

PSY 695: Cognitive Behavioral Therapy for Children and Families
University of Hawaii at Hilo
3 credits

Course Overview: This is an advanced theory and skills course in Cognitive Behavioral Therapy (CBT) with a special emphasis on use of CBT techniques with children, adolescents, and families. This course will cover the theoretical and empirical foundation for cognitive and behavioral approaches and the use of empirical data in treatment selection and measuring outcomes. The majority of the course will cover the practical application of specific CBT techniques for children and adolescents and their families.

Student Learning Outcomes:

1. Understand the theoretical and empirical foundation for CBT.
2. Understand how to use the empirical literature to select evidence-based practices.
3. Apply ongoing monitoring of treatment progress to flexibly manage and adapt evidence-based practices.
4. Apply CBT techniques with a variety of mental health problems in children and adolescents.

Required Text and Materials:

- Hupp, S. (2018). *Child and Adolescent Psychotherapy: Components of Evidence-Based Treatments for Youth and their Parents*. Cambridge Press.
- PracticeWise Student Full Access Subscription (www.practicewise.com) – includes the PracticeWise Evidence-Based Services (PWEBS) Application, Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC), Practitioner Guides for the Managing and Adapting Practice (MAP) System and Clinical Dashboards
 - Online training videos at www.learn.practicewise.com will be assigned as noted in the course schedule below (they are free after registering on the website)

Recommended Text:

- Friedberg, R. D., & McClure, J. M. (2015). *Clinical Practice of Cognitive Therapy with Children and Adolescents: The Nuts and Bolts*. Guilford Press.

Additional readings (as shown below and provided on Lailima):

- Becker, K. D., Buckingham, S. L., & Brandt, N. E. (2015). Engaging youth and families in school mental health services. *Child and Adolescent Psychiatric Clinics*, 24(2), 385-398.
- Chorpita, B. F., & Daleiden, E. L. (2014). Structuring the collaboration of science and service in pursuit of a shared vision. *Journal of Clinical Child & Adolescent Psychology*, 43(2), 323-338.
- Chorpita, B. F., Daleiden, E. L., & Bernstein, A. D. (2016). At the intersection of health information technology and decision support: Measurement feedback systems... and beyond. *Administration and Policy in Mental Health and Mental Health Services Research*, 43(3), 471-477.
- Southam-Gerow, M. A., Cox, J. R., & Kinnebrew, A. (2020). Managing and Adapting Practice (MAP). In T.W. Farmer, M.A. Conroy, E. M. Z. Farmer & K. S. Sutherland (Eds.), *Handbook of Research on Emotional and Behavioral Disorders: Interdisciplinary Developmental Perspectives on Children and Youth*.

Course Structure and Expectations: The emphasis of the course will be on the practical application of evidence-based practices. In order to make the best use of class time, we will be implementing a “flipped classroom” where the majority of didactic lectures are reviewed as homework prior to attending class. Then during class, we will practice what you learned during the lectures through exercises, demonstrations and role-plays of therapeutic techniques as well as discussion about the application of techniques with clients. Given the focus on therapeutic skill acquisition, class attendance and participation will be an essential component to this course. Please arrive on time and ready to engage in exchange of ideas and experiential exercises. If you are unable to attend class for a documented emergency (e.g., hospital visit), please notify me as soon as possible and provide documentation upon return to class.

An unexcused absence will result in losing participation points. Late assignments will only be accepted under unusual circumstances, documentation must be provided, and you will not receive full credit for the assignment.

Assigned Readings/Videos and Class Participation: It is expected that you will complete weekly course readings and online videos PRIOR to class so that you can actively participate in class discussions and exercises. You will receive attendance and participation credit if you engage in lectures, discussion, and pay attention during class activities or when your classmates are presenting. You will be awarded 20 points per class for which you attend and actively participate (up to 300 points). If you do not engage in lectures and discussion or are not paying attention, you will not earn participation credit for that class period. If you are late to class, you will not earn full participation credit for that class period. If there is an unexpected emergency (e.g., car accident, death in the family, etc.) that prevents you from attending class, you must notify me immediately and you must provide documentation of the emergency.

