TAILOR MADE: ADAPTING PSYCHOTHERAPEUTIC INTERVENTIONS

A Dissertation

by

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ABSTRACT

With increased diversity and globalization, there is increased emphasis on awareness of cultural influences on functioning and in fostering cultural competence. This is particularly important in the context of intervention planning and acceptability. The standard approach is through didactic coursework; however the extent to which the content of the courses is 'universal' and includes relevance for intervention is unknown. The purpose of this content analysis was to determine whether or not cultural competence is addressed in psychotherapeutic intervention coursework. Direct intervention syllabi from APA accredited school psychology doctoral programs were analyzed. Findings suggest that cultural competence is minimally addressed in intervention courses. Similarly, the mechanisms for culturally adapting interventions are rarely addressed. Findings further suggest that when addressing cultural competence intervention courses focus on applying knowledge to the delivery of services. Understanding the content of current curricula may provide trainers with information to aid in designing their curriculum so that pre service school psychologists may matriculate with a broader basic therapy skill set.

DEDICATION

The race is not given to swift, nor to the strong, but to those who endure to the end.

~ Unknown

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CHAPTER I

INTRODUCTION

The need for culturally competent psychologists has been the clarion call of many in the profession for over three decades (APA, 2003; Bernal, Bonilla, & Bellido, 1995; McGoldrick, Pearce, & Giordano, 1982; Sue, Arredondo, & McDavis, 1992; U.S. Department of Health and Human Services, 2000). The body of research about multicultural issues is ever increasing. One segment of this research that has made significant gains is intervention effectiveness. Specifically, researchers began to notice a difference in treatment effect for various populations. Upon realizing the low success rate of traditional interventions with culturally diverse populations, researchers and practitioners began to adapt traditional interventions to various ethnic groups. Current research shows that these adaptations generate greater positive treatment outcomes than traditional interventions for culturally diverse populations (Bernal & Sáez-Santiago, 2006; Griner & Smith, 2006; Sue, 2003).

Cultural competence is a broad term used to describe a psychologist's proficiency in working with and treating people with linguistically, ethnically and culturally different backgrounds. Many theorist and agencies have defined cultural competence. Sue (2001) defines cultural competence as "the ability to engage in actions or create conditions that maximize the optimal development of clients and client systems" (p.802). Cross, Brazon, Dennis and Isaacs (1989) characterize cultural competence as "a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professions to work effectively in cross-cultural situations" (p. 7). Roberts et al., (1990) refer to cultural competence as "a program's ability to honor and respect those beliefs, interpersonal styles, attitudes and behaviors both of families who are clients and the multicultural

staff who are providing services, incorporate these values at the levels of policy, administration and practice" (p. 1). Arthur et al., (2005) describe cultural competence as "the willingness, commitment, effort and ability to recognize, understand, and appreciate cultural differences and effectively using this knowledge to design and provide services to address the mental health (and other) needs of people from diverse cultures" (p. 245). Ortiz et al., (2007) believe that cultural competence is "the ability to recognize when and where cultural issues might be operating in the course of school psychology service delivery" (p.2). Ortiz et al., (2007) definition will be utilized for this study because it is the most germane to service delivery in the school setting.

Yet as a whole the profession has been slow to heed the call. Antiquated views of diversity and what it means to the profession still permeate the profession and guide the decision making and practices of many psychologists. The field is still divided between those who believe that all persons suffering psychological problems should be treated with the same types of interventions and those that believe culture and ethnicity should be an important consideration when treating psychological problems (Maxie, Arnold, & Stephenson, 2006). This debate continues despite extensive research. Researchers have found that persons of diverse backgrounds may respond poorly to traditional treatment methodologies, yet ethnically diverse populations are still receiving treatment that may not be beneficial to them (Barnet et al., 1995; Ingraham & Oka, 2006). Further investigation has revealed that diverse populations respond better to treatments tailored to their ethnic and culture values (Bernal & Sáez-Santiago, 2006; Griner and Smith, 2006).

Within the specialty areas of psychology, school psychology has been slow to adopt and implement culturally diverse perspectives and the field has spent decades trying to catch up (White & Henderson, 2008; Martines, 2008). School psychologists are most often the so called 'gate keepers' of special education and gifted programs with the associated interventions. The lag

in training of school psychologists for cultural competence therefore, may contribute to the overrepresentation of ethnic minorities in special education programs and their under representation in gifted programs (Disportionality, n.d.; National Education Association, 2007).

As gate keepers it is imperative that they have all the skills necessary to effectively open or close the gate as appropriate. The development of these tools occurs most often in the training programs. Therefore, training programs must provide the opportunity for pre-service school psychologist to develop a culturally competent skill set. Sue and Zane (1987) stated that the leading problem of service delivery to diverse populations is the inability of therapist to provide culturally competent treatment. Martines (2008) further adds that school psychologists diminish their ability to provide effective treatment to diverse clients by their limited awareness and knowledge of cultural issues. In response to these observations Lopez and Rogers (2001) argue that through a systematic curriculum culturally competent skills can be acquired.

It is in the training ground that psychologists begin to form and solidify their professional views, practices and expertise (Arredondo & Arciniega, 2001; Sullivan & McDaniel, 1982). It is in the training process that they are socialized and taught the skills of the trade. In training, pre-service psychologists learn what is valued in the profession. They in turn operate from that value system and then pass those same values on to the next generation of psychologists (Heppner, 2006). Therefore, the training ground is the most logical place to look for the development of cultural competence. Cultural competence is not only needed to ensure appropriate placement and services in educational area, but also with regard to psychological adjustment and treatment.

With what is known about treatment acceptability and adherence it is clear that one size does not fit all especially when it comes to treatment (Kazdin, 2000; Nock & Ferriter, 2005). Although psychologists are split, we now know that treatments should be tailored to the individual

client and often interventions should be adapted (Bernal, Jimenez-Chafey, & Domenech-Rodriguez, 2009; Hays, 2007; Hwang, 2006). Due to the demographic changes in our country and globally psychologists can no longer be professionally competent or effective unless he or she is culturally competent (Carter, 2003; Ortiz, 2006; Rodgers & Conoley, 1992; Sue, 2006). Unfortunately, many psychologists often confuse "good practice", (one indicator being able to adapt interventions) with cultural competence. Sue, Ivey and Pedersen (1996) made it clear that culturally competent practice is not the same as "good practice" because of the need to be flexible and all-embracing when implementing therapeutic interventions.

Statement of the Problem

Cultural competence is an issue that has been determined to be an essential skill of psychologists. Cultural competence is necessary to effectively practice in the school setting because the students served are often socially, culturally and ethnically different from the psychologist providing services (Lopez & Rogers, 2001; Rodgers et al., 1999). Currently ethnically diverse cultures make up about one third of the U.S. population. Children aged 4-17 make up 24.3%. Within that age range, 46.5 % of the children are ethnically diverse (Childstats.com, 2012); this means that schools and the children that school psychologists serve are ethnically diverse. Given these numbers, a lack of cultural competence can have a negative effect in terms of assessment, diagnosis, treatment effectiveness, finances, and so on for a substantial number of children (Pedersen, Crethar, & Carlson, 2008; Rodgers et al., 1999).

Cultural competence is expected of all school psychologists. Credentialing agencies have published guidelines emphasizing the need to address cultural issues in service delivery to ethnically diverse populations (APA, 2003; APA, 1990; NASP, n.d.). This expectation and value of cultural competence should be evident in the educational preparation of school psychologists

(Gopaul-McNicol, 1997). As the diverse population increases the time for merely saying "we support diversity" is no longer sufficient. School psychologists must now practice what is preached. They must act and respond in culturally competent ways.

As it is customary academic course work is the prerequisite to expertise (Sullivan & McDaniel, 1982). Similarly, training programs are the impetus for developing multicultural skills, including adapting interventions to meet the specific needs of ethnically and culturally diverse students. Although, many training programs have written cultural competence policies in place, usually in some "credo" statement in a mission statement, that rhetoric rarely manifests in class through substantial lecture or course assignments (Ponterotto & Casas, 1987). Recent research has provided evidence that indicate traditional interventions are not always effective with culturally diverse ethnic groups; therefore, intervention courses for cultural competence should include specific instruction related to tailoring interventions to address the needs of culturally diverse populations.

Purpose of Study

The area of research for this study is cultural competence of school psychologists and how this translates in intervention courses. Cultural competence is considered a critical component of school psychology training; as such it should be evident in classroom instruction. The purpose of this study is to determine whether or not cultural competence is addressed in psychotherapeutic intervention coursework.

Research Questions

This study will be guided by the following questions which will be explored through a content analysis of psychotherapeutic intervention course syllabi:

1. How prevalent is cultural competence, including adapting interventions in direct psychotherapeutic intervention courses?
2. How do assignments provide practical experience in adapting interventions?

Definition of Key Terms

Culture refers primarily to "a group of individuals who on the basis of one or more particular characteristics share a similar experience that engenders similar world views, attitudes, beliefs, behaviors and norms that are not necessarily based on skin color or race" (Ortiz, p. 2006).

Competence according to Dictionary.com means "the quality of being competent; adequacy; possession of required skill, knowledge, qualification, or capacity".

Ethnic is defined as "of or relating to large groups of people classed according to common racial, national, tribal, religious, linguistic, or cultural origin or background" (Merriam-Webster.com, 2012). Ethnically and culturally diverse populations and diverse populations refer to the ethnic categories typically used in research (African-America, Asian-American, Hispanic, and American-Indian).

Intervention is "any treatment to alleviate psychological distress, reduce maladaptive behavior or enhance adaptive behavior through counseling structured or unstructured interaction, a training program or a predetermined treatment plan" (Weisz, Donenberg, Han, Weiss, 1995, p.452).

Multicultural competence is defined as "the ability to understand and constructively relate to the uniqueness of each client in light of the diverse cultures that influences each person's perspective" (Stuart, 2004, p. 6).

Psychotherapeutic relates to the " informed and intentional application of clinical methods and interpersonal stances derived from established psychological principles for the purpose of

assisting people to modify their behaviors, cognitions, emotions, and/or other personal characteristics in directions that the participants deem desirable" (Norcross, 1990, p. 218-220)

Therapy is “treatment intended to cure or alleviate an illness or injury, whether physical or mental” (American Heritage Dictionary.com, 2012).

Treatment is “the application of medicines, surgery, psychotherapy, etc, to a patient or to a disease or symptom” (Collins English Dictionary.com*, 2012)*

For the purposes of this study the following sets of terms will be used interchangeably:

- Cultural competence and multicultural competence;
- Treatment, therapy, intervention and psychotherapy;
- Ethnically and culturally diverse populations and diverse populations.

Significance of Study

Many studies have focused on the development of cultural competence (Castillo, Brossart, Reyes, Conoley, & Phoummarath, 2007; Hays, 2007; Pedersen et al., 2008; Vereen, Hill & McNeal, 2008). Other studies have looked at multicultural course content (Ganapathy-Coleman & Serpell, 2008; Pieterse et al., 2009). This study highlights whether or not programs are training school psychologist to provide interventions that are effective for culturally diverse populations through course work. Knowing whether or not doctoral programs are presently training students to culturally adapt interventions will provide a baseline for current level training, as well as inform as to how training occurs and where improvement is needed. Having this knowledge will allow training programs to adjust their programs to fill this gap in training school psychologists. Ultimately, the significance will be felt in the provision of improved, culturally appropriate services for children and families from culturally diverse populations.

CHAPTER II

LITERATURE REVIEW

The diversity and globalization of the United States is reflected in the changing demographics of our schools. The number of children in the United States in 2011 was 73.9 million, according to ChildStats.gov (2012) an increase of 1.5 million above the pervious year. Additionally, the site reports that children age 0-17 represent 24% of the total U.S. population. Fifty-three percent of children identify as White, 23. 6% as Hispanic, 14% as Black, 4.4 % as Asian, 3.5% as two or more races, .9% as Alaska Native and, 2% as Native Hawaiian. The ethnically diverse population totals 46.6 of the population. According to the U. S. Census Bureau (2011) over five million children aged 4-17 attend public and private schools. Forty three percent of those students are ethnically, culturally and linguistically diverse (Childstats.com, 2012).

On the other hand this diversity is not reflected in the school psychologists that provide services to these students. Seventy percent of school psychologists are female, and 92.8% of practicing school psychologists is Caucasian. Hispanics are 3.1% of school psychologists, Blacks are 1.9%, Native Americans and Alaskian Natives are both .6% and Other are .9% (Curtis et al., 2004).

We know that in general children benefit from psychotherapy provided in the school setting (Baskin et al., 2010). However, these positive outcomes are not experienced by all children. Specifically, ethnically and culturally diverse students experience several negative outcomes including inappropriate referral, inappropriate assessment and case conceptualization, and ineffective interventions (Rodgers et al., 1999; Sue, 2001). In educational programs ethnically and culturally diverse students are more likely to be placed in special education programs and less

likely to be placed in gifted programs (Disportionality, n.d.; National Education Association, 2007). Several studies suggest that these negative outcomes may be due to the limited training of school psychologists in cultural competence (Loe & Miranda, 2005; Newell et al., 2010).

Historically, racial, ethnic, cultural, and sexual minority perspectives have been marginalized or ignored in mainstream theoretical and empirical work in psychology (Guthrie, 1976; Holiday & Holmes, 2003). As a result the Eurocentric perspective has been presented as applicable to all (Delgado-Romero, 1999); and the field of school psychology has been slow in identifying appropriate and effective solutions for diverse populations (White & Henderson 2008).

Multicultural Psychology

Multicultural psychology has gained prominence in recent years due to the changing demographics of the United States and the poor mental health outcomes of the nation's culturally, linguistically, and ethnically diverse population. Pederson (1990) describes multicultural psychology as the fourth force. It views psychological concepts, theories and treatments from perspectives and worldview other than Western (Hays, 2007; Ibrahim 2006). Multicultural psychology considers non-Western values and/or customs in the diagnoses and treatment of mental disorders. This multicultural perspective is necessary in order to adequately meet the needs of diverse populations. Hays (2007) and Pederson (2002) both emphasize that multicultural psychology is relevant and necessary because all behaviors are learned and displayed in a cultural context. Given the current demographics of school age children and school psychologists psychological services rendered in schools will most likely occur in the multicultural cultural milieu.

Cultural Competence

Due to the ever changing population of school children, it is a vital necessity that school psychologist are culturally competent. A lack of cultural competence has been linked to a myriad of negative consequences for students receiving school psychological services. When school psychologists are not culturally competent diverse students are often misdiagnosed, misplaced in special education classes or are erroneously deemed to have no educational need for services. Furthermore, when diverse students are properly placed they rarely receive quality services. Rodgers et al., (1999) and Sue (2001) noted that neglecting multicultural incompetence may lead to inappropriate referrals for services, inappropriate assessment of needs and issues, ineffective interventions, and ineffective therapeutic approaches.

In an effort to address these issues there has been extensive dialogue on the subject. The multicultural literature is full of theories and frameworks that delineate the skills, attitudes and behaviors that psychologists should attain in order to become culturally competent. Sue et al., (1982) were the first to outline the skills needed to be culturally competent. They proposed a three-prong model that has become the standard for cultural competence (1) attitudes and beliefs (2) knowledge, and (3) skills. Since then other researches have proposed their own frameworks and skill sets. Hays (2007) proposed the multidimensional ADDRESSING framework for practical use with diverse clients in clinical settings. The framework is organize around the acronym ADDRESSING, dimensions include: **A**ge and generational influences, **D**evelopmental disabilities and **D**isabilities acquired later in life, **R**eligion and spiritual orientation, **E**thnic and racial identity, **S**ocioeconomic status, **S**exual orientation, **I**ndigenous heritage, **N**ational origin, and **G**ender. Rodgers et al., (1999) provided copious details outlining practice recommendations for school psychologists. Recommendations included legal and ethical issues; school culture;

educational policy and institutional advocacy; psychoeducational assessment and related issues; academic, therapeutic, and consultative interventions; working with interpreters and research. Stuart (2004) presented twelve practical suggestions for achieving multicultural competence: "(1) develop skill in discovering each person's unique cultural outlook (2) acknowledge and control personal biases by articulating your worldview and evaluating its' source and validity (3) develop sensitivity to cultural differences without overemphasizing them (4) uncouple theory from culture (5) develop a sufficiently complex set of cultural categories (6) critically evaluate the methods used to collect culturally relevant data before applying the findings in psychological services (7) develop a means of determining a person's acceptance of relevant cultural themes (8) develop a means of determining the salience of ethnic identity for each client (9) match any psychological test to the client (10) contextualize all assessments (11) consider clients' ethnic and world views in selecting therapist, intervention goals, and methods (12) respect clients' beliefs, but attempt to change them when necessary" (p. 6). Campinha-Bacote (1994) provided a four point process oriented model of culturally competent care called the "Culturally Competent Model of Care". The four components are: (a) "Cultural awareness: being sensitive to interactions with other cultures and examining cultural bias towards other cultures; (b) Cultural skill are needed to provide care that is culture specific; (c) Cultural knowledge is gleaned directly from patient; (d) Cultural encounters refers to the process of interactions, face to face with clients from diverse backgrounds" (p. 43-44).

Collins and Arthur (2010) proposed a new model of cultural infused counseling that focuses on the working alliance between the counselor and client. Their model has three competency domains which are Cultural awareness (of self); Cultural awareness (of others); and culturally sensitive working alliance. In another model, Liu and Clay (2002) suggest five criteria

to guide decisions specific to children and adolescents a) "evaluate which cultural aspects are relevant"; b) "determine the level of skills and information necessary for competent treatment and possible referral"; c) "determine how much, when, and how to incorporate cultural issues"; d) "examine the potential list of treatments and understand the cultural assumptions of each", and e) "implement the treatment using the cultural strengths" (p. 178). Finally, Alexander and Sussman (1995) suggest incorporating cultural elements such as music, dance, food, art and play when designing interventions for children and adolescents from diverse populations.

Ethics

Although the field of psychology is constantly changing for various reasons such as changing demographics and technology the edict to do no harm remains the same (APA 2003; Gallardo et al., 2005). Outcome data suggest that for psychologist to be culturally incompetent may contribute to the negative effects experienced by culturally diverse populations. As such diverse populations are less likely to seek treatment and are more likely to receive inadequate care compared to the majority culture group. Additionally, high rates of premature drop out by diverse populations have been attributed to cultural incompetence (Herlihy & Watson, 2003; Lakes et al., 2006). Furthermore, it is estimated that eleven million children aged four to seventeen need mental health services. Of those 45.3 percent are from diverse populations (Center for Mental Health Services, 2004). In terms of educational programming in the school setting diverse youth are overrepresented in special educations programs and underrepresented in gifted and talented programs. Culturally, linguistically and ethnically diverse students comprise 36 percent of special education programs and they are 21.3 percent of gifted and talented programs (U.S. Department of Education, Office of Special Education Programs, 2003; National Education Association, 2007)

It has been asserted that it is unethical for psychologists to provide services to culturally, linguistically, and ethnically diverse clients when they are not competent to do so (Herlihy & Watson, 2003). Widiger and Rorer (1984), stressed ethics as an essential characteristic in the role of the therapists. Being culturally incompetent diminishes the ethics and professionalism of psychologists. School psychologists have an ethical and professional responsibility to become informed about the cultural factors related to the delivery of services to children with diverse backgrounds (NASP, n.d.; Rodgers et al., 1999).

"The provision of ethical and responsive treatment to clients of diverse cultural backgrounds is expected of all practicing psychologist", (Gallardo, Johnson, Parham, & Carter, p. 245, 2009). Understanding how cultural attitudes influence the treatment process is a critical part of effective service delivery (Denson, 2009). Both researchers and practitioners have a central role in developing and using methods that more fully give comprehensive attention to cultural issues (Gallardo et al., 2009; Ingrahim & Oka, 2006). Barnett (1995) further insisted that facing the challenge of cultural diversity is fundamental to extremely proficient school psychology practice. Providing culturally informed treatment represents minimum standards (Johnson, 2009). Additionally, according to professional standards in psychology practitioners must be able to effectively work with all clients (APA, 2003; NASP, n.d.).

Adapting Interventions

Providing psychotherapeutic interventions is one of the main responsibilities of school psychologists (Hughes & Theodore, 2009). Weisz, Donenberg, Han, & Weiss (1995) defines intervention as "any treatment to alleviate psychological distress, reduce maladaptive behavior or enhance adaptive behavior through counseling structured or unstructured interaction, a training program or a predetermined treatment plan" (p. 1278). Cultural adaptation to psychotherapeutic

interventions is the "systematic modification of intervention protocols through which consideration of culture and context modifies treatment in accordance with client's values, context and worldview" (Bernal et al., p. 362, 2009). Adapting interventions involves changing the traditional therapeutic processes or procedures in order to increase positive outcomes for diverse populations. Changes may occur at any phase of the therapy process (Cardemil, 2010). Hwang (2006) suggested that adapting treatments to be culturally compatible may be one way to improve outcomes, satisfaction, and treatment effectiveness. Frank and Frank (1993) confirmed that to be effective psychotherapy must be consistent with clients' beliefs. Yeh and colleagues (1994) stated that culturally sensitive treatment may improve treatment quality and decrease dropout rate. Further, Liddle, Jackson-Gilfort, & Marvel (2009), noted that client engagement increases when intervention content is culturally appropriate through adaptation. Ingrahim and Oka (2006) posited that for interventions to be valuable and beneficial for culturally, linguistically and ethnically diverse populations, modifications to therapy may be necessary. Finally, Miranda and Bernal (2005) found that culturally tailored interventions are effective and adaptations are crucial for diverse populations.

Although current research related to culturally competent interventions is limited the body of research is growing and results support an increase in positive outcomes for diverse populations (Maxie, Arnold & Stephenson, 2006). Multiple studies have revealed that traditional treatments are not as effective with diverse populations (Bernal & Padilla, 1982; Casas, 1982; Casas, Ponterotto, & Gutierrez, 1986; Ibrahim & Arredondo, 1986; President's Commission on Mental Health, 1978; Smith, 1982; Sue, 1990; Sue & Sue, 1990; Sue et al., 1982). Hays (2007) observed that because culture and ethnicity are complex having one therapeutic method for all clients is not feasible; her observation highlights the necessity of adapting interventions.

This sentiment is echoed by others. For example, Foronda (2008), in her article on cultural sensitivity deemed "tailoring" (to adapt for a group or individual) as an indispensable element of treatment. D'Angelo et al., (2009) in their study of low income Latina families experiencing depression resulted in outcomes similar to the original psychotherapy. Rosello and Bernal's (1999) clinical trial of adapted cognitive behavior therapy and interpersonal therapy produced improved self-esteem and function and decreased depression symptoms in Latino youth. In 1974, Lewis found that using ethnically matched models in videos decreased social impairment with African – American boys. Huey and Rank (1984) noted a significant decrease in aggressive behavior in their culturally adapted assertiveness training. McCabe and Yeh (2009) culturally adapted Parent Interaction Therapy and found it was significantly superior to the original version.

Evidence is also available through comprehensive meta-analysis. A meta-analysis by Griner and Smith (2006) revealed that adapted interventions were more effective with diverse populations. Banish and colleagues' (2011) meta-analysis also found that culturally adapted psychotherapy was more effective than traditional psychotherapy. Smith and co-authors (2011) found in their meta-analysis that culturally adapted interventions were moderately more effective than traditional interventions.

Although there is mounting evidence that adapting interventions can be effective with ethnic populations, this practice may not be taught in school psychology doctoral programs. Geisinger and Carlson (1998) noted that school psychology training programs seem to lack adequate developmental opportunities to attain multicultural skills. Loe and Miranda (2005) further state that pre service school psychologists also have limited exposure to cultural content. At the same time it is agreed that school psychologists must be able to recognize when issues of diversity affect the manner and nature of interventions with their clientele (Ortiz et al., 2007).

They must have the ability to modify or adapt their services in response to the needs of the students being served (NASP, n.d.,).

Adapting therapeutic interventions can occur at any point during the therapeutic process from intake to termination (Cardemil, 2010). Changes during intake may include the use of multilingual documents. During treatment this may include providing therapy in clients first language or changing the manual to include cultural stories. At termination this might include follow up phone calls or visits. In a culturally competent direct therapeutic intervention course evidence of adapting interventions might include, skipping or reordering a treatment manual protocol to address cultural factors of a mock case or vignette. Optimally, training would include the opportunity to adapt an intervention to meet the needs of a culturally or linguistically diverse client.

Training

In the field of school psychology training is of utmost importance. During this time school psychologist gain theoretical and practical knowledge and skills though coursework, practicum, and internship. Coursework is the foundation for most school psychology programs. While submerged in a multitude of required and elective courses school psychologists develop various paradigms and skills. It is on the training ground where school psychologists develop ideals about what is essential and irrelevant in the practice of school psychology and in case conceptualization. These “messages” are told through curriculum requirements. Required classes are deemed most important and elective courses are considered nonessential (Hays, 2007). This is disconcerting because most diversity courses fall in the elective category. The message that students internalize from this is that multiculturalism is peripheral.

