Psych. 547 Intervention II

Child and Adolescent Externalizing and Internalizing Disorders:

Empirical Evidence for the Roles of Parents and

Evidence based Practices in Family Assessment and Interventions

Professor: Sherryl Goodman

Spring, 2013

Tuesdays, 9 to 11:45 a.m., Room 494

Goals. The goals of the course are to develop critical thinking, knowledge, and skills in the following areas of study:

1. Healthy family development and processes, including their cultural variations. This is the developmental framework needed for an understanding of the other two goals.
2. Family processes that are associated with the development or maintenance of psychopathology in children or adolescents;
3. Design, evaluation, and implementation of evidence based methods of assessment and intervention for families with a child who has psychopathology.

Required Readings:

Walsh, F. (ed.), (2012). *Normal Family Processes, 4th edition.* NY: Guilford*.*

Kazdin, A.E. (2005). *Parent Management Training: Treatment for oppositional, aggressive, and antisocial behavior in children and adolescents*. NY: Oxford University Press.

Companion website (downloadable forms and other tools for assessment and therapy): <http://www.oup.com/us/companion.websites/0195154290/> (note: we will get a log in)

**Dishion, T.J. & Kavanagh, K. (2003).**  *Intervening in adolescent problem behavior: A family-centered approach.* New York: Guilford. <http://cfc.uoregon.edu/atp.htm>

Others listed below and announced in class

Optional (and recommended) reading:

Sprenkle & Piercy (2005), *Research Methods in Family Therapy*, 2nd ed. Guilford.

Blackboard site

Responsibilities:

(1) Class participation -

1. All students are responsible for: (a) having read the assigned readings prior to class, (b) posting to BB and bringing to class written questions or comments for discussion, and (c) initiating and actively contributing to class discussions of the readings. Please be aware that with regard to class participation, quality counts for more than quantity. Nonetheless, a *minimum* quantity of participation *consistently* through the semester is required in order for me to know what you are learning and how you are thinking about the material and is part of how you earn a grade in the class.
2. For some classes, I will ask you to post on BB a ‘journal entry’ in response to your assigned readings. For these, organize your writing into two sections: one called "responses/reactions" and one called "questions/comments." The latter are intended to be particularly helpful to stimulate your participation in class.
3. For some classes, students will be assigned to present a reading when others will not be required to have read it. I will clarify this week by week. “Presenting” a reading includes (a) preparing and distributing via BB a brief outline of the key points and (b) leading a discussion of it (mentioning the key points briefly and then raising questions or issues that you think will be of interest in generating discussion; not lecturing; powerpoints are completely optional).
4. Other assignments will be presented as we go along.

(2) Clinical case study

1. Either on the basis of a current or past therapy case or a hypothetical case, you will put your knowledge of the three goals of the course into practice. You will do this by writing a paper in which you describe your development of a (a) case conceptualization, (b) treatment plan, and (c) plan to evaluate your treatment. The case must be a child with internalizing or externalizing disorder and treatment must include a family component.
2. Papers will be due at the end of the section relevant to the disorder that is the focus of your case study. Let’s decide on your focus within the first few classes.
3. These papers should not be long. I would expect that three double spaced pages would be adequate and five pages maximum.

(3) Grant Proposal Project, involving the following -

1. Goal: To develop your knowledge of how to design and evaluate an experiment with interventions for families and how to write a grant proposal that would be the basis for seeking funding for such an experiment; to practice preparing a grant application.
2. Project: Design an experiment or an intervention and a plan for evaluating it, for families in which a child or adolescent has a DSM-IV diagnosis. In developing your proposal: address the question of: why or how your proposed intervention might be effective for this disorder. Your proposed design should explicitly answer the question: How effective is it? I strongly recommend that your proposal be relevant to the lab in which you work so that you might in fact be able to pursue this study at some point.
3. Format: an NRSA application (just the Specific Aims and Research Strategy sections). <http://grants1.nih.gov/grants/funding/416/phs416.htm>
4. Maximum length for the Research Strategy (includes sections on Significance and Approach, the latter of which also includes planned analyses) is 6 pages (single spaced; including any figures or tables but not including reference list).
5. The Specific Aims is one (additional) age.
6. Essential components to include in your research plan:

