UNC-Chapel Hill School of Education
EDUC 719B: Behavioral Intervention in Counseling and School Psychology
School Psychology Program
3 semester hours

Steve Knotek, Ph.D.
Office: Peabody Hall
Phone: 843-2049
Email: sknotek@email.unc.edu

**Course Description:** The context and delivery of treatment, intervention, and prevention services in schools will be presented. Content will be presented on types of treatments for child and adolescent disorders with an emphasis on prevention and intervention efforts at the individual, school/family, and systems level. The instructor uses problem solving as a model for professional research and practice in the area of intervention. Conducting an empirically based intervention in the schools is an expectation of the course.

We will be busy!

This course is an advanced graduate course requiring a basic background in theory and methods of intervention. Prerequisite EDUC-719A or permission of instructor.

**Course Goals:**
- Gain an understanding of population-based approaches to promoting competence in children
- Understand abnormal psychology from a bio, psycho, social perspective
- Learn diagnostic criteria of major childhood disorders
- Become aware of treatment and prevention approaches associated with the “whole child” as well as with students with specific disorders
- Understand the effects of maltreatment on children and know the mandated reporting procedures
- Learn how to conduct clinical interviews with children, teachers, and parents regarding students’ social and emotional functioning
- Learn the basics of cognitive-behavioral techniques
- Conduct an empirically based intervention in your school site, focusing on an “adjustment” issue with a student. (Adjustment issues only – the intervention is not to be with students who have been diagnosed with or who may have an AXIS I or AXIS II problem)

**Standards and Principles:**
*School Psychology – APA: CB 3.1, 3.3, 3.4, AB 3.1, 3.3, 3.4; NASP: 2.3, 2.4, 2.5, 2.7*
Requirements and Grading: The following tasks and exercises are included in the course to support your understanding and synthesis of the class materials and readings.

1. **Classroom participation**: Throughout the term we will be engaging in a variety of in-class activities. For these activities to be effective and support your acquisition of knowledge, it is critical that everyone: a) do the assigned reading before class; b) complete any special assignments that have been made; and c) feel free to participate. Your presence in class and your active participation are expected. In the class-participation category I give exemplary marks to students who are thoughtful, active and consistent in class. Thoughtful means that as an individual you are using reasoned thinking in class and as a member of class groups you are supportive and engaged. (All your comments and questions don't need to be "brilliant", often many of the "best" questions are the ones everybody is silently thinking to himself or herself.) Active means that you ask questions and complete in-class assignments. (I understand that talking in-groups or in class can be difficult for some people and I will encourage class members to be respectful listeners.) Consistent means that you have regular attendance and are usually thoughtful and active. (We all have bad days.) (20 points)

2. **Group Reflection**: Each week at least one or two class members will post their reflections on the weekly readings on the Blackboard community discussion board. The rest of the class will then reflect on the reflection. Each person’s first response should be at least one-half page each. There are no limitations on the length of subsequent postings. (10 points)

3. **Diagnostic Interview**: You will complete and write a report for two clinical interviews. (15 points)

4. **Suicide Risk Screening**: You will videotape a mock interview of a pretend student who has been referred to you for suicide risk screening. Report and reflection will be included. (15 points)

5. **CBT Analyses**: You will use cognitive-behavioral techniques to help two students deal with a narrow school-based issue. These children should be experiencing some minor difficulty in school and you will meet with them 2-4 times. Provide an overview of your actual interventions, see assignment sheet for further details. (25 points)

6. **Final**: Reflection on the case analyses and your professional development. Please see guidelines. (15 points)

The grading system for UNC graduate students employs three passing grades and one failing grade. The evaluation system for the course includes both assignment points and rubric scores. Your final course grade will employ the UNC grading system (H-F) and be based upon your cumulative assignment points. Rubric scores are used for external
evaluation of course outcomes. Because not all assignments will be used for external evaluations, some will only be awarded points, while those assignments that are also used for external evaluations will have both points and rubric scores (e.g., 15-14/Exemplary (2 pts)).