On the other hand, positive outcomes have been found when graduate students take multicultural coursework. Denson (2009) found that curricular and co-curricular diversity assignments reduce bias. Castillo et al., (2007) showed that taking a multicultural course significantly increased cultural self-awareness and diminished implicit racial prejudice. Daniel et al., (2009) determined that multicultural psychology training had a positive effect on Caucasian racial identity, increasing comfort and positive racial attitudes. Keim et al., (2001) found that upon completion of multicultural course knowledge, awareness and skills related to cultural competence significantly increased among students.

Furthermore, Bussema and Nemac (2006) asserted that cultural competence training techniques should not be reduced to lecture and panels. Additionally Arthur and Achenbach (2002) recommended practical experience as a way to develop multicultural skills. They asserted that practical experience may be used to increase multicultural awareness, challenge pre-service therapists' worldviews, and build cultural empathy, as well as aiding in internalizing recently acquired information.

A number of studies have looked at school psychology training curricula. A study examining training and supervision of clinical, counseling and school psychology program directors revealed that the primary method of supervision for clinical and counseling directors was videotape review or reliance on self-report (Romans, Boswell, Carlozz, & Ferguson, 1995). A study of school psychology programs by Reschly and McMaster-Beyer (1991) noted that the specialist and doctoral students are trained in a comparable fashion. Rogers (2006) identified exemplary multicultural school psychology programs and determined that a required diversity issues course was offered by ninety-four percent of the programs. Brown and Minke's (1986)

comprehensive analysis of school psychology programs showed that doctoral programs offered more cross cultural training than specialist programs.

Gopaul-McNicol (2001) has outlined a culturally, linguistically, urban and ethnically diverse (C.L.U.E.) training paradigm that synthesizes the vital, competing skills that are necessary for school psychologists and counselors to serve diverse populations effectively. This philosophy includes critical competencies that have been gleaned from recommendations in cultural competence research.

a) Cross cultural ethical competence: the recognition that treating diverse populations without specialized skill to do so is unethical.
b) Awareness of the therapists own values and biases: "Culturally competent psychologists must be trained to recognize how and when their beliefs, attitudes and values interfere with providing the best services to their students" (p. 39).
c) Cross cultural awareness: psychologists continually assess their personal biases, are aware of within group variance and sociopolitical issues
d) Competence in inter-racial issues: understanding inter-racial issues, recognizing how racial factors may influence treatment
e) Language competencies: understand developmental language acquisition for both monolingual and bilingual children and about different cultural communication styles

Syllabus

Syllabi were chosen for this study because they are "information rich" (Patton, 2002, p. 46). The course syllabus is a key piece of the curriculum. It is key; because it sets the stage for each course. The syllabus acts as a guide for instructors and informs students of the course direction and expectations (Parks & Harris, 2002; Thompson, 2007). Additionally, the syllabus

documents assignments and course content (Madson, Melchert & Whipp, 2004; Raymark & Connor-Greene, 2002).

It is a managerial tool for instructors, students, and program administrators. According to Parks and Harris (2002) the three primary jobs of the syllabus are to provide a contract, a learning tool and a permanent record. As a contract it sets course policies related to various class management concerns such as attendance, academic honesty, late assignments, make up examinations and absenteeism (Parkes & Harris, 2002). It may settle course requirement disputes between students and instructors and may be utilized to settle legal disputes as well. As learning tool it informs students of academic requirements, time commitment, instructor availability and campus resources. As a permanent record it provide title and dates of course, objectives related to professional standards and course credits (Parkes & Harris, 2002; Thompson, 2007).

As a management tool for administrators it offers accountability by describing the knowledge and skills that will be acquired upon completion of the course (Bers et al., 2000; Madson et al., 2004, Matejka and Kurke, 1994; McKeachie, 1999). Also accreditation review boards are paying greater attention to the syllabus particularly objectives and assessments (Madson et al., 2004). Bers et al., (2000), points out that syllabi are an unassuming, but strong indicators of what occurs in the classroom.

Handelson (1987) highlighted three components that must be addressed on syllabi are course description, course objectives and course assignments. The course description explains the purpose and reasons for the course and provides background for course objectives and course assignments (Birdsall, 1989; Madson et al., 2004). It generates student interest and acquaints them with the course (Birdsall, 1989). Course objectives identify what students will learn by the end of the class (Madson et al., 2004). Course assignments delineate the academic work load for

the course explaining formative and summative assessment requirements (Madson et al., 2004). The current study examines doctoral course syllabi to determine the level of cultural competence in school psychology psychotherapeutic intervention classes.

Despite the primary role of the syllabus very few studies have focused on syllabi in graduate psychology programs. Pieterse et al., (2008) analyzed a sample of multicultural graduate course syllabi and found most syllabi utilized the tripartite model proposed by Sue et al., (1982). Stebniki and Cubero (2008) performed a content analysis of multicultural counseling syllabi and revealed that content included multicultural knowledge and skills, but material related to the application was limited. Caslwell and Young's (2004) content analysis of introductory spirituality course syllabi in counseling courses highlighted the inconsistency of standard competency coverage. Priester et al., (2008) content analysis of introductory multicultural counseling training (MCT) courses found that most courses ignored skill development and focused on knowledge and cultural identity.

Theoretical Perspective

This study is guided by the foundation of the Multicultural Counseling and Therapy theory as proposed by Sue, Ivey, and Pedersen (1996). They outlined six propositions each with multiple corollaries. The propositions and corollaries germane to this study are:

> *"Propositions 3:* Culture identity development is a major determinant of counselor and client attitudes toward the self, others of the same group, others of a different group, and the dominant group. These attitudes, which may be manifested in affective and behavioral dimensions, are strongly influenced not only by cultural variables but also by the dynamics of dominant-subordinate relationships among culturally different groups. The level or stage of racial/cultural identity will both influence how clients and counselors

define the problem and dictate what they believe to be appropriate counseling/therapy goals and processes" (Sue et al., 1996, p. 16).

In general Proposition 3 states that the level of cultural identity influences how the therapist will practice. Therefore, a culturally competent professor might challenge students to examine their own cultural identity by assigning journaling activities, clients from different cultural experiences or active participation in a cultural event.

"*Proposition 4:* The effectiveness of MCT is most likely enhanced when the counselor uses modalities and defines goals consistent with the life experiences and cultural values of the client. No single approach is equally effective across all populations and life situations. The ultimate goal of multicultural counselor/therapist training is to expand the repertoire of helping responses available to the professional; regardless of theoretical orientation" (Sue et al., 1996, p. 18).

"*Corollary 4G:* Each intervention may be appropriate for one client in one cultural context and inappropriate for another client in another cultural context. Counselors must increase their repertoires of variations for each counseling skill to match the right skill in the right way with the right client at the right time" (Sue et al., 1996, p.20).

Proposition 4, is the recognition that every technique or strategy may not work with every client. Furthermore, each theoretical orientation should have a plethora of helping strategies to work with various diverse clients. Corollary 4 goes on to state that simply because a technique or strategy worked with Client A does not meant that same strategy will work with Client B, even if they have similar cultural backgrounds. Techniques should be chosen based on that client at that time in that particular situation. In a culturally competent class the professor might encourage

students to design treatment plans for multiple case examples through role play or by utilizing archival records.

> "*Proposition 6:* The liberation of consciousness is a basic goal of MCT theory. Whereas self-actualization, discovery of the role of the past in the present, or behavior change have been traditional goals of Western psychotherapy and counseling MCT emphasizes the importance of expanding personal, family, group, and organizational consciousness of the place of self-in-relation, family-in-relation and organization-in-relation. This results in therapy that is not only ultimately contextual in orientation, but that also draws on traditional methods of healing from many cultures" (Sue et al., 1996, p. 22).
>
> *"Corollary 6C:* MTC therapists or counselors draw on both Western and non-European systems of helping. They constantly attempt to adapt techniques and theories respectfully to the client's cultural background and special needs. There is no end to such development" (Sue et al., 1996, p.22).

Openness is the essence of Proposition 6 and Corollary 6C. The culturally competent practitioner should be open to non-traditional, non –Western and novel ways of doing therapy. They should be flexible and adapt methods to fit the needs of diverse clients. In the classroom this might include researching alternative techniques from other cultures or different theoretical perspectives.

Training Model

The Best Evidence Model was based on a review of current multicultural literature and the multicultural competencies identified by Rodgers and Lopez (2001); Newell et al., (2010) designed this model with two levels and seven components; each component has multiple content items (specific skills designed to build cultural competence). The Faculty/Program Level contains

cultural components one through three and Student Level contains cultural components four through seven. Although Sue et al., (1982) tripartite model is widely used in cultural competences studies Newell's (Newell et al., 2010) comprehensive model was designed specifically for school psychology training. The Student Level components provide the criteria for the content analysis.

The first level of the Best Evidence Model (Newell et al., 2010) focuses on Program and Faculty cultural competencies. Component 1 addresses program structure necessary to build cultural competence. Component 2, deals with multicultural research factors that build cultural competence. Component 3 emphasizes recruitment and retention strategies and faculty professional development to increase cultural competence.

The second level focus on Student Level cultural competencies (Newell et al., 2010). Component 4 targets acquiring knowledge about different ethnic and cultural groups. The content items develop basic knowledge about diverse populations which must be acquired before adequate service delivery that does not conflict with clients' cultural beliefs can occur. Therefore, it is paramount that school psychologist have knowledge about the history, beliefs and cultures of diverse populations (Newell et al., 2010). In a culturally competent direct therapy course content related to gaining knowledge about history, beliefs and culture would be evident. Evidence might include listening to lectures; reading books, article and research; viewing movies and documentaries; and participating in group discussions (Pedersen, 1993). Component 5 addresses converting knowledge to service delivery. Being able to apply knowledge about the beliefs, history and culture of diverse populations to practice is imperative. Having knowledge and being able to apply it is the goal (Newell et al., 2010). Evidence of application in a cultural competence direct therapeutic intervention course might include discussing cultural influence in case vignettes, writing case conceptualization or treatment plans that address the impact of culture.

Component 6 deals with hands on experience with diverse populations. Practical experience is a necessary part to building cultural competence and, students need to apply what they have learned in class (Newell, et al., 2010). Evidence of hands on experience in a non-practicum direct therapy intervention course might include role playing an intake interview or identifying cultural context using archival records. Component 7 targets evaluation of student cultural competence skills. Students should be held accountable for developing cultural competence. "Students should be required to demonstrate multicultural knowledge attitudes and skills and the capacity to apply these to service delivery with diverse populations" (Newell et al., 2010, p.267). Evidence of evaluation in a culturally competent direct therapy intervention course might include multiple choice or essay examination, oral presentation, or assessment such as Multicultural School Psychology Competency Scale (Rodger & Ponterotto, 1998).

CHAPTER III

METHODS

This study uses content analysis to describe curricular practices. Content analysis is defined as "a research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns" (Hsieth & Shannon, p. 1278, 2005). It is an unobtrusive and nonreactive way of mining insights from existing data (US General Accounting Office, 1989). According to Downe-Wamboldt (1992) content analysis may be utilized to describe and infer and for hypothesis testing, exploratory research, theory development or applied research. In this study content analysis was used to describe the level of cultural competence in psychotherapeutic intervention courses by analyzing course syllabi. Because syllabi vary greatly in detail content analysis will allow the systematic and rigorous analysis of course content for specified criteria.

Other textual analytic methods such as semiotics, document analysis and discourse analysis were considered. Semiotics is primarily used for cultural studies and is concerned with anything that can be considered a sign (Eco, 1976). A sign can be in any form such as words, images, gestures etc. (Chandler, 1994). Semiotics studies text structures as a whole emphasizing the cultural values attributed to signs. Document analysis examines a variety of documents such as agendas, charts, maps, newspapers, and various public records to provide context, track changes, background, and data about past events (Bowen, 2009). The most frequent use of document analysis is in combination with other qualitative methods to achieve triangulation, but it can also be employed as a stand alone method (Bowen, 2009). Discourse analysis focuses on the study and analysis of the use of language in various data sources such as interview, focus group and television transcripts; books and magazines; and electronic and web based materials (Hodges

et al., 2008). Although semiotics, document analysis and discourse analysis are common methods for analyzing textual data their purposes are beyond the scope of this study. Therefore, content analysis was chosen because the primary goal of this study is exploratory for the purpose of ascertaining the level of cultural competence and types of adapting interventions experience.

This study was guided by two research questions:

1. How prevalent is cultural competence, including adapting interventions in direct psychotherapeutic intervention courses?
2. How do assignments provide practical experience in adapting interventions?

To address question 1 syllabi were selected and coded for explicit statement of cultural competences. Explicit statements indicated evidence of cultural competences. Explicit statements were then coded to determine the type of culturally competent skills addressed. Finally, required textbooks were coded to determine culture competence content. To address question 2 course assignments were also coded to determine practical experience adapting interventions.

Selection

Accredited American Psychological Association doctoral School psychology programs' intervention courses were analyzed. A list of accredited doctoral programs was generated from APA's website. All accredited doctoral programs listed (N=63) were included in the initial sample. Each program's website was searched for psychotherapeutic intervention courses. Intervention courses were chosen because they are the most direct interactive service that school psychologists provide. Intervention courses were identified by title, and search terms included intervention, therapy, psychotherapy, therapeutic, behavioral therapy, child and adolescent therapy.

After courses were identified a search for syllabi was conducted, and syllabi were obtained from program websites. Email requests were sent to instructors of courses that did not post a syllabus on line. Two email requests were sent three weeks apart. Phone calls to request syllabi were also made to professors who taught courses identified as intervention courses. The investigator obtained thirty syllabi online or by email; of those obtained nine met the inclusion criteria.

Information on intervention courses and course descriptions were reviewed to ensure that all relevant courses were captured. Courses that fit the criteria for an intervention course were included. Only courses that had a clear and primary focus on intervention were included. Also included were required and elective courses offered for at least three credit hours. Additionally, intervention courses taught by school psychology faculty were included for control issues related to the program, as well as to specifically describe instruction that occurs within doctoral level school psychology programs. Finally, courses offered within the last three academic years were included to represent current body of knowledge about multiculturalism. Eleven syllabi from courses taught outside of the school psychology department or taught by faculty other than school psychology were excluded because courses outside of school psychology content focus on populations not typically served by school psychologists and the courses objectives are not specific to school psychology. Six more were excluded because they were practicum courses. The remaining four syllabi were excluded because they focused on supervision or assessment.

Steps to Collect Syllabi

1. APA accredited doctoral level school psychology programs were identified.
2. 63 programs were identified

3. Each programs website was searched for course information using search terms such as intervention, therapy, child therapy, psychotherapy
4. Syllabi were downloaded if linked to the course title or number
5. Syllabi that were not linked to course were located by identifying the faculty member that taught the course
6. Faculty were identified by searching each faculty member's departmental or individual web page.
7. Syllabi were downloaded from faculty web pages.
8. Email requests were sent to faculty that did not have a syllabus on line.
9. Phone call requests were made to faculty that did not have an email address or online syllabus or a non working email.

Steps to Select Syllabi

1. Downloaded 30 syllabi were saved to a portable disk drive.
2. Syllabi were printed.
3. Syllabi were read.
4. Syllabi were sorted into two categories: criteria met and not met
5. Syllabi were read a second time to verify sort.
6. Nine syllabi met criteria.

Sample

This sample set was purposely selected because of its ability to provide rich information about what happens in school psychology doctoral level therapeutic intervention courses (Patton, 2002). A critical analysis of the selected syllabi universities was conducted to gain demographic information. The sample set included nine syllabi that were located primarily in two geographical

regions of the United States, Midwest and South. Five syllabi were from the Midwest and four were from the South. Based on their web page photograph, all of the syllabi were authored by faculty that appeared to be of European descent, of whom two were male and six female. Their teaching experience ranged from five years to twenty-four years. Syllabi were collected from seven universities. Five were from programs situated in public tier one research universities and two from tier two universities. Findings are shown in Table 1.

Table 1 Faculty and University Demographics

	Gender		Years of Experience	Research Tier	Geographic Region
Syllabi	**Male**	**Female**			
S1	X		20	2	Midwest
S2		X	13	2	Midwest
S3*		X	8	1	Midwest
S4		X	16	2	South
S5*		X	8	1	Midwest
S6	X		24	1	Midwest
S7		X	18	1	South
S8		X	6	1	South
S9		X	5	1	South

Note. * indicates same instructor

Coding*

Analysis categories included the critical areas identified by Fouad (2006), course reading, course topics, course assignments, goals, objectives, and course description. Codes were determined a priori. Two additional codes emerged, learning outcomes and diversity statement. Coding structures are provided in the Appendix B.

To determine the prevalence of cultural competence in each course, the course description, goals, objectives, learning outcomes, diversity statements, assignments and textbooks were analyzed. Each critical area was analyzed for implicit and explicit statements using the Syllabus Assessment Instrument (SAI) (used with permission; see Appendix B); was "designed to assess student exposure to and skills used in a specific domain of learning within courses in a higher education curriculum" (Madson, 2004, p. 12). Explicit assignments were then analyzed using a matrix created based on the Best Evidence Model developed by Newell et al., (2012) to determine the cultural competence skills addressed in intervention courses. The Best Evidence Model (Newell et al., 2012) was used because it specifically addresses school psychology cultural competency skills (Appendix C). Codes were derived directly from the Best Evidence Model. Each code was given a numerical value according to its component level and content item. For example "Component 4 knowledge about different groups; and Content item 1 students should demonstrate an understanding of the historical context and experiences of different groups" (Newell et al., 2010, p. 261) was assigned the value 4.1. Additionally, the tables of content for required textbooks were analyzed to ascertain culturally competent subject matter.

Syllabi were considered to address adapting interventions if explicit statements relating changing or modifying an intervention were observed in the any of the critical areas course goals, objectives, learning outcomes, diversity statement or assignments.

Assignments were analyzed to determine cultural competence. For an assignment to be considered as practical experience in adapting intervention it had to require the student to change or modify a direct therapy intervention to meet the needs of an ethnically or culturally diverse population in writing, orally or by implementing through role play.

Procedure

Syllabi were obtained by searching accredited doctoral school psychology program websites for therapy courses. After identifying therapy courses the syllabus for each course was downloaded and saved to a portable disk drive. Instructors were contacted by email or phone if the course syllabus was not online. The first email request was sent to all professors whose syllabus was not online. A second email request was sent to instructors that did not respond to the initial email. Syllabi received by email were also saved to the portable disk drive.

Upon retrieval each syllabus was printed read to ensure that the course focus was therapy, it was within the three year time range, taught within the school psychology program and it was at least three credit course. The printed syllabi were sorted into two preliminary piles, those that met the criteria and those that did not. Each syllabus was reread to verify original sort. The nine syllabi that met the inclusion criteria were numbered for easy reference.

Raters for this study included two secondary educators and one former educator who is currently a human resource manager. All raters were female. Two identify as African American and one identifies as Haitian-American. All of the raters held Master's degrees in education and special education. All three raters have worked extensively with culturally and ethnically diverse populations. Each rater was trained individually in order to minimize the chance of misinterpretation of the set criteria. Trained raters judged each syllabus for implicit and explicit statements of cultural competence; Best Evidence Model Student Level Components; and cultural

competence chapters in required textbooks. Using the SAI (Syllabus Assessment Instrument) a form used to assess student exposure to and use of specific skills (Madson, 2004).) and an investigator created matrix each syllabus was analyzed by a rater and the principle investigator. The matrix was designed to identify the presence of student level components and cultural competence chapters (Appendix D). The presence of any component occurred when three of the four raters independently indicated the presence of set criteria. Discrepancies were discussed and presence was determined by mutual agreement of the raters.

The table of contents for each required textbook was analyzed. Tables of content were examined for the presence of cultural competence content. The presence of cultural competence occurred if the required textbook contained at least one chapter title related to cultural competence.

Raters received specific decision rules to aid in categorizing course description, course objectives, goals, course assignments and textbook chapters.

Examples of explicit statements include:

- Description: This course will prepare students to provide culturally competent service delivery to diverse populations.
- Goal: This course will provide multiple opportunities to develop necessary skills to provide culturally competent care to ethnically diverse clients.
- Objective: Students will be able to develop treatment plans that include culturally competent techniques.
- Assignments: Examine to role of culture in the development of intake procedures.

Examples of implicit statements include:

- Description: This course will examine the impact a multiple social issues such as gender, poverty etc.
- Goal: This course will cover a range of theoretical perspectives and related intervention strategies.
- Objective: Students will be able to identify the influence of social variables
- Assignments: Prepare a 10 -12 minute presentations on personal factors that may affect the therapeutic process (such aspoverty, gender etc.)

Examples of culturally competent chapter include:

- Case Conceptualization with the Ethnically Diverse
- Psychotherapy and Minorities

Steps for Implicit/Explicit Coding

1. Copies of syllabi were made and distributed to each rater.
2. Raters were trained to identify explicit and implicit statements, use the SAI and use Best Evidences Matrix by primary investigator individually.
3. Each rater coded one syllabus manually.
4. Implicit statements were underlined.
5. Explicit statements were highlighted.
6. Raters met to determine consensus.
7. Raters coded remaining syllabi.
8. Raters met again to determine consensus.
9. Each rater shared their findings any discrepancies were discussed until consensus was reached.

Steps Best Evidence Model Coding

1. After explicit statements were identified in the critical areas they were then coded using the Matrix.
2. Each statement was read and coded.
3. Raters met to share findings any discrepancy was discussed until consensus was reached.

Steps to Textbook Coding

1. A list of textbooks was generated from the syllabi (N=25).
2. The table of contents was downloaded from the publisher's website, Barnes and Nobles website or Amazon.com.
3. A document was created that included the titles and their table of contents.
4. Copies were made and distributed to the raters.
5. Raters coded each table of contents for culturally competent chapter titles.
6. Identified culturally competent chapters were highlighted.
7. Assignment calendar was analyzed to determine if culturally competent chapters were assigned reading.

Trustworthiness

Denzin and Lincoln (2000) state that we "speak from a particular class, gender, racial, cultural, and ethnic community perspective" and these attributes interact to form our world view (p. 18). My world view is colored by an African –American, non-affluent, urban cultural experience with a subtle feministic hue. I believe that these characteristics and experiences influence my thoughts and actions. Although I am the main instrument for data collection and analysis, the use of documents limit the influence that my values and attitudes may have on the results of this study (Bowen, 2009), however to promote trustworthiness Lincoln and Guba's

(1985) criteria were employed using six strategies. Credibility was established by conducting a peer review and examining previous research; academic colleagues and peers provided multiple perspectives and constructive feedback. Academic colleagues and peers included University of Phoenix faculty members and co-workers from an independent school district in Houston, Texas. This insight influenced the decision to add detailed explanations and examples to clarify critical constructs and to include an appendix of cultural competence books utilized by the professors in the data set. The findings of the current study were compared to previous research. Transferability was supported by providing detailed characteristics of the data and step-by-step procedures. Dependability was fostered by specifying the methods utilized in this study to collect and analyze data. Confirmability was bolstered by disclosing limitations and their possible effects on the findings, as well as describing methods used in detail.

Additionally, triangulation was achieved by utilizing two different methods of data analysis on the same data, as suggested by Leech and Onwueghbuzie (2007). Deductive classical content analysis was used to identify explicit statements and specific skills. Deductive constant comparative analysis was used to categorize cultural competent content, not to identify an emerging theory (Fram, 2013). Last required text books were analyzed to identify cultural competent subject matter.

CHAPTER IV

FINDINGS

To address the research questions, content was considered in terms of syllabi components, textbooks and practical experiences. Each of these areas were coded and analyzed.

Critical Areas

How prevalent is cultural competence, including adapting interventions in direct psychotherapeutic intervention courses?

To address this question, critical areas of syllabi and textbooks were coded and analyzed.

Syllabus

To determine prevalence of cultural competence in direct therapeutic intervention courses, course descriptions, course goals, course objectives, course assignments, learning outcomes and diversity statements were analyzed for implicit and explicit culturally competent statements using the SAI. According to the field notes the raters initially disagreed on the coding of two statements:

a. In addition, the course will examine the process of intervention selection and how psychologists tailor specific interventions to the needs of children, youth, parents and teachers
b. Demonstrate skill in selecting EBIs appropriate for referral concerns/target behaviors, as well as skills in designing, writing, and implementing comprehensive individualized treatment plans that incorporate EBIs

Agreement of consensus was obtained with the decision to code these statements as implicit.

Explicit statements indicated evidence of cultural competence. Eight of the syllabi had explicit culturally competent content in at least one of the examined areas. All of the syllabi had a

course description. Two course descriptions had explicit culturally competent statements. None of syllabus had separate course goals. Seven syllabi had course objectives; of those four had objectives that included explicit culturally competent statements. One syllabus had combined goals and objectives and it did not have explicit culturally competent statements. One syllabus had combined goals and learning outcomes and it had a culturally competent statement. Course assignments were included in all the syllabi; two assignments had explicit culturally competent statements. Table 2 shows findings.