* define and justify the age range of children involved
* address gender issues as relevant
* consider comorbidity as relevant
* address cultural considerations

1. In your Significance section, be sure to:

* include enough of a literature review that your hypotheses follow from current models and understanding of issues not only in that disorder but also in your proposed research design; explain (using theory and published research) why you think your intervention will be better than the current state-of-the-art, empirically validated individual-based treatment of the disorder or the current parent- or family therapy. NOTE: a well written paper will integrate at least one aspect of the basic research such as we review in Part A of each section of this syllabus.
* justify all components of your design, from sample selection to statistical plan (specify viable alternatives and why you chose what you did, using support from published papers). Note: some of this may go in your Approach section. Use your best judgment of where to place this information.

1. Papers are due in class on 4/16. On either that class or the week later, you will also make a brief class presentation on your proposal. Prepare and post on BB a handout of your abstract, list of measures (constructs), any figures of your model, and reference list for your classmates so that they can benefit from your research.

Grades will be calculated as follows: Class participation (30%), Case Study (30%), Research Proposal (paper and class presentation) (40%).

Course Outline

**1/15 Introduction and Orientation**

**Part I: Theories and Concepts of Normal Family Functioning**

**1/22 Theories and Concepts I: Normative family functioning, with implications for the development of problems in couples and families**

Everyone will read these two chapters, which we will discuss in the first hour of class:

Walsh book, The New Normal, Chapter 1

Walsh book, Clinical views of family normality, health, and dysfunction: From deficits to strengths perspective, Chapter 2

In addition, each student will choose one additional chapter to read and present to the class from among the following chapters in Walsh’s book

Walsh book, Ch. 3: Driver et al. Couple interaction in Happy and Unhappy Marriages: Gottman Laboratory Studies *Julia*

Walsh book, Ch. 4: Fraenkel & Capstick: Contemporary Two-Parent Families *Lauren*

Walsh book, Ch. 16: McGoldrick & Shibusawa, The Family Life Cycle *Dan*

Walsh book, Ch. 17: Walsh, Family Resilience *Adriana*

Walsh book, Ch. 18: Cowan & Cowan, Normative family transitions, normal family processes, and healthy child development. *Lulu*

Walsh book, Ch. 21: Lebow & Stroud, Assessment of Effective Couple and Family Functioning *Colleen*

Walsh book, Ch. 22: Spotts, Unraveling the complexity of genetic and environmental interplay and family processes *Cara*

Walsh book, Ch. 23: Fishbane, Neurobiology and Family Processes *Meaghan*

Assignment regarding the first two chapters:

1. Everyone reads them and prepares questions for discussion

2. Write a journal entry in response to each of the chapters, listing your beginning ideas on the implications of the readings for how to assess and intervene with couples or families. List form is fine. Bring your journal to class and use it as the basis of some of your discussion. Post it to BB by 5 pm on the Sunday prior to class.

Prepare a Family Genogram of at least three generations. Include not only who your family members are/were (dates of birth, marriages, divorces, deaths, other major events) but also a separate list of key features of your own family “culture” in terms of values, history, experiences, etc. and note briefly how each feature individually or the set of features might contribute to your ability to understand the culture of a family you might assess or treat. Note: there are several free family genogram templates on the web or you can use Word (textboxes, lines, etc.) or your own format.

**1/29 Theories and Concepts II: Diversity within families - implications for the development and treatment of psychopathology in children and families**

Everyone will read these two chapters, which we will discuss in the first hour of class:

Walsh book, Culture: A challenge to concepts of normality, Chapter 11.

