University of Florida
College of Public Health & Health Professions Syllabus
CLP 7934: Child and Family Treatment (3 credit hours)
Fall 2014
Blended/On-Campus
E-Learning in Canvas

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Preferred Course Communications: Email

PURPOSE AND OUTCOME

Course Overview

The purpose of this course is to introduce you to evidence-based practice in the area of child and family-based therapy for a variety of childhood psychological disorders and family difficulties. Concepts of case conceptualization, assessment, measurement of treatment outcomes, cultural diversity, and ethics will be woven throughout the course. We will review in detail evidence-based practice approaches for the most common childhood psychological disorders. We will discuss and practice general clinician skills (e.g., how to conduct a clinical interview; building rapport with children of varying ages) that are integral in child and family treatment. In addition, process issues, caveats in using manualized treatments, modular treatment, and other relevant topics will be reviewed.

Course Objectives and/or Goals

Upon successful completion of this course, students will be able to incorporate evidence-based practice into child and family assessment and treatment for a variety of childhood psychological disorders and family difficulties. Students will utilize a high level of clinical skill to assess presenting concerns, engage in ongoing case conceptualization and treatment planning, accurately prescribe an empirically supported treatment, and develop a working therapeutic alliance with children and their families. Students will be able to appraise individual, family, environmental, social, and situation factors that impact presenting concerns, case formulation, treatment planning, and treatment efficacy.
Students will be able to:

1.0 Apply knowledge of childhood psychological disorders, including prevalence, course, and etiology, to case conceptualization, treatment planning, and selection of empirically supported treatment approaches.

- 1.1 Evaluate empirically supported treatments for a variety of childhood psychological disorders
  - 1.1.1 Compare and contrast empirically supported treatments
  - 1.1.2 Discuss establishment of empirically supported treatments
  - 1.1.3 Identify potential difficulties in dissemination of empirically supported treatments

2.0 Integrate knowledge of empirically supported treatments and evidence-based practice, including empirical bases of assessment, intervention, and other psychological applications, clinical expertise, and client preferences to inform treatment for a variety of childhood psychological disorders.

2.1 Differentiate between childhood psychological disorders based upon data gathered in a clinical interview, observations, and assessments
2.2 Adjust data gathering, conceptualization, and treatment methods based upon presented concerns and ongoing data received

3.0 Appraise individual, family, environmental, social, and situational factors that may influence the presence of childhood psychological disorders, case conceptualization, treatment planning, and treatment efficacy.

3.1 Assess individual, family, environmental, social, and situational factors in a clinical interview
3.2 Discuss how individual, family, environmental, social, and situational may impact treatment progress and efficacy.

Instructional Methods

Introduction to Blended Learning
A Blended Learning class uses a mixture of technology and face-to-face instruction to help students maximize their learning. Blended learning typically involves multiple technologies such as E-Learning systems, online video, and web assignments for the communication of information. Knowledge content that would have traditionally been presented during a live class lecture is instead provided online before the live class takes place. This allows more of the face-to-face time to focus on the higher levels of learning. These rich interactions with the instructor can be used to help students think critically, obtain expertise, and practice clinical reasoning.

Why Blended Learning?
Because health professions highly value the professionals' clinical skills and ability to interpret information in addition to what they know, passive engagement with presentations and rote learning do not adequately prepare students for their respective professions. Blended Learning prepares students for the rigorous requirements of health professions by creating meaningful student/teacher and peer interactions centered in problems and skill sets that resemble those likely to be experienced in the student's chosen field.

What Does It Mean for Students?
Students are expected to come to class prepared by completing all out-of-class readings and assignments. The coursework outside of class typically lays a foundation of knowledge or gives students practice needed to engage in higher levels of learning during live class sessions. During the face-to-face class time, students practice critical skills used by health professionals – critical thinking, problem solving, collaborating, and/or applying concepts gained from the out-of-class assignments to real-world examples. If students are not prepared for the face-to-face sessions, they will likely struggle to reach the higher learning goals of the course. When students come prepared, they can be active participants throughout the blended learning course experience, which will help them master course material and maintain what they have learned beyond the end of the course.