Table 2 Explicit Statements

Syllabi	Course description	Course goals	Course objectives	Course assignments	Learning outcomes & goals combined	Diversity statement	Combined goals & objectives
S1			Discuss limitation to the generalizability of intervention techniques to members of different ethnic and minority groups				
S2			Describe how culture/ethnicity, sexual orientation impacts therapeutic intervention				
S3			Demonstrate awareness of relevance of diversity in your work and competence working with individuals with different abilities and from different socio-cultural-backgrounds			This course will address issues of diversity and individual differences through discussions and assignments.	
S4							
S5				Presentation: how to modify the intervention		This course will address issues of diversity and individual differences through discussions and assignments.	
S6	There will be emphasis on prevention and counseling Ethnically diverse students						

Table 2 continued

Syllabi	Course description	Course goals	Course objectives	Course assignments	Learning outcomes & goals combined	Diversity statement	Combined goals & objectives
S7			Students will discuss application of evidence based treatments to individual clients including appropriate considerations of individual client contextual variables such as gender, ethnicity, sexual orientation etc.	Discuss: If a limitation of a study is limited minority enrollment, why might that be especially important in relation to the particular treatment being tested? Was there appropriate minority inclusion?			
S8	.Course content and objectives relate primarily to the COE Conceptual Framework (CF) CARE themes of Collaboration; Content and Professional Knowledge; Reflection, Analysis, and Inquiry; Ethics and Diversity; and Student Learning and Development						
S9					To address a variety of ethical, legal, multicultural issues relevant to individual and group counseling in school and community setting		

Explicit statements for each critical area was coded using the Best Evidence Model (Newell et al., 2010) Matrix to determine the cultural competence skills addressed in psychotherapeutic intervention courses (Table 3). Field notes indicate that agreement of consensus among raters was 100 percent. Findings identified "Component 5: Translation of knowledge to service delivery" (Newell et al., 2010, p. 261,) as the most commonly addressed competency. Specifically this component focuses on "demonstrating the ability to attend to the cultural context of intervention, assessment and consultation; and to recognizing culturally competent intervention design and evaluation" (Newell et al., 2010, p. 261).

How do assignments provide practical experience in adapting interventions?

Assignments

Assignments were analyzed to determine cultural competence. Assignments included activities such as examinations, oral presentation, research papers, role plays, report writing, literature critique or review discussions. Explicit cultural competent statements were coded for each assignment. Two syllabi had culturally competent assignments (Table 3).

Adapting Interventions

Syllabi also were analyzed for evidence of how to adapt interventions or the potential need for adapting interventions. Evidence of adapting interventions was determined by identifying explicit statements related to changing, modifying or tailoring interventions. One syllabus met the criteria for adapting interventions. The assignment was an oral presentation about intervention requiring a discussion related to modifying an intervention.

Practical Experience

To be considered as practical experience in adapting intervention an assignment had to require the student to change or modify a direct therapy intervention to meet the needs of an ethnically or culturally diverse population in writing, orally or by implementing through role play. One syllabus met the criteria for practical experience in adapting interventions. The assignment was an oral presentation related to modifying an intervention.

Textbooks

Additionally, required textbooks were categorized to determine the prevalence of cultural competence content. Field notes indicated that raters disagreed on whether to included textbooks categorized as resources or recommended. Consensus was reached through discussion. Raters agreed to include textbooks categorized as resources or recommended only if the category required textbooks was not listed. Seven syllabi listed required textbooks, one listed resources, and one listed recommended text; twenty-five titles in all (Appendix A). Chapter titles that included commonly used cultural terms such as cultural issues or concerns; multicultural ethnic or diverse children; multicultural, ethnic or diverse populations; and ethnicity or diversity issues were categorized as containing cultural competent content. Six textbooks had seven culturally competent chapters. One of the seven chapters was assigned (Table 4). Additional readings were excluded from this analysis due to the various syllabus formats; some syllabi listed additional readings others did not.

Table 3 Matrix Best Model

Best Model Components-content	**S1**	**S2**	**S3**	**S4**	**S5**	**S6**	**S7**	**S8**	**S9**
4-1									
4-2									
4-3									
4-4						D			
4-5									
4-6									
4-7									
5-1	O	O						O	
5-2									
5-3									
5-4		O			A	G		O	O
5-5									
5-6									
5-7									
5-8									
6-1									
6-2							A		
6-3									
7-1									
7-2									

Note. D= Description G=Goals GO= Goals & Objectives combined O=Objectives A=Assignment S= S

Table 4 Required Textbooks

Required Textbook Titles	Multicultural Chapter Titles	Assigned
Becoming a therapist: What do I say and why?	None	No
A comprehensive guide to child psychotherapy (2 nd ed.)	A Culturally Sensitive Approach to Therapy with Children	Unknown
Play therapy: An introduction	Cultural Sensitivity and Play Therapy	Unknown
Modular cognitive-behavioral therapy for childhood anxiety disorders	None	No
Treatments that work with children. Empirically supported strategies for managing childhood problems	None	No
Current psychotherpies (9th ed.)	Multicultural Psychotherapies	No
Intervening in children's lives: An ecological, family-centered approache to mental health care	None	No
Behavioral interventions in cognitive behavior therapy: Practical guidance for putting theory into action	None	No
How to Teach Self-Control Trough Trigger Analysis	None	No
How to use positive practice, self-correction, and overcorrection	None	No
How to Use Prompts to Initiate Behavior	None	No
The essential counselor (2nd ed.)	Developing Ethical and Cultural Competency	Unknown
101 favorite play therapy techniques	None	No
Cognitive-behavoral procedures	None	No
Play therapy:Ther art of the relationship (2nd ed.)	None	No
Counseling children and adolsesct in schools	None	No
Principles of behavior	None	No
Helping students overcome depression and anxiety	None	No
*Motivational interviewing: Preparing people for change (2nd ed.)	None	No
*The practice of child therapy (4th ed.).	None	No
Parents and adolescents living together. Part I: The Basics (2nd ed)	None	No
Counseling children (7th ed.)	Counseling with Children from Different Cultures.	No
The incredible years: A trouble-shooting guide for parents of children aged 3 – 8	None	No
Psychotherapy for children and adolescents: Evidence-based treatments and case examples	None	No
The handbook of response to intervention: The science and practice of assessment and intervention	An Integration of Response to Intervention and Critical Race Theory	No
	Assessing Disproportionality with Response to Intervention.-	Yes

Note. *Used by two programs

CHAPTER V

DISCUSSION

This study examined the syllabi of APA accredited doctoral school psychology direct psychotherapeutic intervention courses using a qualitative content analysis to determine cultural competence content. Two questions guided this study:

1. How prevalent is cultural competence, including adapting interventions in direct psychotherapeutic intervention courses?
2. How do assignments provide practical experience in adapting interventions?

These questions are relevant to the field of school psychology and the curriculum of school psychology doctoral programs given the increasing cultural and linguistically diverse populations in the schools. Understanding the content of current curricula provide trainers with information that may improve their curriculum so that pre service school psychologists may matriculate with a broader basic therapy skill set. The course description, goals and objectives of each syllabus was examined for explicit cultural competence statements. Assignments were analyzed for the use of culturally competent skills. Required textbooks were analyzed to determine if culturally competent chapters were assigned.

Prevalence of Cultural Competence

The finding of this study is across syllabi from APA accredited programs direct therapy courses minimally address cultural competence and rarely includes adapting of interventions to meet diverse needs. These findings are consistent with other curricula studies. These findings support the assertion that cultural competence is still in the rhetoric phase (Hansen, Pepitone-Arreola-Rockwell, & Greene, 2000; Pedersen, 1991; Sue et al., 1992).

These findings further reveal that there are deficiencies in the cultural competency training of school psychologist (Rogers, Ponterotto, Conoley, & Wiese, 1992). Eight of the syllabi indicated explicit culturally competent statements in at least one of the core areas, two syllabi did not have any explicit culturally competent statements, and one syllabus indicated a culturally competent assignment. This indicates that trainers are aware of the need to develop the cultural competence of pre service school psychologists, but are having difficulty integrating cultural competence development in to assignments. This gap between stated descriptions, goals and objectives and assignments supports Newell and colleagues (2010) claimed that trainers may not know how to incorporate culturally competence content in to their courses. Closing this gap will enable trainers to design direct psychotherapeutic courses that integrate cultural competence that may have the long term benefits of increased cultural competence and efficacy of pre service and novice school psychologists and improved outcomes for diverse populations.

These findings also highlight the deficiency in meeting minimum ethical standards by providing culturally incompetent psychotherapeutic interventions to diverse populations. Multiple researchers have indicated it is unethical to treat clients without the necessary skills to do so (Herlihy & Watson, 2003; Johnson, 2009; Waller & Rorer 1984). Therefore, minimum ethical standards are not met when cultural competence is inadequately addressed in training school psychologist.

Noteworthy is the number of syllabi that did not meet the selection criteria. Thirty syllabi were collected from a pool of 63 APA accredited doctoral school psychology. Twenty-one did not meet the criteria. This finding also concurs with Newell and colleagues (2010) study that revealed that less than 20 percent of courses integrated cultural competence content. This study further suggested that the lack of cultural competence in school psychology programs may be due

to limited research and knowledge about related research, limited funds and limited pedagogical skills (Newell et al., 2010). Additionally, the dual expectation of programs to develop culturally competent practitioners while developing their own cultural competence may be challenging (Pope-Davis, Liu, Toporek, Brittan-Powell (2001).

Practical Experience in Adapting Interventions

The findings further suggest practical experience in adapting interventions is limited. Minimal multicultural practical experience further indicates deficits in doctoral programs. There finings are also similar to Kearns, Ford and Brown's 2002 study which cited several weaknesses in APA accredited school psychology programs as evidence of inadequacies in training. This study also concurs with Loe and Miranda's (2005) study of school-based services and diversity training which found that 27.4 percent of survey respondents reported that greater exposure to cultural issues in course work was needed. Rogers and Lopez (2002) study of novice practitioners who express low efficacy in treating diverse clientele because of inadequate training.

Implications

It is highly imperative that school psychology doctoral programs infuse cultural competence skill development in all coursework including direct psychotherapeutic courses. Otherwise diverse populations will continue to be underserved, misdiagnosed and mistreated (Rodgers et al., 1999). Not providing adequate cultural competence training is a disservice to pre service school psychologists and the students they will serve. Therefore, school psychology doctoral programs may need to provide cultural competence training that build knowledge, awareness and skill including pedagogical skills to their faculty. Additionally, trainers may need to build their own cultural competence and pedagogical skills in order to provide adequate training to pre service psychologists.

Recommendations

Since accredited school psychology doctoral programs have the responsibility to provide a strong theoretical foundation and proficient cultural competence skills, they must provide faculty development to ensure that their faculty is culturally competent.

The student and the practitioner must also continuously build and maintain their own cultural competence skills along with other skills (e.g. assessment, consultation etc.) that they maintain and build (Ortiz, et al., 2003; Lopez & Rogers, 2001). White and Henderson (2008) also asserted that students and practitioners may need to develop cultural competences skills independently, and provide an excellent model for self-study that is appropriate for the inexperienced and veteran psychologist.

Cultural competence is no longer viewed as an "add-on to the psychologists' skill repertoire, rather it is an essential tool that informs all professional assignments, and it is an area that must be reinforced through professional preparation and training" (Ortiz, Flanegan & Dynda, 2007, p.1). Therefore, cultural competence should be evident in direct psychotherapeutic courses and indicated in the course syllabus in every key areal (goals, objectives, readings and assignments). As such training programs may want to adhere to Rodgers' suggestion (2006) who noted that the best way to develop school psychologist's cultural competence is to combine a single multicultural course and infuse multicultural content throughout the curriculum. Individual instructors and trainers may want to incorporate practical assignments that build students' cultural competence, such as an autobiography that explores the trainee's cultural background and experiences; or a service learning project in which students volunteer with an organization that serves a diverse population (that is different from the student's cultural background); or adapt an intervention to a specific ethnically or culturally diverse population; or games that build

awareness, knowledge and skills (Arrendondo & Arciniega, 2001; Henriksen, 2006; Kim & Lyons 2003). Finally student and practitioners must recognize that cultural is not static and that building cultural competence is an ongoing, life long process (Campina-Bacote, 1994; Chen, Kakkad & Balzano, 2008; Ponterotto, Casas, Suzuki, & Alexander, 2001; Rogers et al., 1999).

Faculty resistance may impede attempts to develop cultural competence among faculty. There are several reasons for resistance to cultural competence such as perception of value, universalist perspective counseling works for everyone without changing it; culture is too complex and it is an unrealistic expectation to become culturally competent (Lane, 2007; Sue, 1998). Therefore, trainers of trainers must be proactive and reframe negative views.

Limitations

One limitation of this study was difficulty locating course syllabi. The intervention courses were typically taught by tenure-track faculty. Even so this was a tedious task because syllabi were not accessible. Courses were rarely linked to the faculty members that taught the course. The reverse was typically the case. So then in order to locate a course syllabus each faculty page had to be examined. Often after locating the syllabi it was not online. Accessible course syllabi may have increased the sample size.

Besides difficulty locating syllabi another limitation is the use of documents, restricted information, homogenous syllabi authors, narrow geographic region, and variability. Although the use of documents limits the influence that my values and attitudes may have (Bowen, 2009), content analysis is restricted to information provided in the documents, and therefore the author's intent is unknown. A content analysis of non-accredited programs and larger sample may yield different results.

This study was also limited by the examining a slice of the readings. By examining only required textbooks and not including the additional readings the ability to determine cultural competence was lowered. Examining the additional reading may have revealed increased cultural competence content.

Another limitation is the homogenous demographic characteristics of the professors (6 women and 2 men) and the narrow geographic regions (Midwest and South). Two of the nine syllabi were provided by one professor. Also, the faculty appeared based on website pictures to be all of European descent. These characteristics could possibly affect the way multicultural content is taught (Winston & Piercy, 2010). Additionally, the selected syllabi may reflect the universities' policy and procedures and departments' agendas thereby creating selectivity bias (Bowen, 2009).

Finally the variability of the information included on the syllabi limits the findings. Syllabi varied in format and length. Some syllabi were missing critical areas; others combined critical areas (such as goals and objectives or learning outcomes and goals). The length of syllabi ranged from two to fifteen pages. Variability may be a result of the original purpose of the syllabi which is to provide information about the course, not research, therefore data needed to answer research questions may not be obtained (Bowmen, 2009). Missing key parts lowers the ability to determine cultural competence.

Conclusion

"Culture impacts all aspects of our lives, from the way we perceive ourselves, others, and our environment, to the way we assess, and respond to the situations and individuals that we encounter" (Talley, & Donnell, 2007, p. 71). Therefore, school psychologists must be culturally competent. This study has highlighted the gaps in cultural competence training of school psychology doctoral programs. By filling this gap pre service school psychologists may increase

their cultural competence and ethical functioning, and build efficacy. In practice they may improve services to and decrease the misdiagnosis, mistreatment and disproportionality of diverse students. As Lehman, Chiu and Schaller (2004) pointed out culture influences psychological processes and vice versa; therefore increasing cultural competence will allow us all to be more effective gate keepers.

Sue and colleagues' (1992) clarion call is still beckoning us to answer. It is time to replace rhetoric with action. The research is clear Traditional treatments are not as effective with diverse populations we must adapt the traditional and develop new interventions so that the ethnically and culturally diverse receive appropriate and effective treatment, especially children in school settings.

Reflections

As a whole, I believe that the field of school psychology is moving in the right direction and have built a strong foundation. Even so, I must reiterate my concluding statements, based on what I have learned from this study it is apparent to me that the field of school psychology is full of talkers and not doers. We talk about what we should do, how we should do it, and why we should do it. But we rarely DO anything when it comes to multicultural issues. I believe now is the time to act. Build awareness and knowledge and start a book study group. Then develop faculty training and implement it. Add one multicultural assignment to your class. Volunteer at a cultural center. Talk to someone from a culture that is not familiar to you. Build skills and learn how to speak in another language or give a culturally competent assessment protocol.

During the last thirty years we have become a multi-cultural, multi-racial and multi-lingual society. At the same time we have been *talking* about multiculturalism and related issues. It is time that we use what we know. We can indeed effectively serve all children, provided we

develop the necessary skill set and use them. I propose a new call to the field of school psychology and I am code switching here “Don’t talk about it. *Be* about it”.

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APPENDIX A

List of Required Text Books

Bender, S. & Messner, E. (2003). *Becoming a therapist: What do I say and why?* New York: Guilford. Brems, C. (2002). *A comprehensive guide to child psychotherapy (2nd ed.).* Long Grove, IL: Waveland Press.

Carmichael, K. D. (2006). *Play therapy: An introduction.* Upper Saddle River, NJ: Pearson Education, Inc.

Chorpita, B. F. (2007). *Modular cognitive-behavioral therapy for childhood anxiety disorders.* New York, NY: Giulford Press.

Christophersen, E. R. (2001). *Treatments that work with children. Empirically supported strategies for managing childhood problems.* Washington, D. C. : American Psychological Association.

Corsini, R. J. (2011). *Current psychotherpies (9th ed.).* Belmont, CA: Brooks Cole.

Dishion, T. J. & Stormshak, E. A. (2007). *Intervening in children's lives: An ecological, family-centered approache to mental health care.* Washington, D. C.: American Pschological Associates.

Farmer, R. F. & Chapman, A. L. (2008). *Behavioral interventions in cognitive behavior therapy: Practical guidance for putting theory into action.* American Psychological Asociation.

How to Teach Self-Control Trough Trigger Analysis (Vol. How to manage behavior). (n.d.). Pro-Ed.

How to use positive practice, self-correction, and overcorrection (Vol. How to manage behavior). (n.d.). Pro-Ed.

How to Use Prompts to Initiate Behavior (Vol. How to Mange behavior Series). (n.d.). Pro-Ed.

Hutchinson, D. (2012). *The essential counselor (2nd ed.).* Los Angeles, CA: Sage Publications.

Jimerson, S. R., Burns, M. K. & VanDerHeyden, A. M. (2007). *The handbook of response to intervention: The science and practice of assessment and intervention*. Springer Publication.

Kaduson H. & Schaefer, C. (1997). *101 favorite play therapy techniques.* Northvale, NJ: Jason Aronson.

Kendall, P. C. (2011). *Cognitive-behavoral procedures.* New York, NY: Guilford Press.

Landreth, G. (2002). *Play therapy:Ther art of the relationship (2nd ed.).* New York, NY: Brunner/Routledge.

Magnuson, S. H. (2012). *Counseling children and adolsesct in schools.* Los Angeles, CA: Sage Publications.

Malott, R. W. (2008). *Principles of behavior (6th ed.).* Prentice Hall.

Mash, E. J. & Barkley, R. A. (2006). *Treatment of chlldhood disorders (3rd ed.).* New York, NY: Guilford.

Merrell, K. W. (2008). *Helping students overcome depression and anxiety (2nd ed.): A practical guide.* New York: Guilford.

*Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change (2nd ed.).* New York, NY: Guilford.

*Morris, R. J. & Kratochwill, T. R. (2008). *The practice of child therapy (4th ed.).* New York, NY: Lawrence Erlbaum Associates.

therapy. (n.d.). *The American Heritage® New Dictionary of Cultural Literacy, Third Edition*. Retrieved December 10, 2012, from http://dictionary.reference.com/browse/therapy

Patterson, G. R. & Forgatch, M. S. (2005). *Parents and adolescents living together. Part I: The Basics* (2nd ed). Champaign, IL: Research Press.

Thomas C. L. & Hendersen, D. (2007). *Counseling children (7th ed.).* Belmont, CA: Brooks Cole.

Webster-Stratton, C. (2006). *The incredible years: A trouble-shooting guide for parents of children aged 3 – 8*. Toronto: Umbrella Press.

Weisz, J. R. (2004). *Psychotherapy for children and adolescents: Evidence-based treatments and case examples.* New York, NY: Cambridge University Press.

*Used by two programs.

APPENDIX B*

Syllabus Assessment Instrument (SAI)

Course _____ Instructor _____

Core area	Is the use of cultural competence required to successfully complete this activity? Yes/NO	Cultural competence required to successfully complete this activity?	Optional cultural competence for completing this activity?
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			
11)			
12)			
13)			
14)			

*This form was reprinted and adapted with permission from "Assessing student exposure to and use of computer technologies through an examination of course syllabi." by Madson, M. B., Melchert, T. P., & Whip, J. L., 2004. *Assessment & Evaluation in Higher Education, 29*, 549-561. Copyright [2004] by Melchert, T. P..

APPENDIX C

Matrix Best Model

Best Model Components-content	**S1**	**S2**	**S3**	**S4**	**S5**	**S6**	**S7**	**S8**	**S9**
4-1									
4-2									
4-3									
4-4									
4-5									
4-6									
4-7									
5-1									
5-2									
5-3									
5-4									
5-5									
5-6									
5-7									
5-8									
6-1									
6-2									
6-3									
7-1									
7-2									

APPENDIX D

Syllabi

DATA 1

Bulletin description: Foundational skills for therapeutic intervention/psychotherapy including theory and technique.

Course Objectives:

1. Demonstrate the use of therapeutic communication skills.
2. Demonstrate the use of generic therapy skills.
3. Demonstrate the use of self-awareness skills.
4. Apply different theoretical approaches to therapeutic intervention.
5. Recognize the theoretical base for particular intervention techniques.
6. Discuss the scientific base and typical research for particular intervention techniques.
7. Discuss limitations to the generalizability of intervention techniques to members of different ethnic and minority groups.

Texts:

- Corsini, R. J., & Wedding, D. (2011). Current Psychotherapies (9th Ed.). Thompson Brooks/Cole

Requirements:

1. Two tests (mid-term & final) over theories. The exams will consist of a take home part and an in-class part. Graduate students must take both parts. Undergraduates need only take the in-class part.
2. The keeping of a journal. This may be either a spiral-bound notebook or typed sheets placed in a folder. The journal should contain your reactions and applications from the class sessions, the reading, and the development of your therapeutic skills, along with some self-exploration.
3. For graduate students: Ten one page article summaries. Summarize a research article related to each of the 10 theories covered in the course. Provide complete reference in APA style and double space. These are due the week after class discussion of the theory.

   For undergraduate students: Ten one page (double spaced) answers to a choice of essay questions on each chapter. These are due the week after class discussion of theory.
4. Participation in in-class counseling sessions.
5. Class attendance and participation

University provides individuals with disabilities reasonable accommodations to participate in educational programs, activities, and services. Students with disabilities requiring accommodations to participate in class activities or meet course requirements should first register with the office of Student Disability Services, and then contact me as soon as possible

Assignments:
8/29 introduction
9/5 ch.1
9/12 self-disclosure exercise; Journal due
9/19 ch.2
9/26 ch.4 view Wisdom of the Dream
10/3 ch.3; Journal due
10/10 ch.5
10/17 ch.6
10/24 quiz; take home due
10/31 ch. 8; Journal due
11/7 ch. 9
11/14 ch. 10
11/21 ch. 11; Journal due
11/28 ch. 12
12/5 ch. 16
12/10 Journal due
12/12 final quiz

Course Outline:
Week 1 introduction
Week 2 self-awareness as a therapeutic tool
Types of self-awareness
Week 3 self-disclosure: patterns, client, therapist
Communication skills: listening; responding
Week 4 Psychoanalysis
Unconscious motivation
Week 5 Individual (Holistic) Psychotherapy (Adler)
Birth order; life style analysis
Week 6 Analytic Therapy (Jung)
Personality types
Week 7 Rational Emotive Therapy (Ellis)
Use of confrontation in therapy
Film: Three Approaches to Psychotherapy
Week 8 Mid-Term Exam; Take Home Exam Due

Week 9 Person-Centered Therapy (Rogers)
Film: Three Approaches to Psychotherapy
Use of empathy in therapy
Week 10 Cognitive Therapy (Beck)
Use of cognitive restructuring
Week 11 Existential Psychotherapy
Logotherapy
Week 12 Gestalt Therapy
Processing
Film: Three Approaches to Psychotherapy
Week 13 Interpersonal Psychotherapy
Eclectic approaches
Week 14 Family Therapy
Circumplex model
Week 15 Challenges and Controversies
The science of therapeutic interventions
Week 16 Final Exam, Take Home Exam Due

Evaluation:
Undergraduates: total of 300 points
In-class mid-term and final = 100 points each
Reaction journal = 60 points
Essay questions = 40 points

Graduate Students: total of 550 points
In-class mid-term and final = 100 points each
Take home mid-tern and final = 100 points each
Reaction journal = 100 points
Summaries of research articles = 50 points

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Carlson, C. I. (1987). Resolving school problems with structural family therapy. *School Psychology Review, 16*, 457-468.

Christensen, T. M. (2001). A bold perspective on counseling with couples and families:

An interview with Arnold Lazarus. *The Family Journal: Counseling and Therapy for Couples and Families, 9*, 343-349.

Conoley, J. C. (1987). Strategic family intervention: Three cases of school-aged children. *School Psychology Review, 16*, 469-486.

Dolliver, R. H. (1991). Perls with Gloria re-reviewed: Gestalt techniques and Perl's practices. *Journal of Counseling and Development, 69*, 299-304.

Duan, C., & Hill, C. E. (1996). The current state of empathy research. *Journal of Counseling Psychology, 43*, 261-274.

Ehly, S. & Dustin, R. (1989). *Individual and group counseling in schools*. New York: Guilford.

Ellis, A. (1993). *How to stubbornly refuse to make yourself miserable about anything yes anything*. Secaucus, NJ: Carol Publishing Group.

Gelso, C. J., Kivlighan, D. M., Wine, B., Jones, A., & Friedman, S. C. (1997). Transference, insight, and the course of time-limited therapy. *Journal of Counseling Psychology, 44*, 209-217.

