treatment for Adolescents with Depression Study (TADS) Team (2007). The Treatment for Adolescents with Depression Study (TADS): Long-term effectiveness and safety outcomes. *Archives of General Psychiatry*, 64, 1132-1144.
- Waldron, H. B. & Turner, C.W. (2008). Evidence-based psychosocial treatments for adolescent substance abuse. *Journal of Clinical Child and Adolescent Psychology*, 37 (1), 238-261.
- Webster-Stratton, C. (Ed.). (1984). *The Incredible Years Parent Training Manual: BASIC Program*.
- Webster-Stratton, C., & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology*, 65(1), 93-109.
- West, A.E., Jacobs, R.H., Westerholm, R., Lee, A., Carbray, J., Heidenreich, J., & Pavuluri, M.N. (2009). Child and family-focused cognitive-behavioral therapy for pediatric bipolar disorder: Pilot study of group treatment format. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 18 (3), 239–246.
- Wilkes, T., Belsher, G., Rush, A.J., & Frank, E. (1994). *Cognitive therapy for depressed adolescents*. New York: Guilford.
- Winters, K.C., Botzet, A.M., Fahnhorst, T., & Koskey, R. (2009). Adolescent substance abuse treatment: A review of evidence-based research. In C. Leukefeld, T. Gullotta and M. Staton Tindall (Eds.), *Handbook on the prevention and treatment of substance abuse in adolescence* (pp. 73-96). NY: Springer Academic Publishing.

Course Schedule

Week #	Date	Topic	Reading / Assignments Due
1	9/4	Introduction to the Course	None
Case Conceptualization of Children and Adolescents			
2	9/11	Assessment, Case Conceptualization, Diagnosis, and Treatment Planning with Children and Adolescents	Adler-Tapia (Ch. 5 and 7) <i>Berman (Ch. 1)</i>
3	9/18	The Importance of A Developmental Lens	Weisz & Kazdin (Ch. 1 and 3) Adler-Tapia (Ch. 1 and 2)
4	9/25	Case Conceptualization Skills: Development and Theoretical Orientation	Adler-Tapia (Ch. 8 and 9)
5	10/2	Case Conceptualization Skills: Culture, Neurodevelopment, and Attachment	Weisz & Kazdin (Ch. 29) Adler-Tapia (Ch. 3 and 4)
The Fundamentals of Therapy With Children			
6	10/9	Connecting with Children	Parent Interview Paper Due Adler-Tapia (Ch. 10) <i>Baylis, Collins, & Coleman (2011)</i>
7	10/16	Bibliotherapy and Expressive Therapies (Play, Art, Music)	<i>Webb (2007)</i> <i>Pehrsson (2005)</i>
The Selection and Implementation of Interventions			
8	10/23	Generalized Anxiety and Specific Phobias	Weisz & Kazdin (Ch. 4 and 5)
9	10/30	Autism Spectrum Disorder	Weisz & Kazdin (Ch. 20 and 21)
10	11/6	Intellectual Disability	Child Interaction Paper Due <i>Sanders, Mazzucchelli, & Studman (2004)</i> <i>Emerson, Einfeld, & Stancliffe (2010)</i>
11	11/13	Disordered Attachment	<i>Zeanah, Berlin, & Boris (2011)</i> <i>Becker-Weidman (2008)</i> <i>Jernberg (1984)</i>
12	11/20	Social Anxiety and Selective Mutism	<i>Gazelle & Rubin (2010)</i> <i>Shriver, Segool, & Gortmaker (2011)</i>
13	11/27	Thanksgiving Holiday (No Class)	None
14	12/4	Elimination Disorders	Weisz & Kazdin (Ch. 23) <i>Friman, Hofstadter, & Jones (2005)</i>
15	12/11	Trauma and Traumatic Bereavement	Weisz & Kazdin (Ch. 19) Adler-Tapia (Ch. 11)
16	12/18	Finals Week	Final Case Application Paper Due

Course schedule, topics, evaluation, and assignments may be changed at the instructor's discretion. *Readings listed in italics will be posted on Moodle.*

Grading Rubric and Format for Parent Interview Paper

Parent Interview Paper (5-6 pages; 50 points): Students will interview a parent who currently has a child between the ages of five and eleven. The purpose of the interview is to gather information regarding the child's development up until the current time. Questions will be asked regarding the child's development history (some key milestones), current development, the parent's perceptions of the child's strengths and potential, and any concerns the parent has regarding their child. The paper should describe and summarize information gathered from the parent and also integrate developmental theories to explain the child's developmental trajectory. Although the content of the interview resembles that of a clinical intake interview, it should be conducted with the understanding that it is for the student's educational purposes only and no feedback will be provided to the parent.