DESCRIPTION OF COURSE CONTENT

Topical Outline/Course Schedule

Week	Date(s)	Topic(s)	Readings
1	8/25	**Evidence-based Treatments** • Introduction to Course • Empirically Supported Treatments (ESTs) • Evidence-based Practice	Roberts & James (2008) Chambless & Hollon (1998) Guyatt et al. (2008) Weisz et al. (2013) Chorpita et al. (2011)

Week	Date(s)	Topic(s)	Readings
	8/27	**Canvas and ESTs** • Canvas Community Building • Canvas Discussion - Problems (and hopefully solutions) with ESTs?	Bernal et al. (2001) Westen et al. (2004)
2	9/1	**Labor Day – No Class!**	
	9/3	**Evidence-based Treatments (Continued)** • Flexibility in Empirically Supported Treatments? • Canvas Discussion - Modular Treatments: Necessary Ingredients?	Chorpita (2007) Chorpita et al. (2005) Weisz et al. (2012)
3	9/8	**Habit Disorders** • Habit Reversal Training	Christophersen & Mortweet (2001)
	9/10	**Clinical Interviewing** • Clinical Interviewing • Therapeutic Alliance • Assignment - Clinical Interviewing Reflection	Shirk & Karver (2006) Somers-Flanagan & Somers-Flanagan (2003) Chapters 3 & 11
4	9/15	**Treatment Planning** • Clinical Interviewing Continued • Assessment • Case Conceptualization	Persons & Davidson (2001) Cully & Teten (2008) Module 4 Linehan (1993)
	9/17	**Behavior and Cognition Assessment** • Assignment - Behavior and Cognition Assessment	
5	9/22	**CBT Basics for Children & Adolescents** • Explanation of CBT • Identifying and Connecting Thoughts, Feelings, & Behavior • Socratic Questioning	Albano Video Friedberg & McClure (2002)
	9/24	**CBT Practice** • Assignment - CBT Homework Exercise	

6	9/29	**Child & Family Treatment Basics**
		• Commonly used strategies
		  ○ Communication Skills
		  ○ Problem Solving Skills
			Robin & Foster (1989)

	10/1	**Common Difficult Child & Family Treatment Situations** • Divorce/Separation • Low Engagement in Treatment • Canvas Discussion – Reengaging Parents in Treatment	Emery Video Chorpita et al. (2007)
7	10/6	**Oppositional Defiant Disorder & Attention-Deficit Hyperactivity Disorder** • Parent Management Training • Medication, Therapy, or Both for ADHD?	Barkley (1997) McMahon & Kotler (2008) Eyberg et al. (2008) Pelham (1999) Fabiano et al. (2009) Sibley et al. (2014)
	10/8	**Conduct Disorder & Aggressive Behavior** • Multisystemic Theapsy • The Incredible Years • Canvas Discussion – Engaging Schools in Treatment	Boxer & Frick (2008) Henggeler (1995) van der Stouwe et al. (2014) Webster-Stratton & Reid (2010)

Week	Date(s)	Topic(s)	Readings
8	10/13	**Depression** • Treatment Strategies • Suicidality/Risk Assessment	Curry & Becker (2008) Reinecke et al. (2009) Jacobson & Mufson (2010) Miller et al. (2004) Weersing & Brent (2010)
	10/15	**Medications and Treatment Refractory Depression** • Antidepressant Medication • Strategies for Treatment Resistant Patients	Goodman et al. (2007) Curry & Becker (2009) Brent et al. (2008) Brent et al. (2009)
9	10/20	**Midterm** • Class Midterm Oral Case Study	
	10/22	• Midterm Class Evaluation	
10	10/27	**School Consultation** • Assignment - School Consultation Questions for Dr. Wiens	Schultz et al. (2004)
	10/29	**Guest Lecture – Dr. Wiens** • Exceptional Student Education (ESE) • Response to Intervention (RTI)	Resources on Canvas
11	11/3	**Guest Lecture – Dr. Radonovich** • Autism Spectrum Disorders	Kanner (1943) Autism Speaks Autism Treatments
	11/5	**Autism Spectrum Disorder** • Applied Behavior Analysis • Social Skills Training • Vaccinations	Hviid et al. (2003) Virues-Ortega (2010) Ozonoff & Miller (1995)