Hartshorne, T. S. (1991). The evolution of psychotherapy: Where are the Adlerians? *Individual Psychology, 47*, 321-325.

Hill, C. E., & Corbett, M. M. (1993). A perspective on the history of process and outcome research in counseling psychology. *Journal of Counseling Psychology, 40*, 3-24
Ivey, A. E., Ivey, M. B., & Simek-Morgan, L. (1993). Counseling and psychotherapy: A multicultural perspective. Boston: Allyn and Bacon.

Jensen, J. P., Bergin, A. E., & Greaves, D. W. (1990). The meaning of eclecticism: New survey and analysis of components. *Professional Psychology: Research and Practice, 21*, 124-130.

Kazdin, A. E. (1993). Psychotherapy for children and adolescents: Current progress and future research directions. *American Psychologist, 48*, 644-657.

Keat, D. B. (1996). Multimodal therapy with children: Anxious Ashley. *Psychotherapy in Private Practice, 15(2)*, 63-79.

Kirschenbaum, H. (2004). Carl Rogers's life and work: An assessment on the 100th

anniversary of his birth. *Journal of Counseling and Development, 82*, 116-124.

Koole, S. L., Greenberg, J., & Pyszczynski, T. (2006). Introducing science to the psychology of the soul. *Current Directions in Psychological Science, 15*, 212-216.

Lazarus, A. A. (1989). *The practice of multimodal therapy.* Baltimore: Johns Hopkins University Press.

Lazarus, A. A., & Beutler, L. E. (1993). On technical eclecticism. *Journal of Counseling and Development, 71*, 381-385.

Lopez, S. R., Grover, K. P., Holland, D., Johnson, M. J., Kain, C. D., Kanel, K., Mellins, C. A., & Rhynbe, M. C. (1989). Development of culturally sensitive psychotherapists. *Professional Psychology: Research and Practice, 20*, 369- 376.

Manaster, G. J., & Corsini, R. J. (1982). *Individual psychology: Theory and practice.* F. E. Peacock.

Martin-Causey, T., & Hinkle, J. (1995). Multimodal therapy with an aggressive preadolescent: A demonstration of effectiveness and accountability. *Journal of Counseling and Development, 73*, 305-310.

May, K. M. (2001). Theory: Does it matter?. *The Family Journal: Counseling and Therapy for Couples and Families, 9*, 37-38.

Moon, K. A. (2007). A client-centered review of Rogers with Gloria. *Journal of Counseling and Development, 85*, 277-285.

Overskeid, G. (2007). Looking for Skinner and finding Freud. *American Psychologist, 62*, 590-595.

Patton, M. J., Kivlighan, D. M., Multon, K. D. (1997). The Missouri Psychoanalytic Counseling Research Project: Relation of changes in counseling process to client outcomes. *Journal of Counseling Psychology, 44*, 189-208.

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Jones, and Friedman (1997). *Journal of Counseling Psychology, 44*, 218-221.

Robbins, S. B. (1989). Role of contemporary psychoanalysis in counseling psychology. *Journal of Counseling Psychology, 36*, 267-278.

Spiegler, M. D., & Guevremont, D. C. (1993). *Contemporary behavior therapy*. Pacific Grove, CA: Brooks/Cole.

Stiles, W. B., Shapiro, D. A., & Elliott, R. (1986). "Are all psychotherapies equivalent?" *American Psychologist, 41*, 165-180.

Strupp, H. H. (1989). Can the practitioner learn from the researcher? *American Psychologist*, *44*, 717-730.

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Weinrach, S. G., Ellis, A., MacLaren, C., DiGiuseppe, R., Vernon, A., Wolfe, J., Malkinson, R., & Backx, W. (2001). Rational emotive therapy successes and failures: Eight personal perspectives. *Journal of Counseling and Development, 79*, 259-268.

Wickman, S. A., & Campbell, C. (2003). An analysis of how Carl Rogers eacted client-centered conversation with Gloria. *Journal of Counseling and Development, 81*, 178-184.

Whiston, S. C., & Sexton, T. L. (1993). An overview of psychotherapy outcome research: Implications for practice. *Professional Psychology: Research and Practice, 24*, 43-51.

Waas, G. A., & Anderson, G. P. (1991). Outcome expectancy and treatment acceptability: Perceptions of school-based interventions. *Professional Psychology: Research and Practice, 22*, 149-154.

Yalom, I. D. (1980). *Existential psychotherapy*. New York: Basic Books.

DATA 2

I. Bulletin description:

Assumptions and principles of behavioral analysis and the strategies used in a variety of behavioral disorders.

II. Prerequisites:

Matriculation in psychology graduate program or permission of instructor.

II. Rationale for Course Level:

a. Level 3

An understanding of general behavioral principles, assessment of various disorders and clinical practice is needed.

IV. Textbooks and other required materials to be furnished by the student:

Malott, R.W. (2008). *Principles of behavior* (6th Edition). Prentice Hall.

Farmer, R. F., & Chapman, A. L. (2008). Behavioral interventions in cognitive behavior therapy: Practical guidance for putting theory into action. Published by APA.

From the *How to Manage Behavior Series* (don't order the whole series, only the following volumes are needed*: How to Use Positive Practice, Self-Correction, and Overcorrection, How to Teach Self-Control Through Trigger Analysis, How to Use Prompts to Initiate Behavior*. Published by Pro-Ed.

V. Special requirements of the course: None

VI. General methodology used in teaching this course: Lecture, class discussion, course objectives, class presentations.

VII. Course Objectives: Students will be able to:

1. Describe the theoretical background of the behavioral model.
2. Collect and organize data into a single subject research design.
3. Use data-based techniques to chart and monitor the effectiveness of behavioral interventions and use data for the purposes of formative evaluation (school psychology outcome 2.1.2.2)
4. Critically evaluate published studies describing behavioral treatments and outcomes (school psychology outcome 2.1.2.1)
5. Develop a behavior therapy treatment plan based on empirical research that is appropriate for the presenting concern (school psychology outcome 2.4.2.4).
6. Develop behavioral treatment plans including goals, intervention, and progress monitoring for depression, anxiety, aggressive behavior, and addictive disorders. (school psychology outcome 2.4.2.5)
7. Describe how culture/ethnicity, sexual orientation impacts therapeutic intervention (treatment selection, implementation, effectiveness) (school psychology outcome 2.5.2.1)
8. Implement behavioral therapies to promote appropriate skill development and decrease problem behavior (school psychology outcome 2.7.2.1)

9. Describe strategies to encourage collaboration between home and school (school psychology outcome 2.8.2.3)
10. Describe parent training programs to treat common childhood and adolescent problems (school psychology outcome 2.8.2.4)

VIII. Course Outline (The outline lists the topics that will be discussed each week. That topic will be tested the following week. There is a test every week.)

Week

1. Orientation to behavior therapy, radical behaviorism, history, what you need to know to predict and control behavior, unification in psychology: Donahoe & Palmer, chapter 1; Farmer & Chapman chap 1. Aug 22
2. Doing the right thing—evaluating the effectiveness of your interventions and single subject research designs. What Works Clearinghouse Single-Case Design Standards. **Exam 1**. Aug 29
3. Labor Day No class [here is a friendly suggestion to begin the readings for the next unit because there is a lot to read and study]. Sep 5
4. Principles of Behavior Analysis (PB chaps 1-8). **Exam 2**. Sep 12
5. Principles of Behavior (PB chaps 9, 10, 11). Applied research article presentation on reinforcement or punishment. **Exam 3**. [the exam over this material is worth 20 points because of the large amount of material]. Sep 19
6. Principles of Behavior (PB chaps 12, 13, 14). Applied research article presentation on motivating (establishing) operations. **Exam 4**. Sep 26
7. Principles of Behavior (PB chaps 15, 16, 17, 18). Behavior therapy project presentations include: Description of client and presenting concerns, behavioral definition (may also include baseline data, problem validation). Applied research article presentation on stimulus control, imitation (often called modeling). **Exam 5**. Oct 3
8. Principles of Behavior Analysis (PB chaps 19, 20, 21). Applied research article presentation on avoidance, differential reinforcement of other behavior DRO or schedules of reinforcement. **Exam 6**. Oct 10
9. Principles of Behavior (PB chaps 22, 23, 24) and the role of verbal behavior in behavior therapy. Applied research article on concurrent contingencies behavioral chains or respondent conditioning. **Exam 7**. Oct 17
10. Principles of Behavior (PB chaps 27, 28) and Farmer & Chapman chapter 2. Applied research article presentation on rule governed behavior, the role of verbal behavior in behavior therapy, or something different from previous weeks (because it may be difficult to find something on RGB but you should try). **Exam 8**. Oct 24
11. Prompts and trigger analysis, Behavioral Case Formulation & Treatment Planning. **Read:** How to use prompts to initiate behavior, teach self-control through trigger analysis, Farmer & Chapman chapters 3 & 4. Applied research article presentation that involved a functional analysis or functional assessment. **Exam 9**. Oct 31

12. Contingency management and other environmental change procedures. **Read:** *How to Use Positive Practice…*, *Positive Attention*, Farmer & Chapman chapter 5. **Exam 10**. Nov 7
13. Changing thoughts and skill building. Farmer & Chapman chapters 6 & 7. **Exam 11**. Nov 14
14. Treatments for depression and anxiety. Farmer & Chapman chapters 8, 9, 10. **Exam 12**. Nov 21
15. Some behavior difficulties of children and their treatment. [Possible topics: behavioral treatment of ADHD, elimination problems, sleep problems, compliance problems, feeding problems, school refusal, time-out]. Turn in behavior therapy report. Nov 28. **Exam 13**
16. Behavior Therapy Project Presentations and **Exam 14** (Final Exam week: Monday, Dec 5 from 2-3:50)

IX. Evaluation

Contribution to classroom discussion through presentation of one single subject research articled during the course of the semester. Include 1 page handout with citation and brief summary. Write 1-3 questions over the article and send to me and the rest of the class one week before the presentation. Students send answers to me and the student presenter before the class in which the article is presented. Describe and show graphs. Apply the What Works Clearinghouse (WWC) Single Case Design Standards to the Article in the presentation and in writing. (10 points) Your grade will be determined by how well you describe the article in your summary and by your application of the WWC design standards.

Behavior Therapy Project. Students will be required to complete a behavior therapy project including a literature review, response definitions, functional analysis, data collection, graphs and written report (30 points)

Exams (13 10-point weekly exams plus 20 point second exam = 150 points)

Total Points = 190

Grade	**Percent**
A	94-100%
A-	90-93
B+	87-89
B	84-86
B-	80-83

University provides students with disabilities reasonable accommodation to participate in educational programs, activities, or services. Students with disabilities requiring accommodation to participate in class activities or meet course requirements should first register with the office of Disability Services, and then contact me as soon as possible.

DATA 3

Course Description:

School psychologists have historically been considered to be special education "gatekeepers." However, with a recent shift towards prevention and early intervention services within education in general and school psychology specifically, the expectation is that school psychologists will be knowledgeable about, and effective in providing, direct and indirect intervention services to all students.

This course will focus on school-based psychological and educational intervention strategies and programs designed to improve the academic, emotional, behavioral, and social functioning of children and adolescents. Intervention services will be conceptualized within a multi-tiered intervention (i.e., universal, selected, targeted) and problem-solving framework. Consistent with mandates from the federal government, this course will emphasize evidence-based practices. These evidence-based practices require a connection between assessment and intervention; consequently, we will also consider relevant assessment practices and the corresponding link to intervention. The selection of an appropriate intervention requires an understanding of (a) the student's difficulty, (b) variables that will impact intervention implementation, (c) methods of progress monitoring and evaluating outcomes, and (d) how to sustain the intervention in a school setting.

Knowledge and skills obtained in this course will contribute to the development of outcome competencies in each of the School Psychology program's following domains:

Domain #4: Prevention and Intervention

A. Explain basic principles and best practices that guide your prevention and intervention activities (i.e., prepare a written statement).

C. Demonstrate understanding of the theoretical, conceptual, and procedural similarities and differences of various approaches to prevention and intervention for school-related (1) social-emotional issues, (2) academic issues, and (3) crises.

D. Demonstrate command of methods for monitoring prevention and intervention outcomes, and evaluating intervention integrity and effectiveness.

Domain #6: Human Abilities and Diversity

B. Demonstrate awareness of the relevance of diversity in your work and competence working with individuals with different abilities and from different socio-cultural backgrounds.

Domain #7: Schools and Schooling

A. Demonstrate knowledge and use of effective teaching methods and major learner-generated strategies that can be used to affect the learning and behavior of all learners.

B. Demonstrate knowledge of school organization, systems issues (e.g., school change, reform, and policy) and service delivery systems that facilitate the learning and behavior of all students.

Course Prerequisites:

Previous course experience in child/adolescent psychopathology, courses in child/adolescent assessment, and intervention, or equivalents, clinical practicum experience with children/adolescents, as well as full-time enrollment in a doctoral level graduate program is required to enroll in this course.

Academic Misconduct and Plagiarism

As indicated in the University System administrative code, "The board of regents, administrators, faculty, academic staff and students of the university system believe that academic honesty and integrity are fundamental to the mission of higher education and of the university system. The university has a responsibility to promote academic honesty and integrity and to develop procedures to deal effectively with instances of academic dishonesty. Students are responsible for the honest completion and representation of their work, for the appropriate citation of sources, and for respect of others' academic endeavors. Students who violate these standards must be confronted and must accept the consequences of their actions."

You should become familiar with the rules of academic misconduct, and you should ask me if you are unsure what behaviors constitute academic misconduct in a specific class or assignment. For further information, please see website and especially see this website.

Attendance and Information Sharing Policy:

Students are expected to attend all classes, complete readings prior to class, participate in discussions, share viewpoints, and maintain 2-way e-mail communication outside of class. If you will be absent, please notify me in advance and make arrangements to obtain materials discussed in class. If you were unable to notify me in advance of class about your absence, please contact me within 24 hours from the time of the absence and make arrangements to obtain materials discussed in class. If concerns or clarification is needed at any time during the course please see me as soon as possible to discuss a proactive solution.

Rules for Incomplete Performance:

Incompletes will be issued consistent with University policy.

Accommodation Procedures:

Please notify me of needed accommodations in the curriculum, instruction, or evaluation. Contact the Center if you have further questions regarding campus policies and services for persons with disabilities.

Religious Observation:

If you will be absent from class for a religious holiday or observation, please notify me. I will make all necessary arrangements to accommodate your request.

Diversity Statement:

This course will address issues of diversity and individual differences through the lectures, discussions, and assignments. Specifically, readings will be included that address child and adolescent psychotherapy with diverse populations as well as implications of implementing interventions with diverse populations. Students are encouraged to raise questions or issues regarding diversity within class discussions and/or presentations.

Discrimination or Harassment Procedures:

All students are entitled to personal respect and equal access. The UW-Madison is committed to creating a dynamic, diverse and welcoming learning environment for all students and has a non-discrimination policy that reflects this philosophy. Disrespectful behaviors or comments addressed towards any group or individual, regardless of race/ethnicity, sexuality, gender, religion, ability, or any other difference is deemed unacceptable in this class, and will be addressed publicly by the professor.

Requirements and Grading

Class participation *(10%; 25 points)*

Students are expected to complete all readings and be prepared to ask questions and participate in discussions relating to the topics. The class schedule/readings may change as the needs of students dictate. Supplemental classroom activities and additional topics will be covered as time allows. Additional activities included as part of class participation include:

Intervention Presentations *(20%; 50 points [25 points per presentation])*

Beginning during *Week 4* (**September 29**), you will be expected to present two interventions to the class to be completed by the end of the semester. In addition to presenting to the class, you will be expected to provide a written summary (approximately 2 pages in length – double-spaced) that provides pertinent information relating to the intervention. We will determine presentation order and topics during the **second week of class** (see example of sign- up sheet on second to last page in syllabus). One intervention must be focused on targeting academic and the other

on emotional, behavioral, or social functioning issues for children and should be approximately 20-30 minutes in length. Both visual (e.g., powerpoint) and handout information should be used. Each intervention should cover the items listed on the evaluation sheet. A copy of the evaluation sheet is included on the last page of this document. I will compile all of these interventions and provide you with a summary document at the end of the semester. A listing of the interventions reviewed by students previously is listed on the evaluation form as examples, but other ideas are available from the "Safe, Supportive, and Successful Schools" book or from your own areas of interest.

Related to this assignment, I will compile a list of all of the references (books, journals, materials, etc) that we review and discuss, or that you recommend to others. To facilitate this process, please send me references when you come across a book, program, etc. You can either provide this to me via email, or provide a paper copy of the reference.

Curriculum Evaluation *(20%; 50 points)*

To correspond to our discussion about curriculum evaluation and selection for reading and mathematics (**November**

4 & 11) each student will select to be in one of two groups either reading or math. Each group will identify the type of reading (e.g., *Trophies*, Harcourt, Inc.) or math (e.g., *Everyday Math*, University of Chicago School Mathematics

Project) curriculum used at 5 or more elementary schools in one school district or school districts in the surrounding

area (e.g., Madison, Monona Grove, Middleton, Oregon, Verona, DeForest, Lodi, Waunakee, etc). For two of these schools or districts, identify the reading or math curriculum used at the Middle and High School levels. Each student will try to determine answers to the following for their own field placement site and then students will determine which of the 4 schools to focus on for the class presentation: identify for one school in one school district how the curriculum was selected, what the process was for selection, when the curriculum was selected, who was involved in the selection (committee or one person), how the selection decision was communicated to school staff, how the curriculum is evaluated, when (e.g., how often) the curriculum is evaluated, how that information is presented and to whom it is presented/available, what the evidence base is for that curriculum, and if that knowledge played a role in curriculum selection. You will then write one group 5-6 page paper (double-spaced) that summarizes your findings and provides a critique of the curriculum selection process at the school you selected for further analysis as well as a brief summary of difficulties or reasons you did not select the other 3 schools for further analysis. A one paragraph summary of the topic

(reading or math) and the intended districts and schools you plan to include in the analysis for your paper should be submitted for approval no later than the forth class period of the semester (**Sept. 29**). **Due: Paper – November 3 (reading) November 10 (mathematics).**

Comprehensive intervention plan *(50%; 125 points).* For this assignment, you will select a school (typically your field site) and assume that the school board has approached you and would like to hire you as a consultant. The school board is concerned about student performance in the school, and would like you to design a comprehensive program that addresses the academic, behavioral, and emotional needs of all students. They would like to implement a three-tiered intervention system. You will then turn in a comprehensive document that details your plan, provides justifications for why you chose what you did, estimated costs, etc., and will present your plan to the class as if your classmates are members of the school board (approximately 30-45 minute presentation). More details regarding this assignment will be provided in week 5 (*Resource Mapping*). **Due date for written document: December 15; Presentations work day: November 24 and Presentation to class December 8th or 15th (sign up for one or the other).**

Grading

The grading system for this course is based on expectations that students will master the material. Opportunities for feedback and revision of assignments will be possible with the exception of the comprehensive intervention plan. A grade of "R" for "resubmit" may be given in the event the student demonstrates lack of understanding on a fundamental point. The student will be allowed to earn up to 80% credit for revised material that is resubmitted within one week. All assignments are due at the beginning of class on the date indicated on the syllabus. Late assignments will be given a penalty of one grade (10%) deduction for each calendar day that they are late. Should you forsee any problems with meeting deadlines, please see the instructor immediately to devise a mutually acceptable plan of action.

Grades will be determined as follows: Graduate Level

100%-90%	A (225-250)
89% -85%	AB (213-224)
84% -75%	B (188-212)
74% -70%	BC (175-187)
69% -60%	C (150-174)

Recommended Textbook

Jimerson, S. R, Burns, M. K., & VanDerHeyden, A. M. (2007). *The Handbook of Response to Intervention: The Science and Practice of Assessment and Intervention*. Springer Publication.

Required Journal Articles

Copies of assigned journal articles will be made available in an electronic format via *Learn at UW*. If you need to access articles in another way see instructor to devise alternatives.

Readings and Lecture Schedule

Sept. 8: **Week 1: Introduction to Advanced Interventions and EP 946**

No assigned readings

Sept. 15: **Week 2: A Framework for Intervention Services within the School Setting & Evidence-Based Interventions**

Required

Shapiro, E.S. (2000). School psychology from an instructional perspective: Solving big, not little problems. *School Psychology Review, 29*, 560-572.

Kratochwill, T.R., Albers, C.A., & Shernoff, E. (2004). School-based interventions. *Child and Adolescent Psychiatric Clinics of North America, 13*, 885-903.

Adelman, H.S., & Taylor, L. (2005). Problems are multifaceted; Solutions must be too! In *The implementation guide to student learning supports in the classroom and schoolwide* (pp. 25-48). Thousand Oaks, CA: Corwin Press.

APA Task Force on Evidence-Based Practice for Children and Adolescents. (2008). *Disseminating Evidence-Based Practice for Children and Adolescents: A Systems Approach to Enhancing Care.* Washington, D.C.: American Psychological Association.

Kratochwill, T.R., & Shernoff, E.S. (2003). Evidence-based practice: Promoting evidence-based interventions in school psychology. *School Psychology Quarterly, 18*, 389-408.

Chorpita, B. F. & Daleiden, E. L. (2009). Mapping evidence-based treatments for children and adolescents: Application of the distillation and matching model to 615 treatments from 322 randomized trials. J*ournal of Consulting and Clinical Psychology, 77*, 566-579.

Sept. 22 **Week 3: Linking Assessment to Intervention – FBA; Behavioral Interventions**

Required

Fox, J.J., & Gable, R.A. (2004). Functional behavioral assessment. In R.B. Rutherford, M.M. Quinn, & S.R. Mathur (Eds.), *Handbook of research in emotional and behavioral disorders* (pp. 143-162). New York: Guilford Press.

Asmus, J.M., Vollmer, T.R., & Borrero, J.C. (2002). Functional behavioral assessment: A school- based model. *Education and Treatment of Children, 25*, 67-90.

Newcomer, L.L., & Lewis, T.J. (2004). Functional behavioral assessment: An investigation of assessment reliability and effectiveness of function-based interventions. *Journal of Emotional and Behavioral Disorders, 12*(3), 168-181.

Roberts, M. L., Marshall, J., Nelson, J. R., & Albers, C. A. (2001). Curriculum-based assessment procedures embedded within a functional behavioral assessment analysis: Identifying escape- motivated behaviors in a classroom setting. *School Psychology Review, 30*, 264-277.

Martella, R.C., Nelson, J.R., & Marchand-Martella, N.E. (2003). Managing the school environment: Planning, selecting, implementing, and evaluating evidence-based interventions and programs. In: *Managing disruptive behaviors in the schools: A schoolwide, classroom, and individualized social learning approach* (pp. 106-131). Boston: Allyn & Bacon.

Gresham, F. M. (2004). Current status and future directions of school-based behavioral interventions.
School Psychology Review, 33, 326-343.

Witt, J. C., VanDerHeyden, A. M., & Gilbertson, D. (2004). Troubleshooting behavioral interventions: A systematic process for finding and eliminating problems. *School Psychology Review, 33,* 363-
383.

Walker, H. M. (2004). Commentary: Use of evidence-based interventions in schools: Where we've been, where we are, and where we need to go. *School Psychology Review, 33,* 398-407.

Reschly, D. J. (2004). Commentary: Paradigm shift, outcomes criteria, and behavioral interventions: Foundations for the future of school psychology. *School Psychology Review, 33,* 408-416.

Sept. 29 **Week 4: Positive Behavior Support – Guest Lecture * One paragraph summary of curriculum evaluation topic due**

Horner, R. H., Todd, A. W., Lewis-Palmer, T, Irvin, L. K., Sugai, G., & Boland, J. B. (2004). The School-Wide Evaluation Tool (SET): A Research Instrument for Assessing School-Wide Positive Behavior Support. *Journal of Positive Behavior Interventions, 6,* 3-12.

Sugai, G., Guardino, G., & Lathrop, M. (2007). Response to Intervention: Examining Classroom Behavior Support in Second Grade. *Exceptional Children, 73,* 288-310.

Oct. 6 **Week 5: Needs Assessment and Resource Mapping**

Required

Adelman & Taylor, 2006. In C. Franklin, M. B. Harris, & P. Allen-Mears (Eds.) *School Social Work and Mental Health Workers Training and Resource Manual,* Oxford University Press.

Nagle, R.J. (2002). Best practices in planning and conducting needs assessment. In Thomas, A., & Grimes, J. (Eds.), *Best practices in school psychology – IV* (pp. 265-279). Washington, DC: National Association of School Psychologists.

Center for Mental Health in the Schools at UCLA. (2001a). *A technical aid packet on resource mapping and management to address barriers to learning: An intervention for systemic change*. Los Angeles, CA: Author.

Albers, C. A., Elliott, S. N., Kettler, R. J., & Roach, A. T. (2005). Evaluating intervention outcomes.
In R. Brown-Chidsey (Ed.), *Problem-Solving Based Assessment for Educational*

Intervention (pp.
329-351). New York: Guilford Publications.