Presentation: Together with a classmate, you will present a chapter from the Hupp textbook. Presentations will be approximately 30 minutes in length and will briefly cover 1) the problem area including etiology, 2) overview of evidence-based treatments for the problem, and the 3) common practices included in EBTs for the problem. Please also include a guided discussion about the evidence-based literature using PWEBS with the class (breadth of literature, treatment families and practice elements, formats, etc.).

Behavior Change Assignment: As a way to integrate and apply your learning, you will complete a semester-long behavior change assignment. You can elect to focus on a behavior of your own you wish to target for change or you can elect to focus on your work with a client you are providing services to at your internship site. If you elect to focus on a personal behavior you will identify an area of personal functioning (thought, feeling, or behavior) that you would like to change or improve. The target for intervention should be quantifiable, should be something that you wish to see improved, should be something you are comfortable sharing with me as well as the rest of the class, and should be something that if it is not addressed, will not affect your overall functioning (e.g., decrease nail biting, increase exercise). In other words, this assignment should not be viewed as an alternative to seeking professional counseling.

The second option is to complete the project with a real client you are treating at your internship site. While this option is preferred, this may not be possible at all internship sites (and not all students are enrolled in the internship class). Ideal clients would be those for whom you have the ability to make some decisions about the kind of techniques you use with the client, you anticipate working with client for at least 4-8 sessions, and your internship supervisor agrees to allow you to share redacted results with the class. The same kind of confidentiality guidelines used in PSY 640 (Practicum) will be used when presenting real client data in class. Given the additional work involved with this option, you will receive 25 extra credit points for selecting this option.

In order to complete this exercise, you will need access to MS Excel and you will need to download the clinical dashboard from the PracticeWise website. Instructions on how to complete the dashboard, target selection, and intervention application will be discussed in class. You will take weekly progress ratings (or more frequently if indicated) on the target and will select different intervention practices and track when you use these interventions.

This assignment has several components: 1) definition of the target behavior(s), conceptualization of the problem(s) and treatment objectives (75pt), 2) selection of progress measures (25pt), 3) treatment plan including selection and implementation of various interventions derived from the evidence-base (Treatment Planner; 50pt), 4) dashboard completion and submission (submitted twice before final paper; 50pt), and 5) a final 5-page paper that describes the treatment objectives, selection of progress measures, ongoing progress monitoring, and results and discussion of treatment outcomes (including the graphed data from your dashboard; 200pt). You will also complete two peer reviews for your classmates (100pt). Additional details will be provided as the course progresses.

| Assignment | Points |
|---|--------|
| Class Participation | 300 |
| Class Presentation | 200 |
| Target Behavior, Conceptualization & Treatment Objectives | 75 |
| Treatment Plan | 50 |
| Progress Measure Selection | 25 |
| Dashboard Submission (25pt x 2 submissions) | 50 |
| Peer Reviews (50pt x 2 reviews) | 100 |
| Final Dashboard Paper (Draft 25pts; Final 175pts) | 200 |

| Grade | Points |
|-------|----------|
| A | 900-1000 |
| B | 800-899 |
| C | 700-799 |
| D | 600-699 |
| F | <600 |

Promoting an Effective Learning Environment: To promote an effective teaching and learning environment for you, your classmates, and your instructor, please (a) turn off cell-phones unless you have a very good reason for leaving them on, (b) do not surf the Internet, send text messages, or check your email/social media during class, and (c) do not carry on private conversations with classmates during lectures or group discussions. In addition, out of respect for your other classmates and your instructor, please arrive to class on-time. If you are unable to attend class for a documented emergency (e.g., hospital visit), please notify me as soon as possible and provide documentation upon return to class. There will be no make-up presentations for unexcused absences. Students having more than one unexcused absence will be dropped from the course and will receive either a W or an F for the course.