Gonzalez Castro, F., Barrera, M., Holleran Steiker, L.K. (2010). Issues and Challenges in the Design of Culturally Adapted Evidence-Based Interventions. *Annual Review of Clinical Psychology, 6,* 213-239.

In addition, each student will choose one additional chapter to read and present to the class from among the following chapters in Walsh’s book

Ch. 5, Greene et al.: Risk and resilience after divorce

Ch. 6, Anderson: The Diversity, Strength, and Challenges of Single-Parent Households

Ch. 7, Pasley & Garneau: Remarriage and stepfamily life

Ch. 8, Green: Gay and Lesbian Family Life

Ch. 12, Boyd-Franklin & Karger: Race, Class, and Poverty

Ch. 15, Walsh: The Spiritual Dimension of Family Life

I think the ones I listed are most central to the theme of this class, but we could also consider these:

Ch. 9, Engstrom: Family Processes in Kinship Care

Ch. 10, Ramgage et al.: Adoptive Families

Ch. 13, Jaes Falicov: Immigrant Family Processes

Ch. 14, Knudson-Martin: Changing Gender Norms

Ch. 19, Rolland: Mastering Family Challenges in Serious Illness and Disability

Assignment regarding the first two chapters:

1. Everyone reads them and prepares questions for discussion
2. Write a journal entry in response to each of the chapters, listing your beginning ideas on the implications of the readings for how to assess and intervene with couples or families. List form is fine. Bring your journal to class and use it as the basis of some of your discussion. Post it to BB by 5 pm on the Sunday prior to class.

**Part II: Antisocial behavior in children and adolescents:**

**Family processes, assessment, and interventions**

**2/5 A. Empirical evidence: relevant basic family processes**

Kazdin book, Ch. 1 and 2

Dishion and Kavanagh book, Part 1 (chapters 1 and 2)

**2/12 B. Empirical evidence: effectiveness of the treatments**

Comer, J.S., Chow, C., Chan, P., Cooper-Vince, C., & Wilson, L.A.S. (2013). Psychosocial treatment efficacy for disruptive behavior problems in young children: A meta-analytic examination. Journal of the American Academy of Child and Adolescent Psychiatry.

Kazdin book, Ch. 6: Evidence – Key findings, strengths and limitations.

**Dishion & Kavanagh book, Ch. 10 &** 11

More recent work by Dishion on his Family Checkup Intervention: Connell, A. M., et al. (2012). "Family Check Up Effects on Adolescent Arrest Trajectories: Variation by Developmental Subtype." Journal of Research on Adolescence 22(2): 367-380.

Van Ryzin, M. J. and T. J. Dishion (2012). "The impact of a family-centered intervention on the ecology of adolescent antisocial behavior: Modeling developmental sequelae and trajectories during adolescence." Development and Psychopathology 24(3): 1139-1155.

*Optional (important to be aware of):*

M.R. Sanders and colleagues on the Triple P program.

Carolyn Webster-Stratton on the Incredible Years program

Sheila Eyberg on Parent-Child Interaction Therapy (PCIT)

**2/19 C. Assessment with parent management training**

[Sanders, M.R](http://gateway.ut.ovid.com/gw2/ovidweb.cgi?S=IDNJHKJOFEEAKK00D&Search+Link=%22Sanders%2c+Matthew+R%22.au.). & [Lawton, J.M](http://gateway.ut.ovid.com/gw2/ovidweb.cgi?S=IDNJHKJOFEEAKK00D&Search+Link=%22Lawton%2c+Jan+M%22.au.). (1993). Discussing assessment findings with families: A guided participation model of information transfer. *Child & Family Behavior Therapy, 15*, 5-35.

Kazdin book (see weblinks to his clinical tools for assessment)

Dishion and Kavanagh book, Part II (Chapters 3, 4, and 5) and Appendix A

One of Dishion’s measures: McEachern, A. D., et al. (2012). "Parenting Young Children (PARYC): Validation of a Self-Report Parenting Measure." Journal of Child and Family Studies 21(3): 498-511.