<table>
<thead>
<tr>
<th>UNC Course Grades</th>
<th>Total Assignment Points</th>
<th>Rubric Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>H - Clear excellence</td>
<td>100-95</td>
<td>2</td>
</tr>
<tr>
<td>P - Entirely satisfactory</td>
<td>94-84</td>
<td>1</td>
</tr>
<tr>
<td>L - Low passing</td>
<td>83-78</td>
<td>0</td>
</tr>
<tr>
<td>F – Fail</td>
<td>&lt;78</td>
<td>0</td>
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Texts:

*Everyone must complete the assigned readings from these texts before the indicated class session.*

Fostering Child & Adolescent Mental Health Walker (W)
Clinical Interviews for Children and Adolescents McConaughy (Mc)
Therapeutic Exercises for Children Friedberg (F)
Treating Depressed Children Dudley (D)
Helping Students Overcome Depression and Anxiety: A Practical Guide Merrell (M)
Academic Skills Problems Workbook Shapiro (S)
DSM-IV Diagnosis in Schools House (H)
Transforming School Mental Health Doll (D)

Assigned Readings:

Additionally, articles for weekly reflections will be available on the course Blackboard.

**Topic Outline**

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings</th>
</tr>
</thead>
</table>
| 1/15   | Introduction           | Chapter
Kozol, Jonathan (1991). Life on the Mississippi (Ch. 1), in *Savage Inequalities*

| 1/22   | Developmental Psychopathology | Text
Transformation School Mental Health Services, Ch 1., Why Population-Based Services Are Essential for School Mental Health, and How to Make Them Happen in Your School, Beth Doll and Jack A. Cummings

|       | | Article
**Internalizing Disorders**

2/5  **CBT**

*Helping Students Overcome Depression and Anxiety: A Practical Guide, Ch 5.*, Changing Thoughts and Beliefs

*Therapeutic Exercises for Children, Section 1*, Self Monitoring and Priming Exercises

Article

School Mental Health Project, (2001). *Framing New Directions for School Counselors, Psychologists, & Social Workers*, Center for Mental Health in Schools, UCLA.

2/12  **CBT/Depression**

*Helping Students Overcome Depression and Anxiety: A Practical Guide, Chs. 1-2*, Understanding Depression and Anxiety in Children and Adolescents, How Depression is Maintained.

*Therapeutic Exercises for Children, Sections 2-3*, Priming Exercises and Self Instruction

*DSM-IV Diagnosis in Schools, Ch. 5*, Emotional Symptoms (Internalizing Problems)

*Fostering Child and adolescent Mental Health, Ch. 5*, Mood Disorders: Major Depressive Disorder, Dysthymic Disorder, and Bipolar Disorder

Articles


2/19 **Cognitive Behavioral Texts**

**Start Interventions**
*Helping Students Overcome Depression and Anxiety: A Practical Guide, Ch. 4, Comprehensive Intervention Programs for Depression*
*Fostering Child and adolescent Mental Health, Ch. 5, Mood Disorders: Major Depressive Disorder, Dysthymic Disorder, and Bipolar Disorder*
*DSM-IV Diagnosis in Schools, Ch. 5, Emotional Symptoms (Internalizing Problems)*

**Article**

2/26 **Anxiety Disorders & Interviewing Texts**

**Helping Students Overcome Depression and Anxiety: A Practical Guide, Ch. 2, How Depression and Anxiety are Maintained**
*Fostering Child and adolescent Mental Health, Ch. 6, Childhood Anxiety Disorders*
*DSM-IV Diagnosis in Schools, Ch. 5, Emotional Symptoms (Internalizing Problems)*
*Clinical Interviews for Children and Adolescents, Chs. 1-3, Clinical Interviews in the Context of Multimethod Assessment, Strategies for Child Clinical Interviews, Clinical Interviews with Children: Talking about Activities, School, and Friends*