12	11/10	**Posttraumatic Stress Disorder**
		• Trauma Focused CBT
		  o Training Discussion
		  o CBT Exercises
			Cohen et al. (2000)
			Cohen et al. (2010)

	11/12	**Trauma-Focused CBT Training**	TF CBT Training Certificate Due
13	11/17	**Anxiety Disorders** • Types of Anxiety Disorders • Anxiety Psychoeducation	Silverman & Pina (2008) Ollendick & Pincus (2008) Franklin et al. (2010) POTS I (2000) Franklin et al. (2011) POTS II
	11/19	**Anxiety Disorders Treatment – Part I** • Building a Fear Hierarchy • Assignment – Building a Fear Hirearchy	Chorpita (2007)

14	11/24	**Anxiety Disorders Treatment – Part II**
		• Core Treatment Components Continued
		  o Exposure
		  o Cognitive Restructuring
			Chorpita (2007)
			March & Mulle (1998)

	11/26	**Thanksgiving – No Class!**	
15	12/1	**Relaxation Training** • Progressive Muscle Relaxation • Passive Muscle Relaxation	PMR Script Relaxation Resources
	12/3	**Diversity in Child & Family Treatment** • Efficacious Treatment for Minority Youth • Cultural Tailoring in Treatments • Future Directions	Huey & Polo (2008) Huey & Polo (2010) Kotchick & Grover (2008)

Week	Date(s)	Topic(s)	Readings
16	12/8	**Child & Family Treatment Roundtable** • Diversity Discussion • Clarification of Course Material • Class Feedback	
	12/10	**Final Exam** • Oral Case Study	

ACADEMIC REQUIREMENTS AND GRADING

Assignments

1. Canvas Discussion - Problems (and hopefully solutions) with ESTs? (25 points)
   Students will have reviewed how treatments are classified as empirically supported and the movement of psychology towards evidence-based practice. As indicated in class discussion and readings, although this movement has numerous benefits, it is not without some challenges. Several criticisms or qualifications of the evidence-based practice movement were enumerated in the Bernal et al. (2001) and Westen et al. (2004) articles. Taking into account the pros and cons of empirically supported treatments and evidence-based practice, please answer the following questions.

   Initial Post
   1 - Which con or barrier to further advancing the evidence-based practice initiative was the most interesting or surprising to you? Why?
   2 - What are some potential solutions for the barriers to empirically supported treatments and the advancement of evidence-based practice? Indicating that additional research is needed is fine, however, please be specific. What types of studies? With what population? At what location? Also, think outside a research-limited framework. What are potential solutions on a more macro or societal level?
   3 - In a related vein, if the field of psychology is interested in further dissemination of empirically supported treatments how do you suggest we do so?

   Response Post
   1 - Please respond to a peer's post with your thoughts about their response. How is their solution or method for dissemination of ESTs similar or different from yours? Do you agree or disagree with their potential solutions? Why or why not?

2. Canvas Discussion - Modular Treatments: Necessary Ingredients? (25 points)
   Chorpita et al. (2005, 2007) and Weisz et al. (2012) present the background and benefits of modular therapy designs as compared to traditional empirically supported treatments. Modular therapy designs allow therapists to flexibly using empirically support treatment content in a way that meets the patient's more imminent needs. For instance, a therapist might focus more on exposure versus thought changing when working with a child who has anxiety. A necessary ingredient in embarking in modular therapy is a strong case conceptualization of the patient's presenting concerns. With that in mind, please answer the following questions.

   Initial Post
   1 - Why is strong case conceptualization especially necessary when using modular therapy?
   2 - Since we will be discussing case conceptualization in Week 4 of the course, please provide your formal or informal experiences with case conceptualization. What goes into case conceptualization for you? When have you conceptualized cases in the past? What parts of case conceptualization are particularly challenging for you?