Arnold, D. S., et al. (1993). "The Parenting Scale: A measure of dysfunctional parenting in discipline situations." Psychological Assessment 5(2): 137-144.

**2/26 D. Intervention with parent management training**

Kazdin book (Ch. 3, 4, and 5)

Dishion and Kavanagh book, Part III (Ch. 6, 7, and 8)

**Part III: Anxiety Disorders in children and adolescents:**

**Family processes, assessment, and interventions**

**3/5 A. Empirical evidence: Basic family processes**

McLeod BD, Wood JJ, Weisz JR. 2007. Examining the association between parenting and childhood anxiety: A meta-analysis. Clinical Psychology Review 27(2):155-172.

[more recent individual studies: Spokas & Heimberg (2009), Overprotective parenting, social anxiety, and external locus of control: Cross-sectional and longitudinal relationships. Cogn Ther Res, 33, 543-551. Found that college students’ recollection of overprotective and cold parenting predicted social anxiety cross-sectionally and an increase in social anxiety during first semester of college; external LOC partially mediated the cross sectional association;

Ingeborg, E., Lindhout, I., et al. (2009). Temperament and parental child-rearing style: Unique contributions to clinical anxiety disorders in childhood. European Child and Adolescent Psychiatry, 18 (7), 439-446. In a small study of 25 children with anxiety disorders and 25 controls, more parental neg affect and less encouraging independence of the child, along with child temperamental emotionality and shyness each accounted for unique variance in anxiety disorder.

Hadwin, J.A., Garner, M., Perez-Olivas, G. (2006). The development of information processing biases in childhood anxiety: A review and exploration of its origins in parenting Clinical Psychology Review In Anxiety of childhood and adolescence: Challenges and opportunities, Vol. 26, No. 7. , pp. 876-894, doi:10.1016/j.cpr.2005.09.004;

Budinger, M.C., Drazdowski, T.K., & Ginsburg, G.S. (2012). Anxiety –promoting parenting behaviors: A comparison of Anxious Parents with and without Social Anxiety Disorder. Child Psychiatry and Human Development, 1-7, doi:10.1007/s10578-012-0335-9;

Pahl, K.M., Barrett, P.M., Gullo, M.J. (2011). Examining Potential Risk Factors for Anxiety in Early Childhood. Journal of Anxiety Disorders, ???; “This study was one of the first to investigate potential risk factors for anxiety (i.e. behavioural inhibition, parental negative affect, parenting stress) and behavioural inhibition in early childhood. Examination of risk factors was achieved through structural equation modelling and based on mothers and fathers report of 236 preschool aged children (4 to 6 years) in Brisbane, Australia. The structural model was found to fit the data well. All direct predictors of early childhood anxiety were significant and behavioural inhibition partially mediated parent's negative affectivity and mother's parenting stress. Results highlight the unique contribution of both parents in the aeitology of early childhood anxiety and assist in informing the development of intervention and prevention programs for young children “]

Forehand, R., Jones, D.J., & Parent, J. (2013). Behavioral parenting interventions for child disruptive behaviors and anxiety: What's different and what's the same. Clinical psychology review, Vol. 33, No. 1., pp. 133-145, doi:10.1016/j.cpr.2012.10.010

**B. Empirical evidence: effectiveness of the treatments (students select and present one each of the following)**

Barmish, A.J. & Kendall, P.C. (2005). Should parents be co-clients in CBT for anxious youth? Journal of Clinical Child and Adolescent Psychology, 34, 569-581**.**

Suveg, C., Roblek, T.L., Robin, J., Krain, A. Ashenbrand, S., & Ginsburg, G. (2006). Parental involvement when Conducting Cognitive-Behavioral Therapy for Children with Anxiety Disorders. Journal of Cognitive Psychotherapy: An International Quarterly, 20 (3), 287 – 299.