**Articles**

3/4 **Interviewing & Suicide Intervention Texts**

*Clinical Interviews for Children and Adolescents, Chs. 8-9, Assessing risk for Suicide, Assessing Youth Violence and Threats of Violence in Schools: School-Based Risk Assessments*
*Fostering Child and Adolescent Mental Health, Ch 9, Self-Injury and Suicide” Transformation School Mental Health Services, Ch 9, School-Wide Approaches to Prevention of and Intervention for Depression and Suicidal Behaviors*

**Articles**
Center for Mental Health in Schools, *Screening Mental Health Problems in Schools, School Mental Health Project, Dept. of Psychology, UCLA*
Prevention Division of the American Association of Suicidology (1999). *GUIDELINES FOR SCHOOL BASED SUICIDE PREVENTION PROGRAMS*

3/11  
*No Class Spring Break*

3/18  
*Eating Disorders & Substance Abuse*  
**Texts**

**Interview One due**

*Fostering Child and adolescent Mental Health, Ch. 9, Anorexia Nervosa, Bulimia Nervosa, and Obesity*

*Clinical Interviews for Children and Adolescents, Ch. 4, Clinical Interviews with Children: Talking about Family Relations, Self-Awareness, Feelings, and Adolescent Issues”*

*Transformation School Mental Health Services, Ch. 4, Partnering With Families to Enhance Students’ Mental Health*

*DSM-IV Diagnosis in Schools, Chs. 6-7, Substance-Related Problems, Other “Addictive” Behaviors, and Harmful Environmental Effects, and Highly Focused Symptom Patterns*

**Articles**


**Externalizing Disorders**

3/25  
*Conduct Disorder*  
**Texts**

*Fostering Child and Adolescent Mental Health, Chs. 8, 10, Oppositional Defiant Disorder and Conduct Disorder*

*Clinical Interviews for Children and Adolescents, Ch. 5, Interviews with Parents*

*Transforming School Mental Health Services, Chs. 5, 8, School-Wide Approaches to Behavior Problems, and School-Wide Approaches to Intervention for School Aggression and Bullying*

**Article**

4/1  ADHD  

**Interview Two due**

*Fostering Child and adolescent Mental Health, Ch. 7, Attention Deficit Hyperactivity Disorder*

*Clinical Interviews for Children and Adolescents, Ch. 6, Interviews with Teachers*

*DSM-IV Diagnosis in Schools, Ch. 10, Personality Disorders*

**Articles**

School Mental Health Project (2000). *Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together*, Center for Mental Health in Schools, UCLA.


**School Level Services**

4/8  Transforming

*Transformation School Mental Health Services, Ch. 6.*, Response to Intervention: A School-Wide Approach for Promoting Academic Wellness for All Students

**Articles**


School Mental Health Project, *Dropout Prevention*, Center for Mental Health in Schools, UCLA.


4/15  Diversity

**Due: Field Experience & Analyses**

*Transformation School Mental Health Services, Ch 11*, School-Wide Approaches to Addressing Barriers to Learning and Teaching

**Article**

Summary
Transformation School Mental Health Services, Ch. 12., Getting from Here to There

Articles


Final: *Reflections due the date of the course’s UNC final exam time period*
A. Group Reflections

In order to get the most out of the reading for this course and to make the best use of our collective time, we will keep a group reflection notebook on Blackboard where we record important reading selections and explore them in writing.

In addition to fostering a habit of close and active reading that will inform our class discussions, I anticipate that this notebook will grow into a useful catalogue of ideas and citations that will aid your integration of the information from this class with your personal experiences with problem-solving and professional development. There will be two roles for each Group Reflection: (a) Moderator and (b) Responders – the rest of the class.

Instructions for the weekly moderator(s):

1. As you make your way through the assigned readings for your week, pay attention to the places in the readings that grab your attention. You may want to highlight these spots, or make a note of the page number and the article, chapter, etc.

2. Choose a passage from the reading that feels like it’s the most important or most compelling to you. (It may be compelling in either a positive or negative way – don’t be afraid to choose a passage to which you are resistant. Sometimes the richest learning comes from exploring that which is uncomfortable or troublesome to us.)