   Response Post

1 - Please respond to a peer's post with your thoughts about their response. What components of or their experiences with case conceptualization are similar or different from yours?

3. Clinical Interviewing Reflection (50 points)

You all will have completed a clinical interview with a patient (youth or adult) by this stage of your training either for an assessment, therapy intake, or research project. Please pick a recent clinical interview that you conducted to critique. Ideally, this clinical interview was taped so that you have the opportunity to review the interview while concurrently completing this assignment. In the event that the interview was not taped (e.g., non-psychology student), please complete this assignment based on your recollection of the experience.

1 - Briefly describe the purpose of the interview (e.g., therapy intake, interview prior to assessment, collecting patient information). This will help provide some context to the other questions.
2 - Prior to the readings, please describe how you felt the clinical interview went. For example, did you leave the room feeling as though you established rapport, used a productive interviewing style, were efficient, and collected all of the necessary information?
3 - What changes, if any, would you make considering the information you have learned in this class? Which would be the most important to change and why? Are there particular questions that you have that would be good to discuss in class?

4. Behavior and Cognition Assessment (50 points)

This assignment will require each of you to form pairs. Each pair will take turns briefly role playing some of the assessment and interviewing strategies discussed in class. Mock interviews should be **limited to 30 minutes** with one person playing the role of a patient presenting as a teenager or young adult with major depressive disorder and the other presenting with generalized anxiety disorder. Specific symptoms and level of impairment will be left up to the person role playing and should not be discussed with the other classmate ahead of the exercise.

Interview Components

The overarching goal is to demonstrate your ability to use learned assessment and interviewing strategies to delineate the mock patient's presenting concerns and to assess their related cognitions and behaviors. You do not have to complete an exhaustive evaluation; I am more interested in demonstrating basic understanding of these assessment skills and ability to generally apply skills in a mock clinical context. Students will be graded on the following 5 components of the interview.

- **Establishment of Rapport** - Demonstrate ability to establish rapport at beginning of interview. Examples can include using non-threatening language, making mock patient feel at ease, and reviewing the structure of the interview. Pace of the interview and perceived competency are also important factors.
- **Assessment of Presenting Concerns** - Ability to delineate mock patient's presenting concerns by gathering relevant history and level of impairment.
- **Assessment of Behaviors** - Use a learned strategy to discuss how presenting concerns are manifested in behaviors (e.g., avoidance of activities, sleep changes). Examples of strategies can include reviewing antecedents, behaviors, and consequences, or behavior chaining, among others.
- **Assessment of Cognitions** - Use a learned strategy to determine if patient is having maladaptive cognitions.
- **Interviewing Style** - Interviewer is empathetic, shows positive regard for the mock patient, and appears genuine. Interview is organized and uses open-ended questions and reflections to gather information.

Please video record the assignment. Files can be uploaded directly to Canvas. If you use the video equipment in the Psychology Clinic, please make sure the video recorded and then send me an email with the room number, time, and date that the recording took place. **To reduce clinic disruption, students are**

only allowed to use rooms in the Psychology Clinic on Fridays and at 8am on other days in assessment rooms. Please check the schedules and do not book a room during a busy time in the clinic.

5. CBT Homework Exercise (50 points)
   Cognitive behavioral therapy (CBT) often includes a homework component. Over the course of your training career you will ask patients to complete a variety of homework tasks including monitoring forms and behavioral exercises. A commonly used homework assignment in CBT is mood and relaxation (or pleasurable event) tracking. This assignment will entail you completing this form self-monitoring form from a stress management protocol (Link). You can select what sort of relaxation practice you want to engage in (e.g., PMR, diaphragmatic breathing). You should make your best effort to keep as accurate of a log as possible by completing the log each day.

   Please briefly answer the following questions after completing the monitoring form. No more than two double-spaced pages of text.
   1 - Describe your ability to complete the self-monitoring form each day (be honest).
   2 - What were some of the barriers you encountered to completing the log and/or engaging in relaxation practice?
   3 - Did it make a difference when you were able to engage in a relaxation practice? Why or why not? Did you notice any patterns for times that it was effective?
   4 - Did this assignment change your perspective on patients completing homework assignments? If so, how?