Silverman, W.K., et al. (2009). Directionality of change in youth anxiety treatment involving parents: An initial examination. *Journal of Consulting and Clinical Psychology, 77 (3),*  474-485.

Silverman, W.K. et al. (2008). Evidence-based psychosocial treatments for phobic and anxiety disorders in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 37 (1)*, 105-130.

Kendall, P.C. (find recent work)

Compton, S. N., et al. (2010). "Child/Adolescent Anxiety Multimodal Study (CAMS): rationale, design, and methods." Child Adolesc Psychiatry Ment Health 4(1).

Bogels, S.M. & Siqueland, L. (2006). Family cognitive behavioral therapy for children and adolescents with clinical anxiety disorders. American Academy of Child and Adolescent Psychiatry, 45, 134-141.

Wood, J., et al. (2009). "One-Year Follow-up of Family versus Child CBT for Anxiety Disorders: Exploring the Roles of Child Age and Parental Intrusiveness." Child Psychiatry & Human Development 40(2): 301-316.

P. Barrett

**3/12 SPRING BREAK**

**3/19** C. Assessment and intervention with families of children with anxiety

Assessment of family processes with anxious children:

Ehrenreich, J., et al. (2009). "Assessment of Relevant Parenting Factors in Families of Clinically Anxious Children: The Family Assessment Clinician-Rated Interview (FACI)." Child Psychiatry & Human Development 40(3): 331-342.

Intervention:

Kendall, PC. Cognitive-behavioral therapy for anxious children therapist manual, 3rd edition. Ardmore, PA: Workbook Publishing; 2006. <http://www.workbookpublishing.com/product_info.php?cPath=21_26&products_id=32>

*(We’ll emphasize Kendall’s work, but there is also excellent work by Anne Marie Albano, programs related to Coping CAT (FRIENDS, the Silverman et al. transfer of control model, Beidel et al.'s SET-C, Katarina Mannassis et al., and others).*

Ferdinand, R.F., Barrett, P.M., & Dadds, M.R. (2004). Anxiety and Depression in Childhood: Prevention and Intervention. In T.H. Ollendick, (2004). Phobic and anxiety disorders in children and adolescents: A clinician's guide to effective psychosocial and pharmacological interventions. (pp. 459-475). London: Oxford University Press.

Silverman, W.K. & Ollendick, T.H. (2008). Child and adolescent anxiety disorders. In J. Hunsley & E.J. Mash (eds.), A guide to assessments that work (pp. 181-206). NY: Oxford University Press

(Note: there are some good books for parents also, such as those by Rapee et al. 2008 Helping Your Anxious Child 2d, A Step-by-Step Guide for Parents; a book by Chansky

**Part IV: Depression and Bipolar Disorders in children and adolescents:**

**Family processes, assessment, and interventions**

**3/26 A. Empirical evidence: Basic family processes**

Garber and Cole 2010 Intergenerational transmission, Development and Psychopathology, 819-830.

Hammen**,** C., Rudolph, K., Weisz, J., Rao, U., & Burge, D. (1999). The context of depression in clinic-referred youth: Neglected areas in treatment. *Journal of the American Academy of Child & Adolescent Psychiatry, 38*, 64-71.

Pike, A. et al. 1996. Family environment and adolescent depressive symptoms and antisocial behavior: A multivariate genetic analysis. Developmental Psychology, 32, 590-603.

*For bipolar:*

Miklowitz, D.J. (2004). The role of family systems in severe and recurrent psychiatric disorders: A developmental psychopathology view. *Development & Psychopathology, 16,* 667-688.

Optional: Morey and Mueser, K. (2007) The Family Intervention Guide to Mental Illness.  It's intended to educate family members of loved ones with mental illness. (I think it is published by New Harbinger)

**4/2 B. Empirical evidence: effectiveness of the treatments**

Cottrell, D. (2003). Outcome studies of family therapy in child and adolescent depression. *Journal of Family Therapy, 25*, 406-416.