3. Copy the passage into your moderator’s reflection on the community discussion board. Cite the author, article/book, and page number. Beneath the passage, describe your response to the passage, and explain why you’ve selected it. Then explain how you see your selected passage in relation to the rest of the chapter/articles, and/or your professional values and beliefs. Your initial reflection, excluding the author’s quote should be between one to two pages, and your summary reflection (see below) should be at least one page in length.

Posting on the Community Discussion Board

4. After the week’s Moderator(s) has posted his/her reflection, we will all then contribute to the discussion(s) as Responders. We will continue the Blackboard discussion in the following way:
a) After the Moderator posts his/her initial reflection (by Wed evening of his/her week), the Responders (the rest of us) will post our reflection on the reflection by Sunday morning.

b) The Moderator will then write a final response which he/she will share in class the next week.

Evaluation

Moderator Reflection Points

<table>
<thead>
<tr>
<th>Reflection (50%)</th>
<th>10-9.5</th>
<th>9.5-8.5</th>
<th>&lt;8.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implications for Professional Practice: So What? (50%)</td>
<td>Reflect on how the passage was congruent/incongruent with your understanding of student's/teacher's/school's needs.</td>
<td>Some reflection without detailed descriptions.</td>
<td>Cursory description of the process</td>
</tr>
<tr>
<td>Integration of theoretical and practical concerns. Reflection exhibits complex thinking about the conceptual and practical linkages to improved professional practice.</td>
<td></td>
<td></td>
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B. Diagnostic Interview (DI)

You will complete and write a report of one clinical interview with a parent (Appendix 5.1, McConaughy) or teacher (Appendix 6.1, McConaughy). The interviewee should be from your field-site. Please make arrangements for the exercise with your mentor at the beginning of the semester. You may want to combine this exercise with other assessment or intervention assignments due this term. At the completion of the interview you will do a self-assessment using the DI checklist (modified from Sattler, 1998, p. 215). Additionally, you will write a summary of your assessment and provide a two page reflection of the process. The self-assessment and reflection will be turned in for grading.

Evaluation

Diagnostic Interview Assignment/Rubric Points

<table>
<thead>
<tr>
<th>Self-Assessment (50%)</th>
<th>15-14/ Exemplary (2)</th>
<th>13-10.5/ Proficient (1)</th>
<th>&lt;10.5/ Unsatisfactory (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critically assess your interviewing strengths and biases/errors. Provide a critique of your interview. Discuss how interview theory guided your evaluation of your interview.</td>
<td>Provide a concise summary of your interview. Describe how interview linked to client’s issues</td>
<td>Superficial summary</td>
<td></td>
</tr>
</tbody>
</table>

| Reflection (50%) | Describe how the interview provided you with insight into the client's referral issues AND reflect on how interviewing may inform |
|------------------|------------------------------------------|------------------------|
| Describe how interview linked to client’s issues | Cursory description of the process |
the problem-solving process.

**C. Suicide Risk Screening (SRS)**

You will videotape two mock interviews of pretend students who have been referred to you for suicide risk screening. In one interview session you will use the SISRS format (Appendix 8.1, McConaughy) and in the other the BSRAQ format (Appendix 8.2, McConaughy). After each interview you will do a self-assessment using the SRS assignment checklist (modified from Sattler, 1998, p. 215). Additionally, you will write a summary of your assessment and provide a two page reflection on the process. The video tape, self-assessment and reflection will be turned in for grading.

**Evaluation**

**SRS Interview Assignment/Rubric Points**

<table>
<thead>
<tr>
<th>15-14/ Exemplary (2)</th>
<th>13-10.5/ Proficient (1)</th>
<th>&lt;10.5/ Unsatisfactory (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflection (50%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critically assess your interviewing strengths and biases/errors. Provide a critique of your interview. Discuss how suicide interview theory guided your evaluation of your interview.</td>
<td>Provide a concise summary of your interview</td>
<td>Superficial summary</td>
</tr>
<tr>
<td>Current Performance in Observable Terms from SRS Checklist (50%)</td>
<td>Accurately describe your skills AND reflect on how you might adapt them to clients of differing developmental, ethnic and social backgrounds</td>
<td>Accurately describe skills</td>
</tr>
</tbody>
</table>

**D. CBT Field Experience**

**Client Selection**

Client selection is an important aspect of any school-based intervention. The school psychologist must work within the range of his or her expertise and within the mission of the institution.