Oct. 13: **<u>Week 6: Cultural Diversity and Disproportionality</u>**

Harry, B. (1997). Applications and misapplications of ecological principles in working with families from diverse cultural backgrounds. In J. L. Paul, M. Churton, W. C. Morse, A. J. Duchnowski, B. Epanchin, P. G. Osnes, and R. L. Smith (Eds.), *Special Education Practice: Applying the Knowledge, Affirming the Values, and Creating the Future*. (Pp 156-170). REQUIRED

Kapitanoff, S. H., Lutzker, J. R., & Bigelow, K. M. (In press). Cultural issues in the relation between child disabilities and child abuse. *Aggression and Violent Behavior*.

Nieto, S. (1997). Diversity: What do teachers need to know? In J. L. Paul, M. Churton, H. Rosselli Kostoryz, W. C. Morse, K. Marfo, L. Lavely, and D. Thomas (Eds.), *Foundations of Special Education: Basic Knowledge Informing Research and Practice in Special Education*. (Pp. 187

201).

Bernal, G., Jiménez-Chafey, M. I., Domenech R., & Melanie M. (2009) Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, 40, 361-368.

Huey, S.J., & Polo, A.J. (2008). Evidence-Based Psychosocial Treatments for Ethnic Minority Youth.
Journal of Clinical Child & Adolescent Psychology, 37, 262-301.

Skiba, R. J., Simmons, A. B., Ritter, S, Gibb, A. C., Rausch, M. K., Cuadrado, J., & Chung, C. (2008) Achieving equity in special education: History, status, and current challenges. *Exceptional Children*, 74, 264-288.

Oct. 20 & 27: **Week 7 & 8: Crisis Intervention Planning**

Required
Center for Mental Health in the Schools at UCLA. (2005). *Responding to Crisis at a School*. Los Angeles, CA:
Author.

School Violence Intervention: A Practical Handbook. By Scott Poland (1997). Edited by Arnold P.
Goldstein & Jane Conoley. *In School Crisis Teams*. New York: The Guilford Press. ADDITIONAL READINGS TO BE DETERMINED

Nov. 3: **Week 9: Curriculum Evaluation and Selection: Reading**

*Pap
er
due

Required

Ball, D.L., & Cohen, D.K. (1996). Reform by the book: What is – or might be- the role of curriculum materials in teacher learning and instructional reform? *Educational Researcher, 25*, 6-8, 14.

Stein, M., Johnson, B., Gutlohn, L.(1999). Analyzing beginning reading programs: The relationship between decoding instruction and text. *Remedial and Special Education, 20*(5), 275-287.

Stein, M., Stuen, C., Carnine, D., & Long, R.M. (2001). Textbook evaluation and adoption practices.
Reading and Writing Quarterly, 17, 5-23.

Nov. 10: **Week 10: Curriculum Evaluation and Selection: Mathematics**

*Paper due

Required

Porter, A. (1989). A curriculum out of balance: The case of elementary school mathematics. *Educational Researcher*, *18*, 9-15. Selected Chapters from the following Texts:

National Research Council [Confrey, J. & Stohl, V. (Eds.). *On evaluating curricular effectiveness : judging the quality of K-12 mathematics evaluations*. Washington, D.C.: National Academy Press.

Senk, S.L., &, Thompson, D.R. (Eds.) (2003). *Standards-based school mathematics curricula : What are they? What do students learn?* Mahwah, N.J. : Lawrence Erlbaum Associates.

Nov. 17 **Week 11: RTI –Progress Monitoring and Applications to the High School Population – Guest Speaker Elizabeth Freeman**

Required

Florida Department of Education Technical Assistance Paper on RTI, 2006.

Jimerson et al., 2007 Text Chp 7 & 16

Canter, A. (2006). *Problem solving and RTI: New roles for school psychologists*. NASP Communique, *34* (5). Access at http://www.nasponline.org/publications/cq/cq345rti.aspx

Brown-Chidsey, R., & Steege, M.W. (2005). Using RTI Procedures for Assessment of Academic Difficulties (Chp. 7). In *Response to intervention: Principles and strategies for effective practice*. New York: Guilford Press

Burns, M. K. & Gibbons, K. (2008). *Implementing Response-to-Intervention in Elementary and Secondary Schools: Procedures to ensure scientific-based practices.* New York: Routledge.

Nov. 24: **Week 12: Presentation Library Workday - No Class – HAPPY THANKSGIVING**

Dec 1: **Week 13: RTI: Research-Based Prevention and Intervention Tier 1 & 2**

Required

Jimerson et al.,, 2007 Chps. 15 & 17

ADDITIONAL READINGS TO BE DETERMINED

Dec 8: **Week 14: RTI: Research-Based Prevention and Intervention Tier 3**

Required

READINGS TO BE DETERMINED

STUDENT PRESENTATIONS

Dec 15: **Week 15: Systems Change**

Required

READINGS TO BE DETERMINED

STUDENT PRESENTATIONS

***Written Comprehensive Intervention Project Due**

EP 946 Intervention Presentation Schedule

Fall 2008

D	Presentation Number	Name	Program/Intervent
September 29	1		
	2		
October 6	3		
	4		
October 13	5		
	6		
October 20	7		
	8		
October 27	9		
	10		
November 3	11		
November 10	12		
November 17	13		
	14		
November 24	Out of class work time		
December 1	15		
	16		

Advanced Assessment and Intervention Techniques
Intervention Research, Summary, and Presentation

Student:_____
Intervention Presentation #_____

Intervention Selected:_____

Intervention Background (2 point possible: e.g., age/group, intervention level, target behavior, intervention purpose, intervention focus, etc.)

Description of Intervention (3 points possible: e.g., intervention overview, intervention components, theoretical background, etc.)

Evidence Base (4 points possible: e.g., previous research support, efficacy vs. effectiveness data)

Applicability/Feasibility of Intervention Implementation (3 points possible: e.g., required resources, flexibility, acceptability, etc.)

Personal Impressions of Intervention (3 points possible: e.g., strengths, weaknesses, other issues to consider, etc.) ***Presentation (***3 points possible: e.g., preparation, ability to convey information to others, use of visual technology) ***Materials Provided (***2 points possible: e.g., handouts, two-page summary, etc.)

Total

Listing of previous interventions presented:

TRIBES	Multisystemic Therapy	I Can Problem Solve
SOS Help for Parents	Second Step: Violence Prevention	Reading Recovery
Responding in Peaceful and Positive Ways	The PAX Good Behavior Game	Everyday Mathematics
Perry Preschool Project	Tough Kids Social Skills	Taking Action
Peer Assisted Learning Strategies (PALS)	Project ACHIEVE	Project ALERT,
Story Telling for empowerment	Olweus Bullying Prevention Program	Direct Instruction (DI)
Bullyproofing Your School	Academic Enhancement Seminar (AES	Six-Trait Writing Model
Read 180	Incredible Years	1,2,3 Magic!
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)		

DATA 4

COURSE DESCRIPTION: The purpose of this course is to provide students with advanced knowledge of intervention strategies for psychological disorders of childhood and adolescence. Lectures, handouts, and experiential activities covering the treatment of emotional and behavioral disorders of childhood will be included. Emphasis is on treatment, but we will also cover assessment strategies linked to treatment. Students will receive training in the use of play therapy and art therapy with individuals, and an introduction to group and family counseling with children and parents. Students will learn interviewing and treatment planning techniques.

RESOURCES:

Brems, C. (2002). *A comprehensive guide to child psychotherapy* (2nd ed.). Long Grove, IL: Waveland Press.

Carmichael, K. D. (2006). *Play therapy: An introduction.* Upper Saddle River, NJ: Pearson Education, Inc.

Christophersen, E. R., & Mortweet, S. L. (2001). *Treatments that work with children. Empirically supported strategies for managing childhood problems.* Washington, DC: American Psychological Association.

Hutchinson, D. (2012). *The essential counselor (2nd ed.).* Los Angeles, CA: Sage Publications.

Kaduson, H., & Schaefer, C. (Eds.). *101 favorite play therapy techniques.* Northvale, NJ: Jason Aronson.

Landreth, G. (2002). *Play therapy: The art of the relationship* (2nd ed.). New York: Brunner/Routledge.

Magnuson, S., Hess, R. S., & Beeler, L. (2012). *Counseling children and adolescent in schools.* Los Angeles, CA: Sage Publications.

Morris, R. J., & Kratochwill, T. R. (2008). *The practice of child therapy* (4th ed.). New York: Lawrence Erlbaum Associates.

SELECTED READINGS:

Selected readings will be assigned as the semester progresses to provide in-depth coverage. Handouts will either be posted on Blackboard or given to students in class. The purpose of handouts is to assist students in developing a collection of ideas for treatment activities and materials to share with parents and teachers. Please read all materials prior to class. Handouts are posted in folders for each class on Blackboard.

COURSE FORMAT:

This class is a hybrid in that students will meet in person six times over the course of the semester. The remaining ten classes will be held online through Blackboard. Classes will consist of instructor-led discussions, videos, experiential activities, and presentations by students. Online classes will require readings, Discussion Board, and research activities. Students are expected to participate in class discussions and in experiential activities.

Attendance**:** Students are expected to attend every class for the full time. Failure to attend class, coming in late, or leaving early will affect your grade significantly. If a student finds it necessary to miss one of the five Saturday classes, only university-approved absences will be considered. The student is responsible for scheduling a conference with Dr. to discuss their absence and create a plan for making up the missed work. This meeting must take place within a week of the absence.

Students are also required to participate in the online portion of this class on a weekly basis. It is expected students will spend approximately one hour each week on Blackboard activities. Posts to the Discussion Board will be monitored and all students are expected to participate in online discussions of the readings.

Use of Computers: In the past, students have elected to bring their laptop computers to class rather than print out handouts. While this is a great way to save trees, it has been a distraction in class due to students wandering on to other sites, checking Facebook, and responding to emails.

Art Kit: Students will create a portable art therapy kit containing any or all of the following materials:

- Crayons and/or colored pencils
- Washable markers
- Cray-pas (oil pastels) – do not bring chalk pastels
- Glue or glue sticks
- White or manila paper (8 ½ x 11 and 12 x 16)
- Collage materials – words and pictures from magazines, tissue paper, construction paper, feathers, string, yarn, odd bits of stuff, etc.
- Watercolor paint and brush set, several paper or plastic cups
- Any other art supplies you would like to carry in your kit

These do not have to be new materials. Use whatever you have at home. You should not have to spend a lot of money. Bring your art kit to each class.

Art Journal: Students will create an art journal for the semester. Bring a notebook of some type to write, draw, paint, collage, etc. about your experiences each week. Journals will be turned in to Dr. during each class

STUDENT EVALUATION FOR PSY 6673

- **Research**: 100 points
  Students will choose one childhood problem as their topic. Students are encouraged to choose from the following list although other topics may be approved by the instructor:

Prader-Willi Syndrome	ADHD
High Functioning Autism Spectrum Disorders	Tic Disorders
Bipolar Disorder in Children	Bullies and Victims of Bullies
Trichotillomania	Reactive Attachment Disorder
Selective Mutism	Auditory Processing Problems
Learning Disabilities (emotional aspects)	Lying
Nonverbal Learning Disabilities	Sensory Integration Difficulties
Anxiety Disorders	Unmotivated for School

  The goal is to compile information about various types of empirically based treatments used for your particular childhood disorder. Include a brief description of the disorder and develop an annotated bibliography to be shared with classmates and the instructor. Handouts should be attractively prepared with sufficient information as to be helpful to other professionals. Assignments are due on Saturday, **March 3, 2012**. Be prepared to discuss your disorder and the results of your research with the class for approximately 10 minutes. In order to receive credit for this assignment, you must forward a copy to the instructor by the due date so that it can be posted on Blackboard. Five points will be deducted for each day that the assignment is late.

- **Treatment Plan**: 150 points
  Complete a written treatment plan for a child or adolescent. Each student will choose a client and write a complete treatment plan. Instructions can be found on Blackboard. The treatment plan will include a conceptualization of the case, DSM-IV diagnosis, predisposing factors, strengths of the child and/or family, precipitating factors, reinforcing factors, assessment strategy, treatment goals and strategies, anticipated treatment resistance, and anything else you feel is important to the treatment of the individual. Treatment plans must be turned in by Saturday, **April 21, 2012**. Five points will be deducted for each day that the assignment is late.

- **Online Discussion Board Questions**: 150 points
  Discussion questions will be posted on the Blackboard Discussion Board throughout the semester. Discussion questions will be tied to the assigned readings. You must respond to the discussion board questions each week. Do not wait several weeks before checking Blackboard. The purpose is to carry on a discussion of the topics. Failure to do so will result in a deduction of 15 points for each week that is missed.

- **Art Journal:** 100 points
  Students will create an art journal based on their experiences in counseling over the course of the semester. Journals will be graded based on effort – not artistic talent.

Grading: Grades will be based on the following: 90% or more of available points = A; 80-89% of available points = B; 70-79% of available points = C.

ACADEMIC DISHONESTY

Honesty in completing assignments is essential to the mission of the university. Cheating, plagiarism, or other kinds of academic dishonesty will not be tolerated and will result in appropriate sanctions that may include failing an assignment, failing the class, or being suspended or expelled. The specific disciplinary process for academic dishonesty is found in the Student Handbook. Tools to help you avoid plagiarism are available through the Library.

STUDENTS WITH DISABILITIES

If you anticipate the need for reasonable accommodations to meet the requirements of this course, you must register with the office of Disability Support Services in order to obtain the required official notification of your accommodation needs. Please plan to meet with me by appointment or during office hours to discuss approved accommodations and how my course requirements and activities may impact your ability to fully participate.

DATA 5

Course Description:
The purpose of this course is to provide students with an understanding of the theory and evidenced based practice of psychotherapeutic approaches used with children, adolescents, and families. Special attention will be given to working with children and families in the school setting. The course is designed to teach the student about a variety of therapeutic approaches and techniques that have been empirically supported with children. Course content will focus on the theoretical conceptualization of clinical problems and the conceptual rationale for selecting and implementing evidence-based therapy techniques. This course will provide an overview of several orientations to view common childhood psychopathology. Course content will focus primarily on theoretical background, application and evaluation of treatments appropriate for school psychologists to use with these populations. In addition, developmental considerations related to the assessment and treatment of childhood problems will be reviewed.

This course will provide students with essential background knowledge related to intervention across a diverse range of referral concerns that emerge in schools in coordination with courses in Clinical Practicum and Assessment Techniques in the Schools II: Social, Emotional, and Behavioral Assessment. The course will emphasize the use of empirically supported intervention strategies. In addition, the course will examine the process of intervention selection and how psychologists tailor specific interventions to the needs of children, youth, parents, and teachers.

Through out, the course will emphasize a conceptually systematic approach to intervention. The critical concern is not that students develop a large “bag of tricks,” even if those tricks are sound evidence based practices. The critical concern is that students understand why particular intervention approaches have proven to be effective with specific populations and types of referral concerns. The intent of the course is to help students further develop their generalized understanding of what works and why it works in changing human behavior. This further understanding is a continuation of content presented in earlier courses and will be developed in the context of examining specific types of problems. Students who develop this more generalized understanding will be in a stronger position to solve the unique concerns that they will inevitably encounter in schools.

Successful completion of this course should prepare students to be more effective and independent in their practica assignments. It is in the context of practica training that students will have the opportunity to apply the conceptual skills that they should develop in this course.

Required Text:

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

Weisz, J. R. (2004). *Psychotherapy for Children and Adolescents: Evidenced-based treatments and case examples*. New York: Cambridge University Press

Recommended Texts:

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition Text Revision - DSM-IV-TR™). Washington, D.C.: American Psychiatric Association.

Kazdin, A. E., & Weisz, J. R. (2003). *Evidenced-based psychotherapies for children and adolescents*. New York: Guilford Press.

Publication Manual of the American Psychological Association (6th Ed), 2009.

Thompson, C. L., Rudolph, L. B., & Henderson, D. (2006). *Counseling children*. (7th edition). Belmont, CA: Brookes/Cole-Thomson Learning.

Course Prerequisites:

Previous course experience in child/adolescent psychopathology, courses in child/adolescent assessment, or equivalents, as well as full-time enrollment in a doctoral level graduate program is required to enroll in this course.

Supplemental Required Readings:

Copies of assigned journal articles/book chapters will be made available via PDF so that you may make one copy for your own use. All required readings are expected to be read prior to the class period in which they will be discussed.

APA Task Force on Evidence-Based Practice for Children and Adolescents. (2008). *Disseminating Evidence-Based Practice for Children and Adolescents: A Systems Approach to Enhancing Care*. Washington, D.C.: American Psychological Association.

Arnold, M. E.; Hughes, J. N. (1999). First do no harm: Adverse effects of grouping deviant youth for skills training. *Journal of School Psychology, 37*(*1*), 99-115.

Bernal, G., Jiménez-Chafey, M. I., Domenech R., & Melanie M. (2009) Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, 40, 361-368.

Brown-Chidsey, R., & Steege, M.W. (2005). Evidenced-based interventions (Chp. 4). In Response to intervention: Principles and strategies for effective practice. New York: Guilford Press.

Chorpita, B.F. (2007). *Modular cognitive-behavioral therapy for childhood anxiety*

disorders. New York: Guilford Press.

Chorpita, B. F. & Daleiden, E. L. (2009). Mapping evidence-based treatments for children and adolescents: Application of the distillation and matching model to 615 treatments from 322 randomized trials. *Journal of Consulting and Clinical Psychology*, *77*, 566-579.

Drake, R.E., Latimer, E.A., Leff, H.S., McHugo, G.J., & Burns, B.J. (2004). What is evidence*? Child and Adolescent Psychiatric Clinics of North America*, *13*, 717-728.

Hinsahw, S. P. (2007). Moderators and mediators of treatment outcome for youth with ADHD: Understanding for whom and how interventions work. *Journal of Pediatric Psychology*, *32*, 664-675.

Howard, J. S., Sparkman, C. R., Cohen, H. G., Green, G, Stanislaw, H. (2005). A comparison of intensive behavior analytic and eclectic treatments for young children with autism. *Research in Developmental Disabilities*, *26*, 359-383.

Huey, S.J., & Polo, A.J. (2008). Evidence-Based Psychosocial Treatments for Ethnic Minority Youth. *Journal of Clinical Child & Adolescent Psychology*, *37*, 262-301.

Jensen, P. S.; Hinshaw, S. P.; Swanson, J. M., Greenhill, L. L.; Conners, C. K., Arnold, L. E., Abikoff, H. B., Elliott, G., Hechtman, L., Hoza, B., March, J. S., Newcorn, J. H., Severe, J. B., Vitiello, B., Wells, K., & Wigal, T. (2001). Findings from the NIMH Multimodal Treatment Study of ADHD (MTA): Implications and applications for primary care
providers. *Journal of Developmental & Behavioral Pediatrics*. *22*, 60-73.

Kazdin, A.E. (1984). Statistical analyses for single-case experimental designs. In D.H. Barlow & M Hersen (Eds.). *Single case experimental designs: Strategies for studying behavior change (2nd ed.)* (pp. 285-324). New York: Pergamon Press.

Kendall, P. C., Flannery-Schroeder, E., Panichelli-Mindel, S. M., Southam-Gerow, M., Henin, A., & Warman, M. (1997). Therapy for youths with anxiety disorders: A second randomized clinical trial. *Journal of Consulting & Clinical Psychology*. *65*, 366-380.

Lord, C. & McGee, J. P. (Eds.) (2001). *Educating Children with Autism*. Washington, D.C.: National Academy Press.

Lord, C. & Spence, S. J. (2006). Autism spectrum disorders: Phenotype and diagnosis. In Moldin, S. O. & Rubenstein, J. L. R. (Eds.), *Understanding Autism: From Basic Neuroscience to Treatment*. Boca Raton, FL: CRC Press.

Loe, M. I. & Feldman, H. M. (2007). Academic and educational outcomes of children with ADHD.*Journal of Pediatric Psychology*, *32*, 643-654.

Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting and Clinical Psychology*, *55*, 3-9.

Miltenberger, R. G. (2004). *Behavior Modification: Principles and Procedures (3rd ed)*. California; Wadsworth Publishing.

Morgan, R. (1999). *Case Studies in Child and Adolescent Psychopathology*. New Jersey: Prentice Hall

National Research Council, Committee on Educational Interventions for Children with Autism (2001). *Educating Children with Autism*. Washington, D.C.: National Academy Press.

Pelham, W. E. (1999). The NIMH Multimodal Treatment Study for attention-deficit hyperactivity disorder: Just say yes to drugs alone? *The Canadian Journal of Psychiatry La Revue canadienne de psychiatrie, 44*(*10*), 981-990.

Reddy, L. A., & Richardson, L. (2006). School-based prevention and intervention programs for children with emotional disturbance. *Education and Treatment of Children, 29*, 219-242.

Rogers, S. J. & Vismara, L. A. (2008). Evidence-based comprehensive treatments for early autism. *Journal of Clinical Child & Adolescent Psychology, 37*, 8-38.

Shapiro, E. S., Miller, D. N., & Sawka, K. (1999). Facilitating the inclusion of students with EBD into general education classrooms. *Journal of Emotional and Behavioral Disorders, 7*(*2*), 83-93.

Shinn, M.R., Walker, H.M., & Stoner, G. (2002). *Interventions for Academic Behavior Problems II: Preventative and Remedial Approaches*. Bethesda, The National Association of School Psychologists.

Skiba, R. J., Simmons, A. B., Ritter, S, Gibb, A. C., Rausch, M. K., Cuadrado, J., & Chung, C. (2008) Achieving equity in special education: History, status, and current challenges. *Exceptional Children*, 74, 264-288.

Weisz, J. R., Thurber, C. A., Sweeney, L., Proffitt, V. D., & LeGagnoux, G. L. (1997). Brief treatment of mild-to-moderate child depression using primary and secondary control enhancement training. *Journal of Consulting & Clinical Psychology*. *65*, 703-707.

Course Goals and Objectives:

By the end of the course the instructor and students will have accomplished the following goals and objectives:

1. Familiarize students with specific psychotherapy approaches appropriate for use in schools with children, adolescents, and families.
2. Assist students in determining their own orientation toward psychotherapy.
3. Understanding of problems experienced in childhood and adolescence.
4. Demonstrate ability to understand and apply criteria to determine if interventions are evidenced-based.
5. Demonstrate ability to identify appropriate interventions for specific disorders, syndromes, and symptoms.
6. Demonstrate awareness of personal factors that influence the efficacy of psychotherapeutic interventions.

7. Demonstrate awareness of interdisciplinary considerations in the treatment of childhood disorders.

School Psychology Competencies
This course emphasizes school psychology outcome competencies related to DPI Standard 2 Domain 4: Intervention (A-F). This course also addresses the following DPI Standards and outcome competencies: DPI Standard 1 Domain 6: Human Abilities & Diversity (A-B); DPI Standard 3 Domain 1: Research and evaluation (A-D); DPI Standard 4 Domain 2: Professional Issues and Human Relations (D); & DPI Standard 6 Domain 4: Intervention (B-F)

Academic Misconduct and Plagiarism
As indicated in the University administrative code, "The board of regents, administrators, faculty, academic staff and students of the University system believe that academic honesty and integrity are fundamental to the mission of higher education and of the university system. The university has a responsibility to promote academic honesty and integrity and to develop procedures to deal effectively with instances of academic dishonesty. Students are responsible for the honest completion and representation of their work, for the appropriate citation of sources, and for respect of others' academic endeavors. Students who violate these standards must be confronted and must accept the consequences of their actions." You should become familiar with the rules of academic misconduct, and you should ask me if you are unsure what behaviors constitute academic misconduct in a specific class or assignment. For further information, please see the Student Handbook.

Attendance and Information Sharing Policy:
Students are expected to attend all classes, complete readings prior to class, participate in discussions, share viewpoints, and maintain 2-way e-mail communication outside of class. If you will be absent, please notify me in advance and make arrangements to obtain materials discussed in class. If you were unable to notify me in advance of class about your absence, please contact me within 24 hours from the time of the absence and make arrangements to obtain materials discussed in class. If concerns or clarification is needed at any time during the course please see me as soon as possible to discuss a proactive solution.

Rules for Incomplete Performance:
Incompletes will be issued consistent with University policy.

Accommodation Procedures:
Please notify me of needed accommodations in the curriculum, instruction, or evaluation. Contact the Center if you have further questions regarding campus policies and services for persons with disabilities.

Religious Observation:
If you will be absent from class for a religious holiday or observation, please notify me. I will make all necessary arrangements to accommodate your request.

Diversity Statement:
This course will address issues of diversity and individual differences through the lectures, discussions, and assignments. Specifically, readings will be included that address child and adolescent psychotherapy with diverse populations as well as implications of implementing interventions with diverse populations. Students are encouraged to raise questions or issues regarding diversity within class discussions and/or presentations.

Discrimination or Harassment Procedures:
All students are entitled to personal respect and equal access. The University is committed to creating a dynamic, diverse and welcoming learning environment for all students and has a nondiscrimination policy that reflects this philosophy. Disrespectful behaviors or comments addressed towards any group or individual, regardless of race/ethnicity, sexuality, gender, religion, ability, or any other difference is deemed unacceptable in this class, and will be addressed publicly by the professor.