Academic Integrity: Students are strongly encouraged to familiarize themselves with the Student Code of Conduct for UH Hilo, which can be found at http://www.uhh.hawaii.edu/studentaffairs/conduct/student_conduct.php. I expect you to behave with integrity and hold both yourself and your peers to the highest standards of ethical behavior. Academic dishonesty encompasses, but is not limited to: (1) plagiarism (i.e., copying another individual's words or ideas without appropriately citing the source); (2) turning in assignments that someone else has completed; (3) referring to notes or other written/electronic materials, collaborating with others, copying someone else's work, or providing answers to others in any fashion during an examination. Should I have reason to suspect that academic dishonesty has occurred; I will conduct a thorough investigation and/or may refer the matter to the Dean's Office for investigation. Possible sanctions should you be found responsible for academic dishonesty could include a failing grade for the course, suspension or even expulsion from the Counseling Psychology Program and/or University. Such consequences could negatively affect your candidacy for graduate/professional programs and future jobs.

Professional Conduct: At my discretion and the discretion of the Director of the Counseling Psychology Program, a student who commits one or more serious professional or ethical mistakes, omissions, or violations may be removed from the course and may receive a W or F for the course. In addition, depending on the seriousness of the mistake, omission, or violation, the student may also face expulsion from the Counseling Psychology Program.

Support for Students: Please click on this link to download a document describing additional supports available to UHH students: <http://go.hawaii.edu/zAf>

PSY 695 CBT for Children and Families
Course Schedule

| Week | Topic | Reading | Online Training Videos | Assignment Due |
|-------------|---|--|---|---|
| 1 | Introduction & Overview | Hupp Ch. 1 | | Get PracticeWise subscription |
| 2 | Evidence-Based Treatment: Breaking it Down | Southam-Gerow (pp. 1-6, 13-16, 19-24) (Optional: Chorpita & Daleiden, 2014) | PWEBS MATCH EBS System Model | |
| 3 | Treatment Planning & Treatment Pathways | Friedberg Ch. 2 Southam-Gerow (pp. 9-11) (Optional: Persons, 2005) | Planning Connect-Cultivate-Consolidate Focus-Interference | Target Behavior |
| 4 | Progress & Practice Monitoring | Southam-Gerow (pp. 16-17) (Optional: Chorpita et al., 2016) | Clinical Dashboards (Optional: Advance Dashboard) | |
| 5 | Therapy Relationship in CBT Style & Structure | Hupp Ch. 19 (Optional: Friedberg Ch. 3, 4, 10) | Session Planner | |
| 6 | Connect: Engagement, Monitoring, Goal Setting Embracing Diversity | Becker et al. (2015) (Optional: Friedberg Ch. 5, 6 & 7) | Engagement with Child Engagement with Caregiver Goal Setting Self-Monitoring or Monitoring | 1 st Dashboard |
| 7 | Autism | Hupp Ch. 3 (Optional: Friedberg Ch. 14) | Social Skills | Presentation 1 (Autism) |
| 8 | Attention Problems | Hupp Ch. 4 (Optional: Friedberg Ch. 15) | Praise Rewards Effective Instructions | Treatment Plan Presentation 2 (Attention) |
| 9 | Disruptive Behavior | Hupp Ch. 17 (Optional: Friedberg Ch. 13) | Attending Active Ignoring Time Out | Presentation 3 (Disruptive) |
| 10 | Anxiety & OCD | Hupp Ch. 10 & 11 (Optional: Friedberg Ch. 12) | Exposure | 2 nd Dashboard Presentation 4 (Anxiety) |
| 11 | Traumatic Stress | Hupp Ch. 12 | Narrative: Trauma Personal Safety Skills | Presentation 5 (Trauma) |
| 12 | Depression | Hupp Ch. 9 (Optional: Friedberg Ch. 11) | Activity Selection Problem Solving | Presentation 6 (Depression) |
| 13 | Bipolar & Suicidality | Hupp Ch. 8 | Communication Skills: Advanced Support Networking | Presentation 7 (Mania/Bipolar) Draft Dashboard Paper |
| 14 | Substance Use Problems | Hupp Ch. 18 (Optional: Friedberg Ch. 16) | Motivational Enhancement | Presentation 8 (Substance) |
| 15 | Eating Disorders | Hupp Ch. 14 (Optional Hupp Ch. 13) | Caregiver Directed Nutrition | Presentation 9 (Eating) Peer Reviews |
| 16 | Consolidation: Becoming an Evidence-Based Practitioner | Southam-Gerow (pp. 6-9, 11-13, 18-19) (Optional: Friedberg Epilogue) | Maintenance The MAP | Final Dashboard Paper Therapist Portfolio |