**Goals**

Your goals with your two students this semester are necessarily be limited in scope and time. The focus of your intervention this term should be in supporting a student’s school-based functioning through the use of a cognitive strategy. You are not providing psychotherapy and should not assume the role of providing primary treatment for any Axis I or Axis II diagnosis (DSM-IV). Further, for this course, you should not accept a client who is actively suicidal, homicidal or suffering from post-traumatic distress.
**Supervision**

Before and after each meeting with your student(s) you will discuss the experience with both your mentor and UNC supervisor. Additionally, you will hand in a one page summary of each session to your course instructor at the next class meeting. Please call your course instructor at any time if you have any questions or concerns about any aspect of the intervention.

**Mandated Reporting**

*IMPORTANT*: IF AT ANY TIME DURING YOUR WORK WITH A STUDENT YOU HAVE CONCERNS THAT S/HE IS A DANGER TO HER/HIS SELF OR OTHERS, OR IS BEING ABUSED OR NEGLECTED: REPORT THIS INFORMATION IMMEDIATELY (BEFORE THE STUDENT LEAVES CAMPUS) TO YOUR SITE SUPERVISOR AND TO YOUR COURSE INSTRUCTOR (BEFORE THE END OF DAY.)

**Field Experience Summary Analyses**

You will provide a written summary of your intervention for each student. Fully address each of the following components:

1. An overview of the nature of the case.
   a. Social-Emotional Assessment (from worksheet 3.1 Merrell)
   b. Strategies attempted with a rationale for strategy selection (Steps 1-4, Chapter 5 Merrell)
      i. Awareness of Emotional Variability
      ii. Detecting Automatic Thoughts
      iii. Evaluating Automatic Thoughts
      iv. Changing Negative Automatic Thoughts
   c. Summary

**CBT Assignment/Rubric Points**

<table>
<thead>
<tr>
<th>Field Experience (20%)</th>
<th>25-23/Exemplary (2)</th>
<th>22-18/Proficient (1)</th>
<th>&lt;18/Unsatisfactory (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Psychology – APA: CB 3.1, 3.3, 3.4, AB 3.1, 3.3, 3.4; NASP: 2.3, 2.4, 2.5, 2.7</td>
<td>Provide a summary and rationale for your interventions. Discuss the critical links between theory and practice that guided your adoption of the CBT model</td>
<td>Provide a concise summary of your use of the CBT model</td>
<td>Superficial summary, no theory to practice links</td>
</tr>
</tbody>
</table>

**Implications for Professional Practice: Personal experience – So What? (40%)**

School Psychology

Reflected on how the practice of CBT was congruent/incongruent with your understanding of student’s needs. Include detail for each phase of the process. Some reflection without detailed descriptions. Cursory description of the process.
What use might CBT have for professional practice? Integrate theoretical and practical concerns. Some reflection with concrete examples, little speculation or clarification. Cursory description of professional outcomes.

Reflection exhibits complex thinking about the conceptual and practical linkages to improved professional practice.

E. Final

The final assignment for the course will be a reflection on your CBT Field Experience. You may use content and ideas from your analyses, however, this is to be a more formal, summative, and interpretive process. Please include the following:

I. Field Experience Components
   A. Social-Emotional Assessment (from worksheet 3.1 Merrell)
   C. Strategies attempted with a rationale for strategy selection (Steps 1-4, Chapter 5 Merrell)
      (a) Awareness of Emotional Variability
      (b) Detecting Automatic Thoughts
      (c) Evaluating Automatic Thoughts
      (d) Changing Negative Automatic Thoughts
   D. Summary