6. Canvas Discussion – Reengaging Families in Treatment (25 points)
   Chorpita (2007) reviews several reasons why families may become disengaged in treatment including encountering obstacles and balancing treatment with other competing demands. This chapter also mentions several possible solutions to reengaging families in treatment. Please answer the following questions:

   Initial Post
   1 - Have you had parents or families become disengaged from treatment? If so, briefly describe your experience.
   2 - Using Chorpita (2007) as a guide, what barriers have encounterd in engaging families in treatment? If you have not had these opportunities yet, what barriers do you anticipate encountering with families and why?
   3 - Of the listed solutions in the Chorpita (2007) chapter, what do you think is the most helpful ways to attempt to engage parents?

   Response Post
   1 - Please respond to a peer's post with your thoughts about their response. What did you lean from their post? Have your experiences been similar to theirs? Have you tried the solution they picked from the chapter and had good (or bad) results?

7. Canvas Discussion – Engaging Schools in Treatment (25 points)
   Multisystemic Therapy and the Incredible Years program have proven to be effective for children and adolescents with aggressive behavior and conduct disorder. A shared component across both empirically supported treatments is their engagement of multiple systems, especially the school system. With that information in mind, please answer the following questions.

   Initial Post
   1 - Have you had the opportunity to try to engage teachers in treatment? If so, briefly describe your experience (e.g., level of difficulty, responsiveness of teacher).
   2 - What barriers did you encounter in engaging teachers in treatment? If you have not had these opportunities yet, what barriers do you anticipate encountering in these situations?
   3 - What do you think are some helpful ways to attempt to engage teachers in treatment? In other words, how do you think you would go about having a teacher more involved in treatment?

Response Post
1 - Please respond to a peer's post with your thoughts about their response. What did you lean from their post? Do you have any constructive thoughts on their methods to engage teachers? Have your experiences been similar to theirs?

8. School Consultation Questions (25 points)
   Please provide two questions that you would like Dr. Wiens to address regarding school consultation. These questions could be informed by the Schultz et al. (2004) article, but that is not a mandatory requirement

9. Trauma Focused CBT Training (25 points)
   Each student is required to take the Trauma-Focused CBT continuing education course provided without cost online at http://tfcbt.musc.edu/. This is an extensive website; there are nine modules that you must complete on the website for this assignment. All modules (i.e., the entire course) must be completed in order to receive credit for this assignment. A Certificate of Completion is available for printing when you submit the final evaluation. Please upload that certificate into Canvas to receive credit. Students must provide this certificate by **November 5th**. Students are encouraged to begin the training well in advance of our discussion of TF CBT to allow adequate time to complete the training.

10. Building a Fear Hierarchy (50 points)
    Establishing a well developed fear hierarchy is one of the core components of most anxiety disorder treatments in children and adolescents. Components of a good fear hierarchy are outlined in detail in the course readings (e.g., Chorpita et al. 2007). Using the Chorpita et al. (2007) manual as a guide, role play creating a fear hierarchy with a fellow classmate. For this assignment, each dyad will have one student present as though they are beginning treatment for social anxiety and the other for obsessive compulsive disorder. Students are allowed to be creative within each diagnostic category with regards to specific symptoms and level of impairment (i.e., which situations or actions are higher on the hierarchy). Students can assume that a clinical interview, diagnosis, and other pertinent case information has already been gathered. Students will only be evaluated on their creation of the fear hierarchy (see rubric). Please video record the assignment. Files can be uploaded directly to Canvas. Alternatively, if you use the video equipment in the Psychology Clinic, please send me an email with the room number, time, and date that the recording took place.

