

Clin Psych 462
Child and Adolescent Psychotherapy
Winter Quarter, 2021
Rachel H. Jacobs, Ph.D.
Office hours: By appointment

Course Description:

We will examine how cognitive and behavioral models can be used in conceptualizing and reducing the burden of behavioral and emotional disorders among youth and families. We will review evidence for the efficacy and effectiveness of specific interventions and discuss clinical issues related to the practice of cognitive behavioral therapy (CBT) with families. This course is designed to support you in your practicum placements and get you ready for your first child/family case.

Learning Objectives:

Understand how to establish and maintain effective relationships with children and families
Develop evidence-based intervention plans specific to goals
Prepare to implement interventions informed by the current scientific literature
Practice the ability to apply the relevant research literature to clinical decision-making
Examine how to modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking
Evaluate intervention effectiveness and adapt intervention goals and methods

Commitment (from Division 53 of the American Psychological Association):

“We re-affirm our commitment to support a healthy future for children and adolescents through the following: empowering parents and schools...and renewing our commitment to providing optimal clinical and preventive services...for children and families, especially those from under-represented and diverse communities. The time is now to understand the full impact of discrimination and racism on child development and well-being and to foster work in the service of change.”

Required Text:

Weisz, J.R., & Kazdin, A.E. (Eds.) (2017). *Evidence-based Psychotherapies for Children and Adolescents (3rd ed.)* New York: Guilford.

Friedberg, R.D., McClure, J.M., & Garcia, J.H. (2014, 2009 any edition is fine). *Cognitive therapy techniques for children and adolescents: Tools for enhancing practice*. New York: Guilford Press.

Participation:

I have reformatted course requirements to be mindful of our pandemic experience. In order to succeed in this class, you can digest the reading material prior to class and attend ready to actively participate and co-create. I have reduced and adapted assignments and will emphasize active participation in my grading. As such, please join class prepared to participate with your camera on and email me in advance of class if this is not possible. Research suggests that multi-tasking and being interrupted by notifications, etc. does not support good attention. Please treat our classes like telehealth sessions and set up your learning environment to support good attention as much as possible. You can expect the same of me. I hope to create a sense of community in our class.

Take-home clinical pearls:

Each week please write a 150-word max take-home message from one of the assigned readings. These can be in a format and voice similar to how you would share them with a case/family. For example: “A research study of over 400 teenagers with depression found that the combination of medication and therapy helped teens get better the fastest.” The purpose of this assignment is to practice communicating research information to families as it plays into your decision making and theirs. These assignments are due in CANVAS at 8am the day prior to our class (Weds), so that I have time to review them before we meet.

In lieu of a student presentation, I would like you to create one take-home message from a clinical research article of your choice. This is due by our February 11 class.

Discussion of clinical cases:

We will discuss emergent issues arising among real-world cases. If there are not enough sample cases among students, I can bring some example recordings and cases for discussion. We will keep these conversations respectful and confidential.

Breakout Groups:

We will break into pairs or groups to practice clinical skills such as agenda setting and the setting of home practice throughout the quarter. This can feel vulnerable. The intention behind these exercises is to be able to practice in a supportive environment to be ready to do so with a new family or child. You can expect that I will also share vulnerably what has worked and what hasn't from my own experience. It is understandable to feel nervous about this and I will do my best to make these experiences positive exposures. You may contact me privately if this portion of the course becomes too challenging.

Final:

Option 1~

Review a treatment manual and discuss challenges to implementation including lack of access to care and population differences that may not have been addressed by the original research on the manual. Please attend to issues of diversity and culture.

Option 2~

A letter of intent research project with specific aims to address a limitation of the current evidence base. If you had all the money in the world and could recruit ideal participants into your study, what research study would you design to address the limitations of the existing literature?

Both options: minimum of 6 pages single spaced not including required references. This can be in the form of a F31 research proposal if you are inspired to practice grant writing.

We will spend time in class discussing the format and direction of these final projects. You will submit a draft of your project by February 25. I welcome discussion around your idea prior to submission so that we can make the most of your efforts. Your final project is due March 18 at 11am via CANVAS.

Resources:

<https://www.umass.edu/cfr/grant-writing/guidelines-letter-intent>

Rawl, S. (2014). Writing a competitive individual national research service award (F31) application. *Western Journal of Nursing Research*, 36, 31-46.

p34-36 of Galán et al. (in press) *A call to action for an antiracist clinical science*. *Journal of Clinical Child and Adolescent Psychology*.

How to succeed in this class:

Please login to zoom a few minutes early and be ready to start class right at 11:30am and be present/participate for the duration of class. You will want to turn in assignments on time so that you can actively participate. There will be ungraded activities in class that are designed to help you practice new skills. At the end of the semester, students will submit a one-page, typed, self-evaluation of class participation. Use a 100-point scale to rate your class participation. Not attending class and/or tardiness to class may hurt your education, as well as your grade. If you need to miss class, please notify me a minimum of 24 hours before (where possible, I know emergencies aren't planned in advance) and we will brainstorm an alternative assignment for your participation points.