Academic Course Requirements:
A. Class Participation: The class period will review the assigned readings as well as other conceptually related material not included in the readings. Students are expected to attend all classes. Students are expected to actively participate in class discussions as a means to develop their professional communication and evaluation skills. Class participation will be included in the determination of final grades. Participation will be operationally defined as 1) actively engaging in in-class discussions 2) asking and answering questions, 3) actively supporting the participation of other student's in the class. **25 points**
B. Individual Presentations:
• Theories: Working individually students will present an overview of one theoretical orientation to counseling/intervention. The presentation should address the dimensions listed in class handout at end of syllabus and summarize evidenced-based literature regarding this orientation to date. A visual aide in addition to verbal review of the theory is required (e.g., powerpoint or some other mechanism to present the information visually). Handouts should be provided for the instructor and class. Students must select and inform the instructor of the theory they want to present by **9/16** in person or via email to avoid duplication. Some possible theories for selection are listed at the end of the syllabus but *are not exhaustive of those that can be selected*. **25 points**
• Class Presentation on Evidenced-Based Intervention/Practice Element: Select an intervention or Practice Element from the Chorpita & Daleidon (2009) article that is

based on the principles covered in this course and ***is empirically supported in the literature***. It can be an intervention/practice element used in targeting one of the diagnostic areas we have covered or one we have not (e.g., selective mutism, traumatic brain injury, severe disabilities, etc.). Make a 20-25 minute presentation to the class on the application of the intervention/practice element, the principles involved, how to modify the intervention/practice element to work in different environments or with different populations. Use both verbal and visual (e.g., powerpoint) means to communicate the basics of the intervention/practice element, including a handout. Additional details will be communicated in class. To be presented on **12/9. 25 points**

C. Exam. The course will include one take home exam where you will be asked to analyze 2 case studies, demonstrating principles and practices covered in the course (e.g., theory base, evidence basis for assessment and treatment selection, etc.). The take home exam is due two weeks after it is distributed. Late exams will be accepted only if prior arrangements have been made with the instructor, and only under extreme circumstances (e.g., extended illness). You will examine the case studies based on examples conducted in the course and you will be required to summarize the case and provide recommendations for further assessment and intervention. *This is to be done independently without cooperation or input from any other student in the class or program*. **100 points**

Course Evaluation and Grading Requirements:

Each of the course requirements will be evaluated according to the extent to which a student is able to communicate effectively relevant information about course content and assignment specifics. The exam will be graded on the student's effort and knowledge of concepts being evaluated. Oral presentations of theories/intervention techniques will be graded on knowledge coverage, and logical presentation of relevant information from the course guidelines. The student will be expected to delineate strengths and weaknesses of the theory/intervention technique and to facilitate class discussion concerning the information presented. A grade of "R" for "resubmit" may be given in the event the student demonstrates lack of understanding on a fundamental point (for assignments only not for final exam). The student will be allowed to earn up to 80% credit for revised material that is resubmitted within one week.

Points:

• Exam – 100 points
• Presentation – Theories 25points
• Evidenced-Based Intervention Presentation – 50 points
• Class Participation – 25 points

Total 200 points

100%-90% A (180-200)
89% -85% AB (170-179)

84% -75% B (150-169)
74% -70% BC (140-149)
69% -60% C (120-139)
This syllabus is tentative; changes may be made at the discretion of the instructor. Students will be given advanced notice of any changes that are made; it is each student's responsibility to ensure that he/she is aware of changes.

Course Schedule
Meeting Dates Course Topics Assignments
Lec. 1 9/2 Introductions
Course Overview & Requirements
Lec. 2 9/9
Introduction to evidenced-based
psychotherapies:
What is EBP?
What do we know about EBP's?
Kazdin & Weisz Chps. 1 & 3
Weisz (W) Chp. 1
APA Task Force on EBP (2008)
Brown-Chidsey & Steege (Chp. 4)
Lec. 3 9/16 Developmental and cultural issues
in psychosocial treatment research
K & W Chp. 2
Huey & Polo 2008
Bernal et al.,. (2009)
Skiba et al.,. 2008
***Theory selection Due**
Lec. 4 9/23
Single-case design and use of
functional assessment to identify
evidenced-based treatments
Kazdin (Chp 4 in Barlow &
Hersen) (1984)
Miltenberger Chp. 3
Shinn, Walker, & Stoner (Chp. 12)
Lec. 5 9/30
Theoretical perspectives I
• 4 presentations
Readings to be determined
Class Presentations

Lec. 6 10/7 Theoretical perspectives II
• 4 presentations
Readings to be determined

Class Presentations
Lec. 7 10/14
Practice Elements and Manual vs. Modular Treatment Approach
Chorpita & Daleiden (2009)
Chorpita Chps. 1 & 8
Lec. 8 10/21
Internalizing problems: Anxiety disorders: Fears and Phobias
Case Examples
W Case of Sean, Chps. 2 & 3
Kendall et al.,. (1997)
Chorptia Chps 2-4 & 5-7
Morgan Case #7
Lec. 9 10/28
Mood Disorders: Depression
Case Examples
W Case of Megan, Chps 4 & 5
Shinn, Walker, & Stoner (Chp. 32)
Weisz et al.,. (1997)
Morgan Case #13
Lec. 10 11/4
Attentional problems: Inattention & overactivity
Case Examples
W Case of Kevin, Chps.6 & 7
Hinshaw (2007)
Jensen et al.,. (2001)
Pelham (1999)
Loe & Feldman (2007)
Morgan Case #3
Lec. 11 11/11
Externalizing problems: ODD and CD
Case Examples
W Case of Sal & Chps. 8-12

Arnold et al.,. (1999)
Reddy & Richardson (2006)
Shapiro et al.,. (1999)
Morgan Case #4
Lec. 12 11/18 Autism Spectrum Disorders Educating Children with Autism
(Chps. 11, 12, 16)
Understanding Autism (Chp. 1)
Howard et al.,. (2005)
Lovaas (1987)
Rogers & Vismara (2008)
Lec. 13 11/25 **EB Intervention presentation**

Library Workday – No in class
Happy Thanksgiving!
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Meeting Dates Course Topics Assignments
meeting
Lec. 14 12/2 Implementation and Practitioner
Preparation
Case Examples
Shinn, Walker, & Stoner (Chps. 3,
& 38)
***Take home exam distributed**
Lec. 15 12/9 Class Presentations on Evidenced based
intervention techniques
Class Presentations
12/16 Take home exams due by 9 AM **Take Home Exams Due by 9 AM**
Theory Examples:
• Person-centered
• Adlerian
• Reality
• Gestalt
• Behavioral
• Cognitive-behavioral
• Social-cognitive
• Ecological

Theory Presentation Guidelines

Select a theoretical orientation to counseling/intervention of particular interest. Your presentation
(visual and verbal) should address the dimensions listed below on the grading sheet.
Handouts should be provided for the instructor and the class.
Name: Theory:
Grade: /25 points possible
Major Assumptions (6 points)
• Regarding psychological well-being
• Regarding abnormal behavior
• Role of early experience
Focus of therapy (4 points)
• Pathology vs. new behavior
• Roles of therapist and client
Interventions (6 points)
• Mode/method of intervention
• Duration/intensity of intervention
• Selection/discussion of a few key types of interventions used
Evidence basis of approach (2 points)
Strengths/weaknesses of approach for use with children (2 points)
Implications for school psychologists/practitioners (2 points)
Presentation clear and well organized (3 points)
Visual/verbal/handouts used (2 points)

DATA 6

Primary Sources:

Thompson, C.L. & Henderson, D. (2007). *Counseling children* (7th ed.). Belmont, California: Brooks/Cole. [Abbreviation= **T&H**]

Mash, E.J. & Barkley, R.A. (2006). *Treatment of Childhood Disorders* (3rd ed.). New York: Guilford. [Abbreviation= **M&B**]

Other Reserve Readings:

Smead, R. (1994). Skills for living: Group counseling activities for elementary students. Champaign, Illinois: Research Press.

Smead, R. (1994). Skills for living: Group counseling activities for young adolescents. Champaign, Illinois: Research Press.

Purpose of the Course

This course is designed to advance the student's knowledge of approaches to intervention including counseling theories as well as providing supervised field experiences. The course will focus on training students to initiate, maintain, and appropriately terminate therapeutic relationships for individuals and groups. Ethical and legal issues will be discussed along with the effectiveness of counseling/interventions. There will be an emphasis on prevention and counseling ethnically diverse students.

School of Education & SPSY Program Standards

The primary mission of the School of Education is to prepare leaders in education and human services fields. As stated in the School Code..."*Within the University, the School of Education serves the state, the nation, and the world by (1) preparing individuals to be leaders and practitioners in education and related human service fields, (2) expanding and deepening understanding of education as a fundamental human endeavor, and (3) helping society define and respond to its educational responsibilities and challenges."* The components that frame this mission for our initial and advanced programs are Research and Best Practice, Content Knowledge, and Professionalism. These interlocking themes build our Conceptual Framework. The SPSY program related standards that are related to this course are shown below.

Standard #4 [Collaboration for Behavioral and Social Emotional Intervention]

The school psychologist, in collaboration with others, develops appropriate behavioral, affective, adaptive, and social goals for students of varying abilities, disabilities, strengths, and needs, implements interventions to achieve those goals, and evaluates the effectiveness of intervention. **[Knowledge Goals – 2, 4, 5, 6, 8 & 9; Performance Goals – 1, 2, 3, 7, 8, 10 & 11]**

Standard #5 [Diversity] *The school psychologist demonstrates the sensitivity and skills needed to work with individuals of diverse characteristics and to implement strategies selected based on individual characteristics, strengths, and needs.* **{Knowledge Goals - 1 & 2; Performance Goals – 1 & 2]**

Student Activities and Evaluation

Each student will initiate at least ***one individual counseling*** case and ***one counseling group*** during the semester on their field (practicum) site or in the Center. The Practicum Field Supervisor will be responsible for on-site supervision with the University Supervisor responsible for clinical supervision of cases (for children seen in the Center).

Treatment planning forms and case notes will be completed and turned in (to your primary supervisor) or updated after each counseling session. You must have notes for each session.

Counseling Goals - Develop your preliminary goals for counseling by reviewing the "School Psychology Counseling/Intervention Evaluation Form". Type the goals up and share this with your practicum supervisor or at an arranged appointment with the instructor if you are not on practicum. Sign below the goals and turn them in to the instructor not later than the **Sept. 7th** class period. At any time during the semester (or especially after completing a tape analysis), you may alter your goals. Share this with your supervisor and ask for feedback.

Use your goals to analyze your strengths and weaknesses for your written analysis of each tape and in your final case presentation and paper.

Session Taping and Analysis Assignments - All counseling sessions must have parental approval for counseling and taping (this form will be provided to you). Three audio or video taped counseling sessions will be completed. Excerpts from your tape may be used to illustrate techniques of counseling in class. The case analysis and grading criteria for this assignment are posted on the course website under "Assignments". The case analysis and revision assignment has two parts.

In Part 1, each student will schedule a one hour meeting with the instructor for go over their treatment plan for the case, notes, counseling goals and the taped session. These sessions will be scheduled during the week immediately before the due date for the assignment.

In Part 2, each student **will use the feedback they receive to revise their treatment plan, note and counseling goals**. These elements will be turned in **along with the original documents** a one page reflection paper that addresses the revisions and providing a rationale for the revision based on the feedback session. The reflection paper should also address any changes in counseling technique that is planned for the case.

Due dates for revised materials and reflection paper for the fall term are: **October 12; November 2 and November 30**. Each tape analysis and write up is worth a maximum of 22 points each for a total of **66 points** devoted to this activity.

Class Participation, Assignments & Class Activities – Assignments will be due for each class period. These will always include readings but in many cases will include other activities. All outside readings will be made available to students on the course website on Blackboard. Focus questions for each reading are included below in the course calendar. It is expected that all students will have completed the assignment and will be ready to participate in each class period. Videos associated with this course are located in the student clinician room in the Center.

Class participation will also be judged on the participation. Preliminary participation grades will be posted by midsemester (if not earlier) as formative data. Please feel free to discuss your participation rating with me at any time. **(14 pts.)**

Case Presentation & Paper - Case presentations will take place in the last class period (before final exam week). Case presentations will be a summary of a case (or group) that you have carried throughout the semester. The presentation itself should an engaging presentation of the associated paper (without reading the paper). Details on the "Case Presentation & Paper" assignment can be seen under the "Assignments" button on the course website. The Case Presentation and Paper account for **40 points** of the total course grade.

Exams – Two exams will be given. Exam 1 will include multiple choice, true/false, fill-in-the-blank or short answer items and will cover the readings and topic presentations. Exam 2 will feature questions in an integrative format (essay). Exam 1 will take about 20 minutes to complete. Each exam will be worth 20 points for a total **40 points** toward your course grade. Exam #1 is an in-class exam scheduled for October 19th. Exam #2 may be a comprehensive take home exam provided on December 7th and due via email on held on December 14th.

Class Sessions - Class sessions will be broken up into parts. Not every part will be included in each class period.

Part 1 will be a discussion on cases currently underway on the practicum site or in the Center. This will include an open discussion with problem solving by all class members of approaches to take with the presented cases. This part will be limited until mid-September when students begin obtaining cases for counseling.

Part 2 will be given to a general topic related to therapeutic intervention (see course calendar below). The instructor will lead this seminar type discussion of the topical readings. Some direct presentations may be done. This part will be given more time per class period during the first month of class while theories and models of counseling are presented and discussed.

Part 3 will concentrate on counseling students with certain exceptional characteristics (e.g., phobias/fears). See the course calendar below for these topics from Mash and Barkley. This will feature a seminar type discussion led by students of the topical readings. This part will not begin until the week of October 19th.

Part 4 will be a direct working session including the creation of treatment plans, role-plays and counseling session critiques. This is chance to work on your cases with direct supervision.

Grade Schedule
A+ = 152-160
A = 147-151
A- = 144-146
B+ = 136-143
B = 131-135
B- = 128-130
C+ = 120-127
C = 115-119
C- = 112-114
D = 96-111
F = > 96
Course Calendar
August 24
Topic: Syllabus, Business & Forms
August 31
Topic
Introduction to counseling, counseling process, treatment planning and common factors.
Readings
Introduction to the Child's World (Chapter 1 – T&H)
Counseling Process (Chapter 2 pp. 33-57 – T&H)
Lambert, M.J., & Cattani-Thompson, K. (1996). Current findings regarding the effectiveness of counseling: Implications for practice. *Journal of Counseling and Development, 74*, 601-608.
Focus Goals/Questions for the readings
Chapter 1 T&H
1. Summarize the problems facing children.
2. Explain Maslow's hierarchy of needs.
3. Discuss cognitive and social developmental stages.
4. Discuss resiliency and protective factors.
5. Define the counseling process
6. Outline counseling expectations and goals.
7. List several different mental health professions.
Chapter 2 T&H
1. Explain the ingredients of successful treatments
2. Tell about the BASIC ID and HELPING models.
3. Discuss the cognitive, affective, and behavioral models of counseling.
4. Outline the counseling process.

5. Demonstrate goal attainment scaling.

Lambert & Cattani-Thompson

1. Is counseling effective? if so, how effective?
2. What factors play a role in counseling effectiveness?
3. What are common factors?
4. Why do you think common factors affect treatment outcome?
5. Looking at Table 1, what can/should you incorporate into school counseling?
6. What are comparative studies? Treatment manuals?
7. What percent of people experience negative outcomes from counseling?

---------- **Begin Theories and Models Block** ----------

September 7[Counseling Goals Due]
Topic
Reality Therapy
Readings
Chapter 4 T&H*
Focus Goals/Questions for the readings

Chapter 4 T&H

1. Discuss the philosophical assumptions of choice theory/reality therapy.
2. Explain human nature, innate drives, and tendencies of humans from a choice theory perspective.
3. Describe the etiology of maladaptive behavior according to choice theory.
4. Delineate the necessary conditions under which psychological growth and/or behavior change occurs in the reality therapy approach.
5. Demonstrate the specific procedures and techniques that facilitate constructive client change for the reality therapist.
6. Compare and contrast reality therapy with other counseling approaches.
7. Evaluate the limitations and contributions of the reality therapy model.

Video
Counseling with Choice Therapy: the New Reality Therapy by William Glasser
Assignment
Use the case study on pages 123-126 and write up a treatment plan using our treatment planner. Be ready to present this in class.
Treatment Planning and Practice

September 14
Discussion of Cases
Topic

Behavior Therapy
Readings
Chapter 9 T&H
Focus Goals/Questions for the readings
Chapter 9 T&H
1. Summarize the philosophical assumptions of behaviorism.
2. Explain the behaviorists' view of human nature, innate drives, and tendencies of humans.
3. Discuss the stimulus-response learning theory.
4. Outline the re-educational process of reinforcement and extinction.
5. Compare operant and respondent behavior.
6. Explain the steps in behavior analysis, reinforcement schedules, contingency contracts and other behavior management techniques.
7. Compare behavioral therapy with other theories.
8. Evaluate the limitations and contributions of behavioral therapy.
Video
Cognitive Behavior Therapy by John Krumboltz
Assignment
Use the case study on pages 260-262 and write up a treatment plan using our treatment planner. Be ready to present this in class.
Treatment Planning and Practice
September 21
Discussion of Cases
Topic
Rational Emotive Therapy (RET)
Readings
Chapter 8 T&H
Focus Goals/Questions for the readings
Chapter 8 T&H
1. Identify the philosophical assumptions associated with rational emotive behavior therapy and cognitive-behavior therapy.
2. Explain the nature of people according to rational-emotive behavior therapy.
3. Discuss rational and irrational thoughts and the three areas in which people hold irrational beliefs.
4. Describe the REBT process of teaching people to think and behave in more personally satisfying ways.
5. Summarize the "A, B, C, D, and E," approach to counseling.
6. Compare and contrast REBT with other theories. Evaluate the limitations and contributions of the REBT approach to counseling.
Video – *Rational Emotive Therapy with Children and Adolescents* by Michael Bernard

Assignment
Use the case study on pages 223-226 and write up a treatment plan using our treatment planner. Be ready to present this in class.
Treatment Planning and Practice
September 28
Discussion of Cases
Topic
Person-Centered Counseling
Readings
Chapter 6 T&H
Focus Goals/Questions for the readings
Chapter 6 T&H
1. Describe the philosophical assumptions of the person-centered approach to counseling.
2. Discuss the person-centered understanding of human nature, innate drives, and general tendencies of humans.
3. Demonstrate the skills of active listening reflection of thought and feeling, clarification, summarization, confrontation of contradictions, and open leads.
4. Evaluate verbal responses based on Carkhuff's levels.
5. Explain the etiology of maladaptive behavior based on person centered counseling.
6. Summarize the necessary conditions under which psychological growth and/or behavior changes occur according to this counseling approach.
7. Demonstrate the specific procedures and techniques that facilitate constructive client change in person-centered counseling.
8. Discuss the similarities and differences of person-centered and other approaches to counseling.
9. Evaluate the limitations and contributions of the person-centered approach counseling.
Videos
Person Centered Therapy by Natalie Rogers
Child Centered Play Therapy: A Clinical Session by Gary Landreth
Assignment
Use the case study on pages 170-172 and write up a treatment plan using our treatment planner. Be ready to present this in class.
Treatment Planning and Practice
October 5
Discussion of Cases
Topic
Brief Counseling: Solution-Focused Strategies
Readings
Chapter 5 T&H

Kim, J.S., & Franklin, C. (2009). Solution-focused brief therapy in schools: A review of the outcome literature. *Children and Youth Services Review, 31*, 464–470.
Focus Goals/Questions for the readings
Chapter 5 T&H
1. Describe the philosophical assumptions of brief counseling.
2. Discuss the understanding of human nature and process of change in the brief counseling approach.
3. Describe the necessary conditions under which psychological growth and behavioral change occur in brief counseling.
4. Demonstrate specific procedures and techniques from brief counseling.
5. Specify the limitations and contributions of brief counseling.
6. Explain a case study as it would be conceptualized and treated by a counselor using brief therapy.
Kim & Franklin
1. What are the key ingredients in SFBT?
2. Do you believe SFBT would work well in schools logistically? Why?
3. To what extent is SFBT effective? For whom?
Video
Solution Focused Therapy by Insoo Kim Berg
Assignment
Use the case study on pages 142-146 and write up a treatment plan using our treatment planner. Be ready to present this in class.
Treatment Planning and Practice
October 12 [Tape #1 and Materials Due]
Theories and Models Block catch-up class

---------- End Theories and Models Block ----------
October 19 [Exam 1]
Discussion of Cases
Topics
Evaluation of Counseling & ADHD
Readings
PP. 58-70 T&H and Readings from *Outcomes & Incomes* (available on course website on Blackboard)
ADHD - Chapter 2 M&B
Focus Goals/Questions for the readings
T&H and Outcomes and Incomes (O&E)
1. What is the value of collecting outcome data?
2. Should outcome data be shared with clients?
3. How does the SOF work?

4. What is an average effect size from the research literature for counseling?
5. What are the advantages of Methods 1,2, 3 & 4 from O&E?

M&B Chapter 2

1. How effective are pharmacological interventions for ADHD?
2. How does the BPT Program work?
3. To what extent do classroom management, cognitive-behavioral and social skills based approaches work for children with ADHD?
4. What are some combined treatment approaches and their outcomes?

Treatment Planning and Practice

October 26

Discussion of Cases

Topics

Philosophy and Effectiveness of Psychotherapy & Conduct Problems Readings (under Course Documents)

Mahrer, A.R. (2000). Philosophy of science and the foundations of psychotherapy. *American Psychologist, 55,* 1117-1125.

Rychlak, J.F. (2000). A psychotherapist's lessons from the philosophy of science. *American Psychologist, 55,* 1126-1132.

Seligman, M.E. (1995). The effectiveness of psychotherapy: The *Consumer Reports* study. *American Psychologist, 50,*965-974.

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.

Conduct Problems – Chapter 3 M&B

Focus Goals/Questions for the readings

Mahrer

1. What are untested foundational beliefs and how do they affect our work as researchers or practitioners?
2. On what grounds would a foundational belief be viewed as needed or worthy of revision or abandonment?
3. How do we go about challenging out foundational beliefs?

Rychlak

1. How has logical positivism affected theories and practice in psychology?
2. What does multi-finality mean for possible outcomes for problems experienced by a client?
3. What is the difference between procedural and validating evidence?
4. What do things happen from Aristotle's views of causation?
5. Why should psychotherapists be teleologists?

Seligman

1. What is the difference between effectiveness and efficacy studies?
2. Name three important findings from the CR study?

3. What are the limitations of the CR study?

M&B Chapter 3

1. What are the strengths and weaknesses of the family-based interventions for CD? Same question for skills training approaches and school-based interventions.

Treatment Planning and Practice

November 2 [Tape #2 and Materials Due]

Discussion of Cases

Topics

Group Counseling & Autism Spectrum Disorders

Readings

Chapter 17 T&H

Autism Spectrum Disorders – Chapter 7 M&B

Focus Goals/Questions for the readings

Chapter 17 T&H

2. Give an overview of group counseling.

3. Describe psychoeducational groups, counseling groups, and group therapy.

4. Discuss several different theoretical orientations of group counseling.

5. Describe skills and personal characteristics of effective group leaders.

6. Discuss different classifications of counseling groups.

7. Explain the process of group counseling.

8. Understand specific procedures and techniques that facilitate constructive client change in groups.

9. Outline the phases for group crisis counseling.

M&B Chapter 7

1. Name some treatment approaches for increasing social interactions of children with ASD. How do they work?

2. Contrast the following approaches for increasing/improving communication with ASD children.

☐*Discrete trial teaching*

☐*Incidental teaching*

☐*Natural language*

☐*Verbal learning*

☐*PECS*

☐*Sign Language training*

3. Are psychotropic medications therapeutic for children with ASD? If so, in what way?

Treatment Planning and Practice

November 9

Discussion of Cases

Topics

Psychophysiology of Emotion & Anxiety

Readings
Cacioppo, J. T., Berntson, G. G., Larsen, J. T., Poehlmann, K. M., & Ito, T. A. (2000). The psychophysiology of emotion. In R. Lewis & J. M. Haviland-Jones (Eds.), The handbook of emotion, 2nd. Edition (pp. 173-191). New York: Guilford Press.
Fears and Anxieties – Chapter 4 M&B
Focus Goals/Questions for the readings
Cacioppo, Berntson, Larsen, Poehlmann & Ito *M&B Chapter 4*
Videos
CBT for Anxiety in Adolescents Parts 1 & 2
Treatment Planning and Practice

November 16
Discussion of Cases
Topics
Ethical and Legal Issues in Child Counseling and Eating Disorders
Readings
Chapter 20 T&H
Eating Disorders – Chapters 12 M&B
Treatment Planning and Practice

November 23
Thanksgiving Break – Happy Thanksgiving Everyone!