11. Oral Case Study Final Exam (150 points)
    Each student will complete an oral final examination. This examination will involve the student responding to questions pertaining to a single case scenario. To be fair, students will be randomly assigned a case scenario at the beginning of the oral exam (e.g., student will choose a number that is then tied to a specific scenario); thus you will not know the scenario before the exam. Scenarios will tap a psychological disorder and general therapeutic strategies discussed in class. Students can expect to receive questions in the broad content areas listed in the rubric. Questions will tap constructs, issues, and information that a developing clinician would be expected to understand.

    Students should not discuss the content of their particular case scenario with other students until after all students have completed their oral examination.

    This examination will be scheduled by appointment with the course instructor; therefore, the exam will occur only in the presence of the course instructor (not the entire class). Each appointment will last approximately 30 minutes.

Grading

Requirement	Due date	% of final grade
Discussion – Problems (and hopefully solutions) with ESTs	August 31	5%

Discussion – Modular Treatments: Necessary Ingredients?	September 7	5%
Assignment – Clinical Interviewing Reflection	September 14	10%
Assignment – Behavior and Cognition Assessment	September 21	10%
Assignment – CBT Homework Exercise	September 28	10%
Discussion – Reengaging Parents in Treatment	October 5	5%
Discussion – Engaging Schools in Treatment	October 12	5%
Assignment – School Consultation Questions	October 27	5%
Assignment – Trauma-Focused CBT Training	November 5	5%
Assignment – Building a Fear Hierarchy	November 23	10%
Final Exam – Oral Case Study	December 10	30%

Point system used (i.e., how do course points translate into letter grades).

Points earned	**463-500**	**448-462**	**433-447**	**413-446**	**398-412**	**383-397**	**363-382**	**348-362**	**333-347**	**313-332**	**298-312**	**Below 297**
Letter Grade	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E

Please be aware that a C- is not an acceptable grade for graduate students. A grade of C counts toward a graduate degree only if an equal number of credits in courses numbered 5000 or higher have been earned with an A.

Letter Grade	**A**	**A-**	**B+**	**B**	**B-**	**C+**	**C**	**C-**	**D+**	**D**	**D-**	**E**	**WF**	**I**	**NG**	**S-U**
Grade Points	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:

http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx

Exam Policy

Each student will complete a final oral examination (worth 100 points). This examination will involve the student responding to questions pertaining to a single case scenario. Students will be randomly assigned a case scenario at the beginning of the oral exam (e.g., student will choose a number that is then tied to a specific scenario); thus you will not know the scenario before the exam. Scenarios will tap a psychological disorder and general therapeutic strategies discussed in class. Students can expect to receive questions in the broad content areas listed in the rubric. Questions will tap constructs, issues, and information that a developing clinician would be expected to understand. Students will schedule an exam time with the instructor.

Policy Related to Make up Exams or Other Work

Students who must miss an assignment or exam deadline because of conflicting professional or personal commitment must make prior arrangements with the instructor. If an examination must be missed because of illness, a doctor's note is required.

Requirements for class attendance and make-up exams, assignments, and other work in this course are consistent with university policies that can be found in the online catalog at:

https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx

Any requests for make-ups due to technical issues MUST be accompanied by the ticket number received from LSS when the problem was reported to them. The ticket number will document the time and date of the problem. You MUST e-mail your instructor within 24 hours of the technical difficulty if you wish to request a make-up.

Policy Related to Required Class Attendance

Attendance is expected as a part of the student's professional training. Students are expected to arrive for class on time and to remain for the full class period. Students needing to miss class should make prior arrangements with the instructor.

Please note all faculty are bound by the UF policy for excused absences. For information regarding the UF Attendance Policy see the Registrar website for additional details:

http://www.registrar.ufl.edu/catalogarchive/01-02
catalog/academic_regulations/academic_regulations_013_.htm

STUDENT EXPECTATIONS, ROLES, AND OPPORTUNITIES FOR INPUT

Expectations Regarding Course Behavior

Please refrain from using cell phones or any other electronic devices during class as it is distracting and inconsiderate of other students and the instructor. Laptop use is acceptable for note taking or presenting. However, please do not browse other websites during class time. It is expected that students will be engaged and actively participate during class. Please do not arrive late to class or disrupt the class as it is distracting and inconsiderate of other students and the instructor.