Ultimately, the goal of this class is to take a first step in supporting you in reducing the burden of mental health disorders among families and within communities.

Grading:

Grades will be based on three factors (100 points total):

- 1) Class participation (45 points) 5 points in-class participation and attendance per class
- 2) Take-home clinical pearls (20 points)
- 3) Final (35 points)

Final Score	Letter Grade	Final Score	Letter Grade
93-100	A	77-79.99	C+
90-92.99	A-	73-76.99	C
87-89.99	B+	70-72.99	C-
83-86.00	B	67-69.99	D+
80-82.99	B-	60-66.99	D

Class 1

January 14

Foundations of and Barriers to Gender Affirming Care: The Mental Health Provider's Role in Supporting Transgender and Non-Binary People

830am-12pm noon, please let me know by January 11 if you have a class conflict that does not allow you to attend

Readings:

Friedberg Chp 1-3

Class 2

January 21

Introduction to CBT with Families

Session Structure, Homework, Systems, Assessment, Monitoring

Readings:

Chps 21 & 27 Weisz & Kazdin

Weisz et al., (2013). Evidence-based youth psychotherapy in the mental health ecosystem. *Journal of Clinical Child and Adolescent Psychology*, 42, 274-286.

Suggested Reading:

Weisz et al., (2017). What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. *American Psychologist*, 72, 79-117.

Class 3

January 28

Cultural Adaptation and Competence

Readings:

Huey, Jr, S.J. et al (2014). The contribution of cultural competence to evidence-based care for ethnically diverse populations. *Annual Review of Clinical Psychology*, 10, 305-338.

Hays, P.A. (2007) Looking into the clinician's mirror: Cultural self-assessment. In *Addressing Cultural Complexities in Practice: Assessment, Diagnosis, and Therapy*. Washington, DC: American Psychological Association.

Pumariega, A.J. (2013). Practice parameter for cultural competence in child and adolescent psychiatric practice. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52, 1101-1115.

Suggested Reading:

American Psychological Association. (2018). RESilience: Uplifting youth through healthy communication about race. <https://www.apa.org/res>

Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: a direct-comparison meta-analysis. *Journal of Counseling Psychology, 58*(3), 279-289.

Hall, G.C.N., et al. (2016). A meta-analysis of cultural adaptations of psychological interventions. *Behavior Therapy, 47*, 993-1014.

Hook, J.N., et al. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of Counseling Psychology, 60*, 353-366.

Tynes, B.M., et al. (2019). Race-related traumatic events online and mental health among adolescents of color. *Journal of Adolescent Health, 65*, 371-377.

Class 4

February 4

Depression and Suicidality

Rewards & Behavioral Activation

Cognitive Restructuring

Readings:

Chp 4 & 14 Weisz & Kazdin

Chp 5 & 6 Friedberg

Asarnow, J.R., & Miranda, J. (2014). Improving care for depression and suicide risk in adolescents: Innovative strategies for bringing treatments to community settings. *Annual Review of Clinical Psychology, 10*, 275-303.

Emslie, G.J., et al. (2010). Treatment of resistant depression in adolescents (TORDIA): Week 24 outcomes. *American Journal of Psychiatry, 167*, 782-791.

McCauley et al. (2016). The adolescent behavioral activation program: Adapting behavioral activation as a treatment for depression in adolescence. *Journal of Clinical Child and Adolescent Psychology, 45*, 291-304.

Class 5

February 11

Parent Management Training and ADHD

Due: Take-home message from article of your choice, please include reference

Readings:

Chp 7- 9 Weisz & Kazdin

Glassgow, A.E., et al. (2019). Exploring racial disparities in mental health diagnoses and neighborhood disorganization among an urban cohort of children and adolescents with chronic medical conditions. *Health Equity, 3*.1.

MTA Cooperative Group. (1999). A 14-month randomized clinical trial of treatment strategies for ADHD. *Archives of General Psychiatry, 56*, 1073-1086.

Visser et al. (2015). Treatment of ADHD among children with special health care needs. *Journal of Pediatrics, 166*, 1423-30.

Suggested Readings:

Chp 6 & 13 Weisz & Kazdin

Evans, S.W., Owens, J.S., & Bunford, N. (2014). Evidence-based psychosocial treatments for children and adolescents with ADHD. *Journal of Clinical Child and Adolescent Psychology, 43*, 527-551.

Greene, R.W., & Ablon, J.S. (2001). What does the MTA study tell us about effective psychosocial treatment for ADHD? *Journal of Clinical Child and Adolescent Psychology, 30*, 114-121.

Mehta, T.G. et al. (2019). Collaboration with urban community stakeholders: Refining paraprofessional-led services to promote positive parenting. *American Journal of Community Psychology, 0*, 1-15.