November 30 [Tape #3 and Analysis Due]
Discussion of Cases
Topics
Crisis Prevention and Intervention, Psychopharmacotherapy & Depression
Readings
Abrams, L., Flood, J, & Phelps. L. (2006). Psychopharmacology in the schools. *Psychology in the Schools, 43*, 493-501. (Under Course Documents)
Depression and Suicide –Chapter 5 M&B
Treatment Planning and Practice

December 7
Case Presentations
Take home final exam (Email in by 12/14)

DATA 7

Course Description:

This course is designed to provide an introduction to psychotherapy with children and adolescents. This course will focus on providing you with a set of principles derived from a bio-ecological perspective for treating mental health problems in children, adolescents, and their families. The principles are a set of tools for building a collaborative set, conceptualizing clinical cases, and designing interventions for children and families. You will be exposed to the three phases of a family-centered, motivational interview approach for providing therapy to children and families. You will also be exposed to a number of evidence-based treatments (EBTs) for treating the more frequent types of child psychopathology. For each of the EBTs you will be exposed to their procedures, their theoretical underpinnings, the literature in support of their efficacy, and the basic methods or components involved. The course will involve some role-playing of commonly used techniques, but it is not expected that students will leave the course proficient in all interventions covered. Instead, it is hoped that this course will provide you with a set of procedures for establishing a collaborative relationship with children and families, tools for conducting an ecological assessment of the problem, and a framework for selecting appropriate interventions for particular clients.

Required Readings

The two texts listed below plus journal articles and book chapters listed under readings are required readings for the course.

Dishion, T. J., & Stormshak, E. A. (2007). *Intervening in children's lives: An ecological, family-centered approach to mental health care*. Washington, DC. American Psychological Association.

Morris, Richard J. & Kratochwill, T. R. ((Eds.). (2008). T*he practice of child therapy (4th ed.)*. Mahwah, NJ. Lawrence Erlbaum Associates Publishers.

Course Objectives:

1. Students will understand the three phases of child and family motivational interviewing, known as The Family Check-Up approach.

2. Students will learn how to apply the science of developmental psychopathology to selecting assessment tools and designing psychotherapeutic interventions.

3. Students will know the components of research evaluating the efficacy and effectiveness of interventions and apply this knowledge to critique the child psychotherapy literature. Students will critically evaluate the evidence of intervention effectiveness presented in journal articles, including research design, data analysis, measurement, adherence to standards for reporting research results, and investigation of moderators and mediators. Students will develop the tools for evaluating the efficacy and effectiveness of new interventions as they become available, throughout their professional careers.

4. Students will be familiar with several core techniques of evidence-based treatments for youth, including components of cognitive-behavioral therapy, and will demonstrate at least minimal proficiency in applying these techniques in role-plays with other students.

5. Students will be familiar with EBTs for childhood internalizing disorders, externalizing disorders, and trauma that can be used in school and community settings as well as clinical settings.

6. Students will understand key ethical issues related to conducting clinical work with children and adolescents, including child abuse reporting and assessment and treatment of suicidal behavior, and apply APA ethical standards to their decision-making about these issues.

7. Students will discuss application of evidence-based treatments to individual clients, including appropriate consideration of individual client contextual variables such as gender, ethnicity, sexual orientation, poverty, etc.

8. Students will describe the importance of developmental psychopathology to the treatment of childhood disorders, including biological, cognitive, affective, and social contributions to disordered behavior. Student will understand and resilience processes in the development, maintenance, and treatment of child psychopathology.

10. Students will understand the role of clinical training and clinical supervision in evidence-based practices in transporting efficacious treatments to community settings.

Detailed course syllabus

Date	Topic/Assignment	Readings
1-19	Overview of course; History and current status of child family; Introduction to an	Dishion & Stormshak chp 1-3; Morris & Kratochwill, chp 1 Weisz et al.,., 2005
	therapy; Beyond Efficacy: Mechanisms, moderators, and transportability	
1-26	Non specifics of therapy & Communication Skills; Phase 1: initial contacts (phone and intake); Family Information Questionnaire EBTS; Distribute vignette for	Dishion & Stormshak chp 4 and 5; Jungbluth & Shirk, 2009; Chambless & Ollendick, 2001; OPTIONAL REFERENCES Martin et al.,., 2000
2-2	Clinical Child and family Interviewing *Clinical practice #1: initial contacts.* Ecological Assessment Distribute vignette for	Hughes & Baker (1990), Chapters 1 and 2. Dishion & Stormshak chp 6; Bell et al.,., 2009 Hughes et al.,., 2004
2-9	*Clinical practice #2:* Ecological assessment and case conceptualization. Motivational interviewing	Dishion & Stormshak chp 7 Lewis et al.,., 2009
2-16	Interventions for externalizing disorders::ADHD Defiant Child Program	Dishion & Stormshak chp 8, 10, 11 Morris & Kratochwill chp 5 Barkley et al.,., 2000
2-23	Interventions for externalizing disorders: Conduct disorder; Webster Stratton Incredible	Dishion & Stormshak chp 9 and 12 Henggeler et al.,., 2002; Reid et al.,, 2004
3-2	School-based treatments for aggression	Morris & Kratochwill chp 7 Lochman & Wells, 2004 Lochman et al., 2009

3-9	Interventions for internalizing disorders: anxiety Coping Cat Program	Morris & Kratochwill chp 4 Kendall et al.,., 2008 Ollendick et al.,., 2009
3-16	Spring Break	
3-23	Interventions for internalizing disorders: depression: Coping With Depression Adolescent	Morris & Kratochwill chp 3 Kinery, Kepley, et al.,., et al.,., 2009 Lewis et al.,., 2009 Clarke et al., 1999
	Program	OPTIONAL REFERENCE Kennard, et al.,. (2009).
3-30	Trauma	Morris & Kratochwill chp 12 and 13 Deblinger, Lippmann, & Steer, 1996
4-4	Children medically at risk Psychopharmacological treatment	Morris & Kratochwill chp 11 and 14 Stice et al.,., 2009
4-11	Ethical issues Culturally responsive therapy	Morris & Kratochwill chp 16 Huey & Polo, 2008; Halliday-Boykins et a., 2005; Huey et al
4-18	Transportability of EBTs Student presentations	Huey et al.,., 2000 Henggeler et al.,., 2002 OPTIONAL REFERNCE
4-25	Student presentations	

Final Exam schedule: May 12, 8-10. Final Paper Due

Assignments:

1. Four articles to critique (20 points)

Note that this assignment was borrowed from Dr.

Beginning on February 16, each week your assigned reading will include at least one journal article. One objective of this course is for you to become a critical consumer of the psychotherapy literature. You will submit three written article critiques, evaluating the assigned journal articles. Each article critique will be worth 5 points. The first article critique is due on February 16. All students will evaluate the Barkley et al.,. (2000) article for the first article critique. The article critiques are not to exceed 2 double spaced pages. Article critiques should include a discussion of the strengths and weaknesses of the articles. These discussions should include a thoughtful analysis of why the strengths and limitations are important (e.g., if a limitation of the study is limited minority enrollment, why might that be especially important in relation to the particular treatment

being tested?) and, if appropriate, what the authors might have done to address those limitations. Issues to be considered can include (but are not limited to):

- Was the study design appropriate to address the study goals?
- What were the strengths and limitations of the chosen sample (e.g., was there appropriate minority inclusion, were the exclusionary criteria appropriate)?
- Was outcome assessment sound? What were the outcomes measured? Were there any important outcome domains omitted? Who completed measures?
- Did the authors provide sufficient evidence that the intervention was administered as it was intended to be?
- Did the authors conduct analyses and present results that were appropriate to the study's goals?
- Were author's conclusion supported by the design and results?

You may choose any three of the underlined articles (see Assigned Reading list) for your additional three article critiques. Article critiques are due on the day for which the chosen reading was assigned (e.g., students choosing to critique the Lochman et al.,. 2009 article must turn in that article critique on 3-2). A sample article critique and grading rubric will be distributed on the first day of class to provide you with guidance on the assignment. Your grades on these papers will reflect the quality of your analysis and your ability to make a case for your opinions, not on your opinions themselves (e.g, I might not agree with a particular point, but that would not impact your grade as long as you provided a thoughtful, well reasoned argument in support of your opinion). Regardless of whether you choose to write an article critique about a given article, you should come to each class prepared to discuss the strengths and limitations of the assigned articles. Your participation in class discussions of the articles will be reflected in your participation grade (see below).

2. Informed participation in class discussions (15 points). Students will demonstrate familiarity with readings for each class period through answering instructor questions, volunteering thoughtful reactions to the readings, role playing covered content, and asking insightful questions about the article.

3. Final paper/presentation (35 points).

Final Paper/Presentation. Your final project in the course requires you to apply the skills you have learned in the course to evaluate the treatment outcome literature for a childhood disorder not covered in class. A sign-up list of disorders will be circulated in class to ensure that everyone covers a different topic. A grading rubric will be distributed by March 3.

The final assignment will consist of two parts, a paper and a class presentation.

Final Paper (30 points): The final paper should be no longer than 10 pages of text, NOT including a cover page or references. You must cite at least 7 references from scholarly publications, although it is highly likely that a thorough discussion of the topic will require more than 5 references. The paper will be due at the beginning of our final exam period on May 12th. If you wish, I will give you feedback on a draft of your paper if I receive the paper on or before April 18. This feedback will in no way affect the grade your paper receives.

You have two choices of how to approach the paper:

Choice 1: Discuss ONE evidence-based psychological therapy for the disorder/problem you chose in class. You must address:

1. The conceptualization of the disorder from your chosen perspective (i.e., what is "wrong" or needs to change in order for the client to improve).
2. What is involved in the treatment (techniques/ important ingredients that create change).
3. Whether (based on a review of studies that have been conducted on the outcome of your chosen treatment) the treatment appears to be effective in creating change by the end of treatment.
4. The "quality" of the evidence in support of the treatment, including the strengths and weaknesses of the articles you reviewed.
5. The implications of these strengths and limitations for the practicing clinician and for future research.

Choice 2: Compare TWO DIFFERENT TREATMENTS for the disorder/problem you chose in class. One of the treatments must be a form of psychological therapy with empirical support, but the second treatment may be an alternative, medical, or untested treatment. You must address:

1. All the items presented in Topic 1 above.

2. A discussion comparing and contrasting the two treatments and arguing for which one you think is better (or discussing the different circumstances in which you might choose one over the other)

Final Presentation/Handout (5 points): During the final exam period on May 10th, you will be required to make a 10-minute presentation to your classmates about the topic you chose for your paper. This will be the only exposure your classmates get to this topic this semester, so be sure to pull out the most useful information you think they would need if they had a client with the disorder/problem about which you are presenting. You should bring a 1-2 page handout on your topic including a brief definition of the disorder/problem, an overview of the treatment(s) you wrote about in your paper, and a list of key references.

4. Presentation and demonstration of EBT manual (15 points). Students will work in teams on this assignment. Each team selects one of four manualized therapies to describe to the class. A sign up sheet will be distributed in class for teams to select which manual they will review. It is expected that the team will role play or demonstrate at least one key treatment procedure for the class.

5. Pop quizzes (15 points). Fewer than 6 "pop" (i.e., unannounced) quizzes will be given at the beginning of six class sessions. These quizzes assess student familiarity with the content of the day's readings. The questions are intended to assess knowledge of the "high points" or the "main points" of the articles. A student may ask to be excused from the quiz prior to the beginning of class for a total of 3 class days, without penalty. These three days may or may not be days on which a quiz is administered.

Readings

Barkley, R.A., Shelton, T.L., Crosswait, C., Moorehouse, M., Fletcher, K., Barrett, S., Jenkins, L., & Metevia, L. (2000). Multi-method psycho-educational intervention for preschool children with disruptive behavior: Preliminary results at post-treatment. *Journal of Child Psychology and Psychiatry, 41*, 319-332.

Bell, D. J., Luebbe, A M., Swenson, L P., & Allwood, A. A. (2009). The Children's Evaluation of Everyday Social Encounters Questionnaire: Comprehensive Assessment. *Journal of Clinical Child and Adolescent Psychology, 38*, 705-720.

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

Clarke, G. N., Rohde, P., Lewinsohn, P. M., Hops, H., & Seeley, J. R. (1999). Cognitive-behavioral treatment of adolescent depression: Efficacy of acute group treatment and booster sessions. *Journal of the American Academy of Child & Adolescent Psychiatry, 38*(3), 272-279

Deblinger, E., Lippmann, J., & Steer, R. (1996). Sexually abused children suffering posstraumatic stress symptoms: Initial treatment outcome findings. *Child*

Maltreatment, 1, 310-321.

Halliday-Boykins, C. A., Schoenwald, S. K., & Letourneau, E. J. (2005). Caregiver-therapist ethnic similarity predicts youth outcomes from an empirically based treatment. *Journal of Consulting and Clinical Psychology, 73*(5), 808-818.

Henggeler, S. W., Schoenwald, S. K., Liao, J. G., Letourneau, E. J., & Edwards, D. L. (2002). Transporting efficacious treatments to field settings: The link between supervisory practices and therapist fidelity in MST programs. *Journal of Clinical Child and Adolescent Psychology, 31*, 155-167.

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

Huey, S.J., Henggeler, S.W., Brondino, M.J., & Pickrel, S.G. (2000). Mechanisms of change in multisystemic therapy: Reducing delinquent behavior through therapist adherence and improved family and peer functioning. *Journal of Consulting and Clinical Psychology, 68*, 451-467.

Hughes, J. N., & Baker, D. B. (1990). *The clinical child interview*. New York: Guildford.

Hughes, J. N., Meehan, B. T., & Cavell, T. A. (2004). Development and validation of a gender-balanced measure of aggression-relevant social cognition. *Journal of Clinical Child and Adolescent Psychology, 33*(2), 292-302.

Jungbluth, N. J., & Shirk, S. R. (2009). Therapist strategies for building involvement in cognitive–behavioral therapy for adolescent depression. *Journal of Consulting and Clinical Psychology, 77*(6), 1179-1184.

Kendall, P. C., Hudson, J. L., Gosch, E., Flannery-Schroeder, E., & Suveg, C. (2008). Cognitive-behavioral therapy for anxiety disordered youth: A randomized clinical trial evaluating child and family modalities. *Journal of Consulting and Clinical Psychology, 76*(2), 282-297.

Kinery, J. N., Kepley, H O., Ginsburg, G. S., Walkup, J. T., Silva, S. G., Hoyle, R. H., Reinecke, M. A., & March, J. S. (2009). Factor structure and psychometric properties of the Children's Negative Cognitive Error Questionnaire. *Journal of Clinical Child and Adolescent Psychology, 38*, 768-780.

Lewis, C. C., Simons, A. D., Silva, S. G., Rohde, P., Small, D. M., Murakami, J. L., High, R. R., & March, J. S. (2009). The role of readiness to change in response to treatment of adolescent depression. *Journal of Consulting and Clinical Psychology, 77*(3), 422-428.

Lochman, J. E., Boxmeyer, C., Powell, N., Qu, L., Wells, K., & Windle, M. (2009). Dissemination of the coping power program: Importance of intensity of counselor training. *Journal of Consulting and Clinical Psychology, 77*(3), 397-409.

Lochman, J.E. & Wells, K.C. (2004). The coping power program for preadolescent aggressive boys and their parents: Outcome effects at the 1-year follow-up.

Journal of Consulting and Clinical Psychology, 72, 571-578.

Martin, D. J., Garske, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*(3), 438-450.

Ollendick, T. H., Öst, L., Reuterskiöld, L., Costa, N., Cederlund, R., Sirbu, C., Davis, T. E., III, & Jarrett, M. A. (2009). One-session treatment of specific phobias in youth: A randomized clinical trial in the united states and sweden. *Journal of Consulting and Clinical Psychology, 77*(3), 504-516.

Reid, M. J., Webster-Stratton, C., & Baydar, N. (2004). Halting the development of conduct problems in Head Start children: The effects of parent training. *Journal of Clinical Child and Adolescent Psychology, 33*(2), 279-291.

Rohde, P., Lewinsohn, P. M., Clarke, G. N., Hops, H., & Seeley, J. R. (2005). The adolescent coping with depression course: A cognitive-behavioral approach to the treatment of adolescent depression. In E. D. Hibbs, & P. S. Jensen (Eds.), *Psychosocial treatments for child and adolescent disorders: Empirically based strategies for clinical practice (2nd ed.).* (pp. 219-237). Washington, DC: American Psychological Association

Schoenwald, S. K., Sheidow, A J., & Chapman, J. E. (2009). Clinical supervision in treatment transport: Effects on adherence and outcomes. *Journal of Consulting and Clinical Psychology, 77*, 410-421.

Stice, E., Rohde, P., Gau, J., & Shaw, H. (2009). An effectiveness trail of a dissonance-based eating disorder prevention program for high-risk adolescent girls. *Journal of Consulting and Clinical Psychology, 77*, 825-834.

Weisz, J.R., Jensen Doss, A., & Hawley, K.M. (2005). Youth psychotherapy outcome research: A review and critique of the literature. *Annual Review of Psychology, 56*, 337-363.

DATA 8

I. Required Class Texts

Bender, S. & Messner, E. (2003). *Becoming a therapist: What do I say and why?* New York: Guilford.

Merrell, K. W. (2008). *Helping students overcome depression and anxiety (2nd ed.): A practical guide.* New York: Guilford.

Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford.

Patterson, G. R. & Forgatch, M. S. (2005). *Parents and adolescents living together. Part I: The Basics* (2nd ed). Champaign, IL: Research Press.

or

Webster-Stratton, C. (2006). *The incredible years: A trouble-shooting guide for parents of children aged 3 – 8*. Toronto: Umbrella Press.

Additional readings available in course packet and as assigned.

II. Recommended Class Texts

Jongsma, A. E., Peterson, L. M., & McInnis, W. P. (2006). *The adolescent psychotherapy treatment planner* (4th ed.). New York: Wiley.

Kendall, P. C. (2005). *Child and adolescent psychotherapy: Cognitive-behavioral procedures* (3rd ed.). New York: Guilford.

Larson, J. (2005). *Think First: Addressing aggressive behavior in secondary schools*. New York: Guilford.

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

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

III. Course Purpose and Objectives

The purpose of this course is to provide advanced practical and theoretical training in the delivery of mental health services (e.g., clinical assessment, individual, group, and family counseling/psychotherapy, consultation with caregivers) to children and adolescents. By the

end of the semester, students are expected to demonstrate the ability to be an effective therapist in a school-based mental health service delivery model, as well as possess skills necessary to conduct therapy in outpatient mental health centers, hospitals, and other nontraditional school psychology settings. Specifically, the course will focus on the nuts and bolts of the therapeutic process, as well as identify additional empirically-supported treatments for emotional and behavioral disorders of youth that adversely affect learning. Specific issues in the treatment of adolescents (e.g., substance use, suicide, engaging families, collaborating with educators) will also be discussed. Simultaneous enrollment in Practicum is required in order to afford students the opportunity to apply what is learned in class. Course content and objectives relate primarily to the COE Conceptual Framework (CF) CARE themes of Collaboration; Content and Professional Knowledge; Reflection, Analysis, and Inquiry; Ethics and Diversity; and Student Learning and Development.

*The College of Education **CARE**s*

The College of Education is dedicated to the ideals of **C**ollaboration, **A**cademic **E**xcellence, **R**esearch, and **E**thics/Diversity. These are key tenets in the Conceptual Framework (CF) of the College of Education. Competence in these ideals will provide candidates in educator preparation programs with skills, knowledge, and dispositions to be successful in the schools of today and tomorrow. For more information on the Conceptual Framework, visit: the website.

Upon completion of this course students will have demonstrated verbal or written knowledge, or skill base (as appropriate) in each of the following areas:

1. Demonstrate knowledge of concepts relevant to the therapeutic relationship (e.g., therapeutic alliance, Rogerian conditions, rapport, listening and communication skills) (CF 1, 2, 4, 6).
2. Demonstrate skill in maintaining the therapeutic relationship with children and adolescents (CF 1, 2, 4, 5, 6).
3. Demonstrate knowledge of the content of initial sessions (e.g., informed consent, confidentiality, explanation of treatment, rapport) and clinical assessment strategies (e.g., direct observation, quantitative assessment, clinical interviewing) (CF 1, 2, 4, 6).
4. Demonstrate skill in conducting intakes/clinical assessments and writing intake summaries (including case formulation and DSM diagnosis, as appropriate) (CF 1, 2, 4, 5, 6).
5. Demonstrate knowledge of the criteria for evidence-based psychotherapeutic interventions and methods of accessing and evaluating the child clinical literature (CF 2, 5).
6. Demonstrate skill in selecting EBIs appropriate for referral concerns/target behaviors, as well as skills in designing, writing, and implementing comprehensive individualized treatment plans that incorporate EBIs (CF 1, 2, 4, 5, 6).

7. Demonstrate skill in assessing and documenting students' response to intervention and treatment outcomes, in terms of (a) target behaviors, and (b) broad academic, social, emotional, and behavioral progress (CF 2, 6).
8. Demonstrate skill in maintaining case documentation relevant to the provision of psychotherapy (e.g., progress notes, intake summaries, treatment plans, phone contact logs, transfer and termination summaries) (CF 1, 2, 4, 5, 6).
9. Demonstrate skill in coordinating the mental health care of children in schools with educational personnel, caregivers, and outside mental health professional, as appropriate (CF 1, 4, 5, 6).
10. Demonstrate knowledge of theory, including (a) social-cognitive, (b) stages of change, and (c) behavioral, and demonstrate skill in applying these theories to treatment of children and adolescents (CF 1, 2, 4, 5, 6).
11. Demonstrate knowledge of issues related to conducting psychotherapy with youth, including (a) suicide, (b) substance use, (c) collaborating with caregivers, (d) child abuse, and (e) limits of confidentiality (CF 1, 2, 4, 6).

IV. Alignment with Program Goals, Objectives, and Competencies

Goal Area	Course Objectives
I. *Data-Based Decision-Making and Accountability*	7
II. *Consultation and Collaboration*	3, 4, 9, 11
IV. *Socialization and Development of Life Skills*	5, 6, 7
V. *Student Diversity in Development and Learning*	2, 4, 6, 7, 10, 11
VI. *School and Systems Organizations, Policy Development, and Climate*	9, 11
VII. *Prevention, Crisis Intervention, and Mental Health*	ALL
VIII. *Home/School/Community Collaboration*	3, 4, 9, 11
IX. *Research and Program Evaluation*	5, 6, 7
X. *School Psychology Practice and Development*	ALL
XI. *Information Technology*	5, 8

V. Course Policies and Procedures

Attendance & Participation: Students are expected to attend all classes, be punctual, and to complete all assignments on time, unless there is an emergency (e.g., death in the family, serious illness). If emergencies occur, the instructor should be notified when possible so that any necessary arrangements can be made. Regarding class participation, students are expected and encouraged to raise issues, provide feedback, suggest topics for discussion, and make comments pertinent to the content of the course. Students are expected to respect differences, and to provide constructive feedback and support to colleagues in discussions.

Please note: the use of laptop computers during class for any reason except note-taking is strictly prohibited; violation of this rule will be reflected in one's participation grade, as active listening and participation can not co-occur with emailing and internet activity.

Incompletes Grades: Students will not be given an Incomplete in the course, nor have the option to complete extra work to raise their grade, unless there is an appropriate reason, such as medical problems.

Students with Special Needs**:** The faculty of the College of Education will make every effort to follow the policies and procedures outlined by the University and articulated by the Student Disability Services Office. Students with disabilities are responsible for registering with the Office of Student Disabilities Services in order to receive special accommodations and services. Please notify the instructor within the first week if a reasonable accommodation for a disability is needed for this course. A letter from the Student Disability Services Office must accompany the request. Additional information is available through the College of Education Graduate Student Handbook.

Written Work: Much of our professional performance does and will involve extensive written and oral communication. Assignments and feedback will provide opportunities to enhance those written and oral communication skills. For all course assignments, refer frequently to a dictionary and/or APA publications manual. Type all written work.

University Policy on Religious Observances: Students who anticipate the necessity of being absent from class due to the observation of a major religious observance must provide notice of the date(s) to the instructor, in writing, by the second class meeting.

Course-Related Technology: 1) *E-mail Communication:* Sending e-mail is considered the same as sending hard copy by the instructor, so students should check their e-mail frequently. Students are encouraged to take advantage of this form of communication as questions and ideas arise throughout the course. 2) *Blackboard Discussion:* When notified in advance by the instruction, the course Blackboard webpage, a secure site, will be utilized for class discussions on selected topics. See the instructor if you would like her to arrange for additional training on Blackboard.

Confidentiality: The interactive and experiential nature of this course and the co-requisite will entail some level of personal self-disclosure on the part of the class members and some description of student cases in order to more fully learn the counseling process. Because of the sharing and openness, it is extremely important that confidentiality be respected and maintained at all times. Revealing or discussing any personal information about classmates or student cases outside of class or supervision sessions is a breach of confidentiality.

VI. Assignments

The course will be taught as a graduate seminar. Weekly meetings will focus on review and discussion of the readings, videotapes which demonstrate specific ideas or techniques, role plays, presentations, and group supervision of cases. Students will be evaluated on attendance and participation, as well as on a variety of written assignments to be completed outside of the weekly meetings.

1. Class Attendance and Participation (30% of grade). Students are expected to attend all classes and arrive promptly. The following criteria will be used to help evaluate participation as applicable: (a) did you actively listen to each other; (b) did you respond to each other in critical, creative, and caring ways; (c) did most members of the class participate rather than just a few who dominated; (d) did the discussion demonstrate reflective reading about the assigned material; (e) did you challenge each other's thinking; and (f) were you respectful of each other?