To the extent permitted by facility rules and restrictions, you may bring food and/or beverages to class as long as it does not interfere with your ability to work and/or participate in class and as long as it does not interfere with or your classmates' ability to work and participate in class. You will be expected to clean-up after yourself and dispose of all trash before leaving the classroom.

Communication Guidelines

As a blended learning class, it is imperative that students check email and the Canvas website often (i.e., once daily). Students are expected to participate in graded online discussions on various topics throughout the course. Please reference the applicable assignment rubrics for online discussions for a clear outline of what is expected with regard to posts and replies. In addition, please see the following resource for guidelines on online course etiquette:

http://teach.ufl.edu/wp-content/uploads/2012/08/NetiquetteGuideforOnlineCourses.pdf.

Academic Integrity

Students are expected to act in accordance with the University of Florida policy on academic integrity. As a student at the University of Florida, you have committed yourself to uphold the Honor Code, which includes the following pledge:

"**We, the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity**."

You are expected to exhibit behavior consistent with this commitment to the UF academic community, and on all work submitted for credit at the University of Florida, the following pledge is either required or implied:

"On my honor, I have neither given nor received unauthorized aid in doing this assignment."

It is your individual responsibility to know and comply with all university policies and procedures regarding academic integrity and the Student Honor Code. Violations of the Honor Code at the University of Florida will not be tolerated. Violations will be reported to the Dean of Students Office for consideration of disciplinary action. For additional information regarding Academic Integrity, please see Student Conduct and Honor Code or the Graduate Student Website for additional details:

https://www.dso.ufl.edu/sccr/process/student-conduct-honor-code/
http://gradschool.ufl.edu/students/introduction.html

Please remember cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

Online Faculty Course Evaluation Process *optional in UF Template*
Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at https://evaluations.ufl.edu so make sure you include a statement regarding the value and expectation for student participation in course evaluations. We suggest you include a comment regarding how you will use the evaluations (e.g. to make specific improvements to the course and teaching style, assignments, etc.). It is also important to make some statement regarding the direct influence they have on faculty tenure and promotion, so your input is valuable. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at https://evaluations.ufl.edu/results/

SUPPORT SERVICES

Accommodations for Students with Disabilities
If you require classroom accommodation because of a disability, you must register with the Dean of Students Office http://www.dso.ufl.edu within the first week of class. The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

Counseling and Student Health *optional in UF Template*
Students sometimes experience stress from academic expectations and/or personal and interpersonal issues that may interfere with their academic performance. If you find yourself facing issues that have the potential to or are already negatively affecting your coursework, you are encouraged to talk with an instructor and/or seek help through University resources available to you.

- The Counseling and Wellness Center 352-392-1575 offers a variety of support services such as psychological assessment and intervention and assistance for math and test anxiety. Visit their web site for more information: http://www.counseling.ufl.edu. On line and in person assistance is available.

- You Matter We Care website: http://www.umatter.ufl.edu/. If you are feeling overwhelmed or stressed, you can reach out for help through the You Matter We Care website, which is staffed by Dean of Students and Counseling Center personnel.

- The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: https://shcc.ufl.edu/

- Crisis intervention is always available 24/7 from:
- Alachua County Crisis Center:
  (352) 264-6789

http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx

BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

Course Materials and Technology

Barkley, R. A. (1997). *Defiant children: A clinician's manual for assessment and parent training* (2nd ed.). New York, NY: Guilford Press

Bernal, G., & Scharron-Del-Rio, M. R. (2001). Are empirically supported treatments valid for ethnic minorities? Toward an alternative approach for treatment research. *Cultural Diversity and Ethnic Minority Psychology, 7*, 328-342.

Boxer, P., & Frick, P. J. (2008). Treating conduct problems, aggression, and antisocial behavior in children and adolescents: An integrated view. In R.G. Steele, T.D. Elkin, & M.C. Roberts (Eds.), *Handbook of evidenced-based therapies for children and adolescents: Bridging science and practice* (pp. 241-259). New York, NY: Springer.

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