Points will be allotted for the following aspects of the paper, for a maximum total of 50 points:

	Possible	Score
Describes child's developmental history (some key milestones) as well as their current developmental functioning across domains: cognitive, physical, socio-emotional, language/communication	15	
Interprets child's current developmental level using two different developmental theories	15	
Explains parent's perceptions of child's strengths and potential	5	
Mentions any concerns parent has regarding their child (or explains that parent denied having any)	5	
Includes the student's reflections concerning their own experience of interviewing the parent	5	
Typed, double-spaced, and in APA format; appropriate use of grammar and spelling; good sentence structure	5	
<i>Total:</i>	<i>50 pts</i>	

NOTE: Paper will not be considered acceptable/valid for purposes of this assignment unless Parent Consent Form is turned in (see next page for form). The paper itself should be uploaded via Moodle; the Parent Consent Form should be turned in during class on or before October 9th, 2014.

Parent Consent Form for Parent Interview and Child Interaction Assignments

I understand that I am being interviewed regarding my child and their development for the educational purposes of a doctoral-level course (Clinical Interventions: Children and Adolescents) at Alliant International University. I understand that the purpose of the course is to learn how to intervene therapeutically with children and adolescents, and that I am being interviewed for the purposes of an assignment that helps the student learn about child development and interacting with children. I also understand that the student will engage in a thirty-minute time of interaction with my child in order to learn how to connect with children through relationship.

I understand that there are no psychological services being provided to myself or my child in completion of this assignment. I understand that no feedback will be provided regarding information obtained during the “parent interview” and “child interaction” portions of this assignment. I also understand that, if I have concerns regarding my child’s development or current mental health, I can speak with the student to obtain appropriate resources/referrals if needed.

Parent/Legal Guardian Signature

Parent/Legal Guardian Name (Please Print)

Student Signature

Student Name (Please Print)

Grading Rubric and Format for Child Interaction Paper

Child Interaction Paper (5-6 pages; 50 points): Students will spend half an hour with the child of the parent they interviewed for the parent interview paper (this should be the same child they gathered information about when interviewing the parent, not a sibling or unrelated child). The student will spend thirty minutes alone with the child, building a relationship with the child and engaging in some sort of play, art, music, or bibliotherapy-based activity. Feel free to be as fun, creative, and flexible as would be appropriate in building the relationship with the child. The activity can be anything from playing a board game to drawing a picture to reading a book together to making something with play-doh. It should involve relationship-building and be interactive, however (not one person watching the other one play a video game, for example). The student will turn in a paper reflecting upon this time of interaction.

	Possible	Score
Reflection paper includes thoughtful discussion of:		
<ul style="list-style-type: none"> • The student's experience relationship-building with the child 	5	
<ul style="list-style-type: none"> • The student's experience engaging in the activity with the child 	5	
<ul style="list-style-type: none"> • Behavioral observations of the child's current developmental level across these domains: <ul style="list-style-type: none"> ○ Cognitive ○ Physical ○ Socio-emotional ○ Language/communication 	20	
<ul style="list-style-type: none"> • Brief descriptions of the child's cultural identity and attachment style (can be based upon information provided by parent, if not observed) 	10	
<ul style="list-style-type: none"> • Analysis of how student's observations of the child compare to parent's report regarding the child 	5	
<ul style="list-style-type: none"> • Reflections regarding what the student learned from this interaction and what they would do differently if doing it again 	5	
<i>Total:</i>	<i>50</i>	

Paper should be submitted online via Moodle by November 6th, 2014.

Grading Rubric and Format for Final Case Application Paper

Final Child Application Paper (12-14 pages; 50 points): Students will complete a final child application paper that demonstrates their ability to conceptualize from a developmental, theoretically integrative perspective and to design interventions as appropriate. This paper will involve altering the information gathered during the parent interview and child interaction assignments to create a hypothetical “client” who has been diagnosed with a psychological disorder discussed during this semester’s course. The paper will involve describing the symptoms associated with the “client’s” disorder, an explanation of how this is affecting the client developmentally, a conceptualization of the client based upon two developmental theories and one or more theoretical orientations, consideration of risk versus protective factors, and a thorough explanation of therapeutic interventions that could be utilized with the client (including but not limited to evidence-based interventions, wherever possible).

	Possible	Score
Parent interview information is comprehensive and has been altered to represent one psychological disorder discussed this semester (based on <i>Parent Interview Paper</i> assignment)	7	
Student’s behavioral observations of the child during interaction have been altered to represent the psychological disorder (based on <i>Child Interaction Paper</i> assignment)	7	
Client’s current developmental functioning across domains—cognitive, physical, socio-emotional, communication/language—is explained using two different developmental theories	6	
Client’s clinical presentation is explained using one or two theoretical orientations (case conceptualization)	10	
Risk factors versus protective factors are discussed	5	
Interventions that could be utilized with this client are discussed (including but not limited to evidence-based interventions, wherever possible)	10	
Modifications to the interventions are discussed, based upon the child’s developmental level / cultural background / family composition / language ability / etc.	5	
<i>Total:</i>	<i>50</i>	

Paper should be submitted online via Moodle by 5pm on December 18th, 2014.