II. Implications for Practice
   A. So What? Personal - How did the process and outcome of the intervention mesh with your expectations?
   B. So What? Professional – What use might this direct intervention have for professional practice in your field? Discuss this based upon an integration of relevant theory/practice concerns for your field.
Evaluation

Assignment Points/Rubric Score

- <12/0: Partial proficiency, minimal compliance. Submit reflection with little description and minimal analyses.
- 13-12/1: Proficient, adequate compliance. Submit reflection with concrete descriptive narrative. Little clarification or speculation.
Student Information Sheet

Name:       Phone Number:

Program:    Email:

Field Placement:

Describe your prior instruction/experience in communication skills, consultation, counseling, group process, system intervention.

What are your professional goals?

What do you hope to get out of this course?

What are your concerns about this course?
A close friend of yours, Frank, recently shared that he is involved in an affair with a co-worker and believes he is falling in love with her. You are aware painfully aware of this situation when your friend’s spouse, Betsy, who you are also close to, tells you that she suspects Frank is having an affair, and wants to meet with you to discuss what to do.

You decide to consult with your friend ___________ because he/she is an expert on relationships. (He/She is known to watch Oprah and have read Men are from Mars, Women are from Venus.)

After the Consultation session please reflect on the following:

1. Describe your reaction to the experience both as either the consultee of the consultant.
2. Reflect upon the following questions – What allows you to accept another’s input? When you have a personally difficult problem what do you want from other people? How can other people best assist you?
A friend of yours has asked to meet with you to consult about a personal matter. Because you are known to be an expert in marital affairs and all matters personal you agree to talk with him/her and give your opinion(s).

Interviewer Directions

Consultant: Give advice because you are the expert – tell them what you feel their friend’s problem is, tell them how to solve it. Take charge of the situation and tell your friend how to solve the problem.

3. Examples of potential consultant directives: Why are they in the affair?, What was your friend thinking? People who have affairs are just asking for trouble, Couldn’t he/she just control themselves? Listen, you need to set your friend straight and get them to stop this horrible activity. This is what you should do for your friend -- Tell them to stop immediately, tell them that they are hurting their children/spouse, Ask them how damaging they are being to everyone they know. Tell them to pay more attention to their spouse’s needs for a change and ask them how they will begin to do this.)

After the Consultation session please reflect on the following:

4. Describe your reaction to the experience both as either the consultee of the consultant.
5. Reflect upon the following questions – What allows you to accept another’s input? When you have a personally difficult problem what do you want from other people? How can other people best assist you?
A friend of yours has asked to meet with you to consult about a personal matter. Because you are known to be a good listener, and are considered to be reflective and non-judgmental by your peers you agree to listen to your friend.

Interviewer Directions

Interviewer – Ask questions to help your friend clarify the situation and have your friend think through how/if he/she can be helpful to their friend who is in crisis.

6. Examples of potential consultant questions/communications:
   • Please summarize for me what your friend has told you
   • How do you feel about this?
   • What possible role do you have in this?
   • What do you think your responsibilities are?
   • Ask clarifying questions… “I hear you saying that …”

After the interview please reflect on the following:

7. Describe your reaction to the experience both as either the consultee of the consultant.

8. Reflect upon the following questions – What allows you to accept another’s input? When you have a personally difficult problem what do you want from other people? How can other people best assist you?
A close friend of yours, Marge, recently shared that she only has enough money saved to send one of her two children to college. It has been a family tradition that all male children go on to higher education, and her husband, Homer insists that “my little guy needs to go to that whatyoumacallit college thingie so, I can show my boss Smithers what we are made of.” However, her son Bart, is a very poor student and is not very motivated. Also, her daughter Lisa is an A student who is very intellectually curious, and desperately wants to get a college degree. You are aware painfully aware of Marge’s need to please her husband “Homie.” Marge has called you to ask for your advice on what to do. You are quite upset because you believe that men should be given priority to go to college, yet Marge wants you to be “objective.”

You decide to consult with your friend ___________ because he/she is an expert on relationships. (He/She is known to watch Oprah and have read Men are from Mars, Women are from Venus.)