2. Reading Notes (26% of grade). In order to facilitate meaningful class discussions, at the beginning of each class students are expected to submit one page of bulleted notes and/or questions from the assigned readings. Please bring two copies to class each Monday (one for the instructor and one for your own reference). Reading notes may contain the following: takeaway points from a specific article, summary of important points across articles, content in articles that interested/surprised you, possible application of material in readings to a specific case, questions for clarification/discussion in class. By the end of the semester, students should have submitted 13 sets of reading notes.

3. Professional Development Inservice (15% of grade). As experts in the provision of school-based mental health services, students who complete this course and practicum will have the knowledge and skills necessary for conducting staff development trainings/inservices relevant to counseling and psychotherapy in the schools. Students should prepare for this role by creating and practicing a 50-minute inservice on a topic germaine to school-based psychotherapy. Select a topic of interest to you that you feel other school psychologists would appreciate additional information; example topics include but are not limited to the following: confidentiality, informed consent, case conceptualization, outcomes assessment, motivational interviewing, cognitive therapy, suicide assessment, group therapy, etc. Submit an outline of your inservice by 11/1/10. Inservices will be presented in class on 11/22/10 and 11/29/10.

4. Case Presentation (29% of grade). Students will select one individual therapy case from practicum to present to their peers. Content to be reviewed includes background information from the intake assessment (e.g., family/educational/ psychological

history, case conceptualization including hypotheses regarding symptom maintenance and DSM diagnosis if applicable, goal formulation), highlights of the treatment plan and process, treatment evaluation, and future recommendations. The presentation should involve approximately 20 minutes of didactic material, allowing approximately 10 minutes for discussion of the case. Cases will be presented in class on 12/6/10.

VII. **Assignments/Grading** (Note: no grade below "C" will be accepted toward a graduate degree. This includes C- grades.)

Class Attendance and Participation	30%
Reading Notes	26%
Professional Development Inservice	15%
Case Presentation	29%

The final grade for the course will be determined as follows:

90 – 100% of total points =	A
85 – 89%	B+
80 – 84%	B
75 – 79%	C+
70 – 74%	C

VIII. Topics and Reading Assignments

8/23 **Introduction to the Process of Psychotherapy with Children and Adolescents**

- Kelley, S. D., Bickman, L., & Norwood, E. (2010). Evidence-based treatments and common factors in youth psychotherapy. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart & soul of change: Delivering what works in therapy* (pp. 325 - 355). Washington, D.C.: American Psychological Association.
- Weisz, J. R., Sandler, I. N., Durlak, J. A., & Anton, B. S. (2005). Promoting and protecting youth mental health through evidence-based prevention and treatment. *American Psychologist, 60*, 628 – 648.
- Lambert, M. J., & Barley, D. E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy, 38*, 357 - 361.

8/30 **The Therapeutic Relationship**

- Norcross, J. C. (2010). The therapeutic relationship. In B. L. Duncan, S. D. Miller, B. E. Wampold, & M. A. Hubble (Eds.), *The heart & soul of change: Delivering what works in therapy* (pp. 113 – 141). Washington, D.C.: American Psychological Association.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. (Chapter 6: General effects: The alliance as a case in point, pp. 149 – 158). Mahwah, NJ: Erlbaum.
- Karver, M. S., Handelsman, J. B., Fields, S., & Bickman, L. (2005). A theoretical model of common process factors in youth and family therapy. *Mental Health Services Research, 7*, 35 – 51.
- Karver, M., et al.,. (2008). Relationship processes in youth psychotherapy: Measuring alliance, alliance-building behaviors, and client involvement. *Journal of Emotional and Behavioral Disorders, 16*, 15 – 28.
- Gelso, C. J. & Hayes, J. A. (1998). *The psychotherapy relationship: Theory, research, and practice* (Chapter 2: Working alliance: The foundation of the psychotherapy relationship, pp. 22 – 46). New York: John Wiley & Sons.

9/6 **Process of Therapy, cont'd (LABOR DAY HOLIDAY)**

- Bender, S. & Messner, E. (2003). *Becoming a therapist: What do I say, and why?* (Introduction and Section I: The consultation, pp. 1 – 104). New York: Guilford.

9/13 **Pragmatics of Initial Sessions; Case Documentation: Progress Notes**

- Sommers-Flanagan, J. & Sommers-Flanagan, R. (2008). *Clinical interviewing* (4th ed.). (Chapter 4: Basic attending, listening, and action skills, pp. 53 – 82). Hoboken, NJ: John Wiley & Sons.

- Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). (Chapter 6: Building motivation for change, pp. 52 – 84). New York: Guilford.
- Wiger, D. E. (2005). *The clinical documentation sourcebook: The complete paperwork resource for your mental health practice* (3rd ed.). (Ch. 6: Progress notes, pp. 6.1 – 6.14). New York: Wiley.

9/20 Clinical Assessment

- Sommers-Flanagan, J. & Sommers-Flanagan, R. (2008). *Clinical interviewing* (4th ed.). (Chapter 11: Interviewing young clients, pp. 341-370). Hoboken, NJ: Wiley.
- Merrell, K. W. (2008). *Helping students overcome depression and anxiety (2nd ed.): A practical guide.* (Chapter 3: Guidelines for assessment and intervention planning, pp. 42 - 68). New York: Guilford Press.
- House, A. E. (2002). *DSM-IV diagnosis in the schools.* (Chapter 2: An overview of the DSM-IV diagnostic system, pp. 14 - 30). New York: Guilford.

9/27 Case Conceptualization; Case Documentation: Intake Summary

- Eells, T. D. (2006). History and current status of psychotherapy case formulation. In T. D. Eells (Ed.), *Handbook of psychotherapy case formulation (2nd ed.).* New York: Guilford.
- Persons, J. B. & Tompkins, M. A. (2006). Cognitive-behavioral case formulation. In T. D. Eells (Ed.), *Handbook of psychotherapy case formulation (2nd ed.).* New York: Guilford.
- Liu, W. M. & Clay, D. L. (2004). Multicultural counseling competencies: Guidelines in working with children and adolescents. *Journal of Mental Health Counseling, 24,* 117 – 187.
- Sommers-Flanagan, J. & Sommers-Flanagan, R. (2008). *Clinical interviewing* (4th ed.). (Chapter 7: Intake interviewing and report writing, pp. 175 - 212). Hoboken, NJ: John Wiley & Sons.

10/4 Selecting Empirically-Based Psychotherapeutic Interventions; Case Documentation: Treatment Planning

- Howard, P. (2004). Issues and controversies surrounding recent texts on empirically based psychotherapy: A meta-review. *Brief Treatment and Crisis Intervention, 4,* 389 – 399.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. (Chapter 9: Implications of rejecting the medical model, pp. 203 – 231). Mahwah, NJ: Erlbaum.
- Kazdin, A. E. & Weisz, J. R. (2010). *Evidence-based psychotherapies for children and adolescents (2nd ed.).* New York: Guilford.

- Kendall, P. C. (2005). *Child and adolescent therapy: Cognitive-behavioral procedures* (3rd ed.). New York: Guilford.
- www.effectivechildtherapy.com (APA Div. 53 and Network on Youth Mental Health)
- Jongsma, A. E., Peterson, L. M., & McInnis, W. P. (2006). *The child and adolescent psychotherapy treatment planners* (4th ed.). New York: Wiley.
- **10/11 Group Therapy**
- Christner, R. W., Stewart, J. L., & Freeman, R. (2007). *Handbook of cognitive behavior group therapy with children and adolescents: Specific settings and presenting problems.* New York: Routledge.
- Malekoff, A. (2004) *Group work with adolescents: Principles and practice* (2nd ed.). New York: Guilford.
- Larson, J. (2005). *Think First: Addressing aggressive behavior in secondary schools*. New York: Guilford.
- Larson, J. & Lochman, J. E. (2005). *Helping schoolchildren cope with anger: A cognitive-behavioral intervention.* New York: Guilford.

10/18 Theory: Stages of Change; Motivational Interviewing

- Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). (Part I, Context, pp. 3 - 29). New York: Guilford.
- Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). (Chapter 4: What is motivational interviewing, pp. 33 – 42). New York: Guilford.
- Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). (Chapter 5: Change and resistance, pp. 43 – 51). New York: Guilford.
- Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). (Chapter 15: Motivational interviewing and the stages of change, pp. 201 – 216). New York: Guilford.
- IN-CLASS VIDEO: *Motivational interviewing for addictions with William R. Miller* (2003) RC533.M68 2003

10/25 Theory: Social-Cognitive; Self-Efficacy

- Maddux, J. E. (2009). Self-efficacy: The power of believing you can. In S. J. Lopez and C. R. Snyder (Eds.), *Handbook of positive psychology (2nd ed.),* pp. 335 - 344. London: Oxford University Press.
- Miller, W. R. & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). (Chapter 9: Enhancing confidence, pp. 111 - 125). New York: Guilford.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. (Chapter 3: Sources of self-efficacy, pp. 79 – 115). New York: W.H. Freeman and Company.

- Bandura, A. (1997). *Self-efficacy: The exercise of control*. (Chapter 5: Developmental analysis of self-efficacy, pp. 162 – **183**). New York: W.H. Freeman and Company.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. (Chapter 8: Clinical functioning, pp. 319-368). New York: W.H. Freeman and Company.

11/1 Theory: Behavioral (Individual and Family Treatment)

- Webster-Stratton, C. (2006). *The incredible years: A trouble-shooting guide for parents of children aged 3 – 8*. Toronto: Umbrella Press.
- Patterson, G. R. & Forgatch, M. S. (2005). *Parents and adolescents living together. Part I: The Basics* (2nd ed). Champaign, IL: Research Press.

11/8 Issues in Treatment of Children and Adolescents: Suicidality, Child Abuse

- Sommers-Flanagan, J. & Sommers-Flanagan, R. (2008). *Clinical interviewing* (3rd ed.). (Chapter 9: Suicide assessment, pp. 245 - 278). Hoboken, NJ: John Wiley & Sons.
- Department of Children and Families (2008). *Baker Act Handbook 2008: Introduction*.
- Abuse Hotline (2009). *Reporting abuse of children and vulnerable adults*. Department of Children and Families.
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11/15 Issues in Treatment of Children and Adolescents: Substance Use, Collaborating with Caregivers

- Winters, K. C., & Kaminer, Y. (2008). Screening and assessing adolescent substance use disorders in clinical populations. *Journal of the American Academy of Child and Adolescent Psychiatry, 47*, 740 – 744.
- Waldron, H. B., & Turner, C. W. (2008). Evidence-based psychosocial treatments for adolescent substance abuse. *Journal of Clinical Child and Adolescent Psychology, 37,* 238 – 261.
- Gonet, M. M. (1998) Groups for drug and alcohol abuse. In K. C. Stoiber & T. R. Kratochwill (Eds.), *Handbook of group intervention for children and families* (pp. 172 – 192). Boston: Allyn & Bacon.
- Bender, S. & Messner, E. (2003). *Becoming a therapist: What do I say, and why?* (Chapter 12: Substance use, pp. 197 - 215). New York: Guilford.
- Paternite, C. E. & Johnston, T. C. (2005). Rationale and strategies for central involvement of educators in effective school-based mental health programs. *Journal of Youth and Adolescence, 34*, 41 – 49.

11/22 Inservice Presentations

11/29 Termination and Outcomes Assessment; Case Documentation: Transfer/

Termination Summary; Inservice Presentation

- Mufson, L., Dorta, K. P., Moreau, D. & Weissman, M. M. (2004). Interpersonal psychotherapy for depressed adolescence, 2nd ed. (Chapter 14: Termination phase, pp. 179 – 199). New York: Guilford.
- Bender, S. & Messner, E. (2003). *Becoming a therapist: What do I say, and why?* (Chapter 17: Termination, pp. 291 - 307). New York: Guilford.

12/6 Case Presentations

DATA 9

Required Readings:

Kendall, P. C. (2011) Child and Adolescent Therapy, Fourth Edition: Cognitive-Behavioral Procedures. New York: Guilford Press.

Miller, W. R. & Rollnick, S. (2002). Motivational Interviewing: Preparing People for Change, Second Edition. New York: Guilford Press.

Relevant Readings and Resources: See Readings

Course Overview:

This course will provide the graduate student with both practical and theoretical training to be used in school and community based counseling and mental health intervention with children and adolescents experiencing social and emotional problems. The course is focused on empirically supported intervention for children, adolescents and families, with key emphases on youth engagement/empowerment, motivational interviewing, cognitive behavioral therapies (CBT) and evidence-based practices in school settings. Interactive discussion using key readings will guide students through empirically supported approaches at all phases of intervention from introduction to the client to case closure. In addition to readings and interactive discussions, all students will work with two child or adolescent mental health intervention cases at their practicum sites. By the end of the semester, students are expected to demonstrate knowledge and skills in effective youth engagement, clinical interviewing, relationship development, treatment plan development and implementation, use of CBT and evidence-based strategies in intervention, and continuous quality improvement of services. Further training and experience will be necessary to develop gain proficiency in child/family therapy, and students will have the opportunity to take elective courses in this area in future semesters.

Course Goals and Learning Outcomes: Upon completion of this course, students will be able to:

1) Describe and apply a variety of theoretical orientations related to counseling and therapy.
2) Identify and use resources for identifying interventions to address a variety of social and emotional problems.
3) To read critically and evaluate intervention research and understand the criteria for evidence-based interventions.
4) To identify, explain, and apply the concepts of intervention effectiveness, acceptability, adherence, and integrity.
5) To address a variety of ethical, legal, and multicultural issues relevant to individual and group counseling in school and community settings.
6) To self-evaluate personal qualities that may help or hinder the therapeutic process

7) Demonstrate enhanced skills in listening, communication, and appropriate boundaries necessary for effective counseling.
8) To understand and apply the techniques and types of interventions used in crisis situations.

General Expectations of Students:

1) Due to the amount of material and the applied focus of the class, PROMPT attendance is expected to ALL class sessions. Absences from more than 10% of scheduled classes are considered excessive by the university and the instructor may choose to extract a grade penalty for such absences.
2) Late work/assignments will only be accepted if prior arrangements have been made with the instructor. Incompletes are at the instructor's discretion.
3) Due to the interactive and applied nature of some of this course, there may be some level of personal and/or professional disclosure on the part of class members. Because of this type of sharing and communication, it is critically important that confidentiality be respected and maintained at all times. Revealing or discussing sensitive information outside of class or supervision will be considered breach of confidentiality.

Specific Expectations, Grading and Evaluation Policies:

Your performance in this class will be evaluated based on the three main course requirements below, with performance in each area reflecting one third of final grading.

1) Course Participation:

Expectations for Class Participation:

(1) Students will attend all classes well prepared after completing assigned readings or tasks.

(2) Students will actively participate in group supervision and maintain a supportive, professional atmosphere. Students will actively participate in practice activities and role-play exercises.

(3) Students will report on an innovative empirically supported strategy or intervention (ESSI) in child/adolescent therapy. This will involve submitting a brief (250 word) summary to be posted on Blackboard, leading a brief (15 minutes) class discussion, and submitting a focused review paper on some aspect of empirically supported practice with children, adolescents and families (around 5000 words,. The review should be in a format suitable for submission for publication using APA style. ESSI presentations will begin November 14 and continue each meeting until the end of the semester.

2) Practicum Cases:

All students are expected to work with their field practicum supervisor to work with two counseling/mental health intervention cases.

(1) Students need to document all contact with clients, complete written summaries of all completed sessions, and provide quantitative assessments of changes pertinent to

the treatment plan (e.g., graphs). Contact notes should be completed within 24 hours of the session. Contact notes should be succinct, legible, and frame the session in the context of the overall treatment plan. Review contact notes and treatment plans prior to supervision.

(2) In the face of new treatment issues, the student-therapist is expected to search the literature to provide guidance on treatment approaches and techniques. Reading high-quality summaries of literature is recommended.

(3) Students should expect to maintain active involvement with cases until a natural end point for case transfer or closure, which in many cases will not match exactly with the semester schedule.

(4) Individual supervision will occur within Field supervision. Please see syllabus for more specific guidelines/details related to individual supervision.

3) Material Mastery :

At the end of class each week students will be provided with a brief list of questions based on the assigned readings and course content for that week. These questions are designed as a review of what you've learned and to help you master the course content. Students will be responsible for that content and expected to respond to these questions within future classes during Group Supervision (See schedule- Part II). Your grade will be based on your ability to respond to these questions in a fluent manner. Each student is allotted 3 passes (i.e., 3 opportunities to decline answer with no penalty).

General Course Information:

Use of Technology:

BlackBoard: Blackboard (BB) is used for this class. Instructors will post course information and messages on Blackboard. Examples of potential information posted on BlackBoard includes: syllabus, articles, homework assignments, and PowerPoint slides. Students are automatically registered into the course on BB.

Information regarding how to access Blackboard follows:

If you have difficulty logging on to the Blackboard Course Info server or forget your password, you can seek assistance from Computer Services.

Email: Instructors may use the email system to communicate with students. Students are required to check their email frequently for communication from instructors.

People with Disabilities:

***People who because of a disability may need special arrangements or accommodations to meet course requirements should consult with the instructor as soon as possible. Disability Services* provides an array of services to meet the needs of students with disabilities, according to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. See information and guidelines provided in *The Student Handbook and Policy Guide*.**

Any student who because of a disability may need special arrangements or accommodations to meet the requirements of the course should consult with the instructor as soon as possible.

Academic Responsibility and Integrity:

Students are bound by the Creed. The Creed and states, in part, that "I will practice personal and academic integrity." The Creed states that this commitment should eliminate the practice of plagiarism or borrowing another student's work, lying, deceit, and excuse making.

In addition, the Community, states that "It is the responsibility of every student at the University of to adhere steadfastly to truthfulness and to avoid dishonesty, fraud, or deceit of any type in connection with any academic program. Any student who violates this rule or who knowingly assists another to violate this rule shall be subject to discipline.

Additional information about Academic Responsibility is available in the Community under Housing and Judicial Programs: Academic Responsibility.

Class Schedule and Readings (subject to some modification):

Class Date	Topic/Skill	Course Reading
8/29	Introductions Discuss experience level and apprehensions relative to working with youth and families Review of Syllabus Theoretical foundations	Okun & Krantowitz Ch 10 Issues Effecting Helpers Kendall, Ch. 1, 12
9/5	Developing and Maintaining Rapport and initial relationships Building therapeutic alliance with youth and families	Okun & Krantowitz Ch 3 Communication Skills Client-centered therapy. (Cover story). (2006). *Harvard Mental Health Letter*, 22(7), 1-3. Goodman, R. F., Morgan, A. V., Juriga, S., & Brown, E. J. (2004). Letting the Story Unfold: A Case Study of Client-Centered Therapy for Childhood Traumatic Grief. *Harvard Review of Psychiatry*, 12(4) Friedlander, M. L., Bernardi, S., & Hsin-Hua, L. (2010). Better Versus Worse Family Therapy Sessions as Reflected in Clients' Alliance-Related Behavior. *Journal of Counseling Psychology*, 57(2), 198-204. Diamond, G. M., & Diamond, G. S. (2000). The Therapist-Parent Alliance in Family-Based Therapy for Adolescents. *Journal of Clinical Psychology*, 56(8), 1037-1050. Schauer, C., Everett, A., del Vecchio, P., & Anderson, L. (2007). Promoting the Value and Practice of Shared Decision-Making in Mental Health Care. *Psychiatric Rehabilitation Journal*, 31(1), 54-61.
9/12	Client Engagement and Empowerment • Role play	Barnwell 465 McKay, M. M., & Bannon, W. M. (2004). Engaging families in child mental health services. *Child and Adolescent Psychiatric Clinics of North America, 13*(4), 905-921.

		Nock, Ferriter, & Holmberg (2007) APA & NASP Ethics Codes Selekman, Chapter 6
9/19	Client Engagement, Cont'd Motivational Interviewing	Barnwell 465 Motivational Interviewing Miller & Rollnick Ch 1-3, 21 841A MI Role playing
9/26	Diagnostic Interviewing: • Baseline assessment of diagnostic competence through brief, mock case conceptualization • Review of diagnoses commonly reported in children and adolescents • Asking key diagnostic questions • How to maintain rapport during the interview	Part I: Psychopharmacology readings (see readings on Blackboard) Kendall, Ch. 12 Van Hasselt & Herson Chapter 6 Egger, H. L., & Emde, R. N. (2011). Developmentally Sensitive Diagnostic Criteria for Mental Health Disorders in Early Childhood. *American Psychologist*, 66(2), 95-106. DSM-IV-TR Differential Diagnosis; Screening for DD's;
	Part II Barnwell 465 841A Motivational Interviewing/Clinical IV Mock Case	Miller & Rollnick Ch 4-6
10/3	Evidence Based Treatments • Review: What are they, and where can I find	Kendall, Ch. 14 Chorpita, B. F., & Daleiden, E. L. (2009). 2009 CAMHD Biennial Report: Effective Psychosocial Intervention for Youth with

	them? • Practice Elements Practical considerations: • Standard procedures for writing case notes; PSC procedures (?) • Billing/Fee for Service • Treatment Planning (Factors that effect treatment selection) • Saying goodbye to clients	Behavioral and Emotional Needs. Child and Mental Health Division, Hawaii Department of Health. Chorpita, B. F., Becker, K. D., & Daleiden, E. L. (2006). Understanding the common elements of evidence-based practice: Misconceptions and clinical examples. *Journal of the American Academy of Child & Adolescent Psychiatry, 46,* 647-652. Chorpita, B. F., Daleiden, E. L., & Weisz, J. R. (2005). Identifying and selecting the common elements of evidence based interventions: A distillation and matching model. *Mental Health Services Research, 7*(1), 5-20. Vasquez, M. T., Bingham, R. P., & Barnett, J. E. (2008). Psychotherapy termination: clinical and ethical responsibilities. *Journal of Clinical Psychology*, 64(5), 653-665.
	Part II: Barnwell 465 841A Case Discussions	Nicholson, Foote, & Grigerick (2009) Deleterious effect of psychotherapy in the schools. *Psychology in the Schools* 46(3) 232-237.
10/10	Externalizing EBPs • ADHD • Aggressive Children	Kendall Ch. 3, Ch. 2
	Part II: Barnwell 465 841A Case Discussions	
10/17	Externalizing EBPs cont. • Aggressive Children • Anger Mgmt	Kendall Ch. 2, Ch. 4
10/24	Internalizing EBPs • Treating Anxiety Disorders in Youth • Treatment of Childhood	Kendall Ch. 5-7 Jon Curry's description of Depression EBPs http://www.effectivechildtherapy.fiu.edu/professionals/keynotes#Depres (cont'd on p. 8)

	Depression • Treatment of Childhood Depression cont. • C-B strategies for addressing Suicidal Behavior	Lizardi & Stanley 2010
	Part II Barnwell 465 841A Case Example & Discussion	
10/31	Special Populations • CBT for youth with OCD • CBT for eating disorders and obesity • Risk Assmt	Kendall Ch. 8, Ch. 9 McGowan, Horn & Mellott, 2011
	Part II Barnwell 465 841A Case Discussions	
11/7	Special Populations cont. • Treating children and adolescents exposed to disasters and terrorism • Treating children who have experienced sexual abuse	Kendall Ch. 10, 11
	Part II Barnwell 465 841A Case Discussions & Role Play	
11/14	Quality Assessment and Improvement • The importance of QAI • How to achieve QAI in practice	Bickman, L. (2008, November). Why Don't We Have Effective Mental Health Services? *Administration & Policy in Mental Health & Mental Health Services Research*. pp. 437-439. Kilbourne, A. M., Keyser, D., & Pincus, H. (2010). Challenges and Opportunities in Measuring the

		Quality of Mental Health Care. *Canadian Journal of Psychiatry*, 55(9), 549-557. Garland, A. F., Bickman, L., & Chorpita, B. F. (2010). Change What? Identifying Quality Improvement Targets by Investigating Usual Mental Health Care. *Administration & Policy in Mental Health & Mental Health Services Research*, 37(1/2), 15-26. {Cont'd on p. 9) Bickman, L. (2008). A Measurement Feedback System (MFS) Is Necessary to Improve Mental Health Outcomes. *Journal of the American Academy of Child & Adolescent Psychiatry*, 47(10), 1114-1119. Chovil, N. (2009). One Small Step at a Time: Implementing Continuous Quality Improvement in Child and Youth Mental Health Services. *Child & Youth Services*, 31(1/2), 21-34.
	Part II Barnwell 465 841A Case Discussion, ESSI Presentations	
11/21	Thanksgiving Break	Thanksgiving Break
11/28	Cultural Competence	Alegria, M., Atkins, M., Farmer, E., Slaton, E., & Stelk, W. (2010). One size does not fit all: taking diversity, culture and context seriously. *Administration and Policy in Mental Health, 37,* 48-60. Harvey, A. R. , McCullough-Chavis, A., Littlefield, M. B. , Phillips, A. D. and Cooper, J. D.(2010). A culturally competent family enhancement and empowerment model for African American parents. *Smith College Studies In Social Work, 80: 1,* 70 — 87. Hays, P.A. (2009). Integrating evidence-based practice, cognitive-behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice, 40,* 354-360.
12/5	Case Evaluation • Clinical decision	Kendall, Ch. 13

	making • Assessing clinical progress Self-Care	
	Part II Barnwell 465 841A Case Discussions ESSI Presentations	

Readings

Relevant Readings and Resources:

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The REACH Institute (Adolescent Depression resources):http://www.thereachinstitute.org/

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