Kolko, D.J., Brent, D.A., Baugher, M., Bridge, J., & Birmaher, B (2000). Cognitive and family therapies for adolescent depression: Treatment specificity, mediation, and moderation *Journal of Consulting and Clinical Psychology, 68(4)*, 603-614

Weisz JR, McCarty CA, Valeri SM. 2006. Effects of Psychotherapy for Depression in Children and Adolescents: A Meta-Analysis. *Psychological Bulletin 132(1):*132-149.

Luby, J. et al 2012 in J Child Psychology and Psychiatry;

*For kids or adolescents with bipolar disorder:*

Pavuluri, M.N., Graczyk, P.A., Henry, D.B., Carbray, J.A., Heidenreich, J., & Miklowitz, D.J. (2004). Child- and family-focused cognitive-behavioral therapy for pediatric bipolar disorder: Development and preliminary results. *Journal of the American Academy of Child & Adolescent Psychiatry, 43,* 528-537. Or the 2008 (September) Miklowitz study in Archives or papers by Eric Youngstrom.

**4/9 C. Assessment and intervention with families of children with depression**

Ferdinand, R.F., Barrett, P.M., & Dadds, M.R. (2004). Anxiety and Depression in Childhood: Prevention and Intervention. In T.H. Ollendick, *(2004). Phobic and anxiety disorders in children and adolescents: A clinician's guide to effective psychosocial and pharmacological interventions. (pp. 459-475).* London: Oxford University Press*.*

Stark, K.D., Sander, J.B., Yancy, M.G., Bronik, M.D., & Hoke, J.A. (2000). Treatment of depression in childhood and adolescence: Cognitive-behavioral procedures for the individual and family. In P.C. Kendall, (Ed). *Child & adolescent therapy: Cognitive-behavioral procedures (2nd ed.). (pp. 173-234).*

The Stark manual

**4/16 Catch up and class presentations; papers due**

**4/23 class presentations**

**Additional References**

**ADHD:**

Fabiano, G.A. (2007). Father participation in behavioral parent training for ADHD: Review and

recommendations for increasing inclusion and engagement. Journal of Family Psychology, 21, 683-693.

**Drug abuse:**

Santisteban, D. A. and M. P. Mena (2009). "Culturally Informed and Flexible Family-Based Treatment for Adolescents: A Tailored and Integrative Treatment for Hispanic Youth." Family Process 48(2): 253-268.

Sirocco, K. Y., Lynne-Landsman, S. D., & Boyce, C. A. (2012). Developmental Cognitive Neuroscience to Inform Cognitive-Control Interventions for Drug Abuse: Introduction to the Special Section. Child Development Perspectives, 6(4), 351-353. doi: 10.1111/cdep.12002

Winters KC, Botzet AM, Fahnhorst T. (2011) Advances in Adolescent Substance Abuse Treatment. Curr Psychiatry Rep.

**Comorbidity:**

also findings from the MTA Study in which comorbid child anxiety moderated treatment outcome in youth with ADHD (i.e., youth with comorbid anxiety did better in behavior therapy [see Arch Gen Psychiatry, 1999, 56:1088-1096 and more recent studies]

**Schizophrenia:**

Addington, J., Piskulic, D., & Marshall, C. (2010). Psychosocial Treatments for Schizophrenia. Current Directions in Psychological Science, 19(4), 260-263. doi: 10.1177/0963721410377743

General:

Ingoldsby, E.M. (2010). Review of interventions to

improve family engagement and retention in parent

and child mental health programs. Journal of

Child and Family Studies. www.springerlink.com/

content/a878212x2v162917/

Children’s Evidence Based Practices Expert Panel – Update (12/15/06): [http://www.dshs.wa.gov/pdf/dbhr/mh/childrens\_ebp\_expert\_panel\_report\_final\_2[1].pdf](http://www.dshs.wa.gov/pdf/dbhr/mh/childrens_ebp_expert_panel_report_final_2%5b1%5d.pdf)