Young, A.S. & Rabiner, D. (2015). Racial/ethnic differences in parent-reported barriers to accessing children's health services. *Psychological Services, 12*, 267-273.

Class 6

February 18

Anxiety and Behaviorism

Readings:

Chp 2, 3, 16, & 17 Weisz & Kazdin

Friedberg Chp 7

Ehrenreich-May, J., et al. (2017). An initial waitlist-controlled trial of the unified protocol for the treatment of emotional disorders in adolescents. *Journal of Anxiety Disorders, 46*, 46-55.

Suggested Readings:

Walkup, J.T., et al. (2008). Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *New England Journal of Medicine, 26*, 2753-2766.

Freeman, et al., (2014). Evidence base update for psychosocial treatments for pediatric obsessive-compulsive disorder. *Journal of Clinical Child and Adolescent Psychology, 43*, 7-26.

Kendall, P., Robin, J., Hedtke, K., Suveg, G., Flannery-Schroeder, E., & Gosch, E. (2005). Considering CBT with anxious youth? Think exposures. *Cognitive and Behavioral Practice, 12*, 136-148.

Class 7

February 25

Community-based models of mental health promotion and policy advocacy to address the needs immigrant children and families

Guest Speaker

Due: Draft of final project

Readings:

Freidberg Chp 4

Rusch, D., Walden, A.L., & DeCarlo Santiago, C. (2020). A community based organization model to promote Latinx immigrant mental health through advocacy skills and universal parenting supports. *American Journal of Community Psychology, 66*, 337-346. DOI: 10.1002/ajcp.12458.

A Policy Statement by the Society for Community Research and Action: Division 27 of the American Psychological Associations (2018). [Contributing authors: Langhout, R.D., Buckingham, S.L., Oberoi, A.K., Chávez, N.R., Rusch, D., Esposito, F. & Suarez-Balcazar, Y.] The effects of deportation and forced separations on immigrants, their families, and communities. *American Journal of Community Psychology, 62*, 3-12. DOI 10.1002/ajcp.12256

Class 8

March 4

Trauma/PTSD

Guest Speaker

Chp 15 Weisz & Kazdin

Jensen et al. (2017). A follow-up study from a multisite, randomized controlled trial for traumatized children receiving TF-CBT. *Journal of Abnormal Child Psychology*, 45, 1587-1597.

Class 9

March 11

Ending Treatment/Termination

Due: Self-evaluation of participation

Readings:

Chp 20 Weisz & Kazdin

Recommended Reading:

Chp 29 & 32 Weisz & Kazdin

March 18

Optional Class to cover anything we ran out of time to cover/final questions/shares

Due: Final Project

Additional Readings:

Fairburn, C., et al. (2015). A transdiagnostic comparison of enhanced cognitive behavior therapy (CBT-E) and interpersonal psychotherapy in the treatment of eating disorders. *Behavior Research and Therapy*, 70, 64-71.

Loeb, K.L., & le Grange, D. (2009). Family-based treatment for adolescent eating disorders: Current status, new applications and future directions. *International Journal of Child and Adolescent Health*, 2, 243-254.

Hogue, A., et al. (2014). Evidence base on outpatient behavioral treatments for adolescent substance use: Updates and recommendations 2007-2013. *Journal of Clinical Child and Adolescent Psychology*, 43, 695-720.

Lilienfeld (2007). Psychological treatments that cause harm. *Perspectives on Psychological Science*, 2, 53-70.
Perspectives in Psychological Science, 9, 355-387.

Dawson, G., Rogers, S., Munson, J., Smith, M., Winter, J., Greenson, J., ... & Varley, J. (2010). Randomized, controlled trial of an intervention for toddlers with autism: The Early Start Denver Model. *Pediatrics*, 125(1), e17-e23.

Laugeson, E. A., Frankel, F., Gantman, A., Dillon, A. R., & Mogil, C. (2012). Evidence-based social skills training for adolescents with autism spectrum disorders: The UCLA PEERS program. *Journal of autism and developmental disorders*, 42(6), 1025-1036.

Reaven, J., Blakeley-Smith, A., Leuthe, E., Moody, E., & Hepburn, S. (2012). Facing your fears in adolescence: Cognitive-behavioral therapy for high-functioning autism spectrum disorders and anxiety. *Autism research and treatment*, 2012.

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AccessibleNU, please let me know as soon as possible, preferably within the first two weeks of the term, so we can work together to implement your disability accommodations. Disability information, including academic accommodations, is confidential under the Family Educational Rights and Privacy Act.

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Respect:

Cheating, plagiarism, sexual harassment, racial/ethnic discrimination and other slurs (e.g., homophobia, transphobia), or any other student misconduct that adversely affects the learning or safety of other students will not be tolerated. If any student becomes aware of any of these activities, or feels they have been the victim of sexual harassment, racial/ethnic discrimination, or any other act of malicious intent, please contact me promptly.