

1. BASIC INFORMATION

Course	Psychological Treatment for Children and Adolescents
Degree program	BSc Psychology / BSc Psychology 100% English
School	Biomedical Sciences
Year	4th
ECTS	6
Credit type	Optional
Language(s)	English
Delivery mode	Campus-based
Semester	S1
Academic year	2024-2025
Coordinating professor	Juan Carlos Tomás del Río
Professor	Juan Carlos Tomás del Río, Carmen Irene de Lisa Marqués, Luis León Bonet Ferrer

2. PRESENTATION

Psychological Treatment for Children and Adolescents is an optional subject, taught in the 4th year of the BSc in Psychology. Its purpose is to teach the student the specific assessment and treatment of these life stages from a scientific standpoint. The student, therefore, will get to know the dispositional variables that are specific to infancy, childhood, and adolescence, and will become proficient in incorporating them into adequate case analysis and treatment planning and completion. Students will also learn the techniques and procedures that are more widely used in the most common childhood and adolescence problems, and the adaptations that must be made to them for the treatment of these groups.

3. LEARNING OUTCOMES

Knowledge

KN04: Identify the criteria for selecting evidence-based techniques.

- Recognize empirically supported approaches to treating psychological problems in childhood and adolescence and options that are not scientifically validated.
- Identify additional resources that can be used in treating vulnerable or abused children and adolescents.

Skills

SK05: Design a personalized treatment and intervention plan adapted to the specific variables of the case.

- Functionally analyze behavior problems in children and adolescents.
- Design a personalized treatment and intervention plan adapted to the specific variables of the case.

- Adapt intervention techniques and procedures for use in children and adolescents.
- Evaluate the appropriateness and outcomes of techniques and procedures implemented in treatments.

Competences

COMP07: Familiarize oneself with different methods of assessment, diagnosis, and psychological treatments in various applied fields of Health Psychology.

COMP10: Analyze the needs and demands of the recipients in different contexts.

COMP11: Be able to establish the goals of psychological intervention in different contexts, proposing and negotiating the goals with the recipients and those affected.

COMP12: Be able to plan and conduct an interview.

COMP13: Be able to describe and measure variables (personality, intelligence, and other aptitudes, attitudes, etc.) and cognitive, emotional, psychobiological, and behavioral processes.

COMP14: Be able to identify differences, problems, and needs.

COMP15: Be able to diagnose following the criteria specific to the profession.

COMP16: Describe and measure interaction processes, group dynamics, and group and intergroup structure.

COMP20: Analyze the context in which individual behaviors, group processes, and organizational processes occur.

COMP25: Select appropriate psychological intervention techniques to achieve objectives.

COMP26: Master strategies and techniques for involving recipients in the intervention.

COMP27: Apply direct intervention strategies and methods to recipients: psychological counseling, therapy, negotiation, mediation...

COMP30: Plan the evaluation of programs and interventions.

COMP32: Measure and obtain relevant data for the evaluation of interventions.

COMP33: Analyze and interpret the results of the evaluation.

COMP34: Provide appropriate and precise feedback to recipients.

COMP35: Be able to prepare oral and written reports.

COMP36: Understand and adhere to the ethical obligations of Psychology.

COMP37: Ability to practice the profession using both English and Spanish languages, to specialized and non-specialized audiences

4. CONTENT

1. Unit 1. Revision of family systems and problem conceptualization
 - 1.1. Ecological models of intervention. Family systems.
 - 1.2. Assessment and treatment of problems during childhood.
 - 1.3. Other theoretical perspectives (RFT, FAP and Attachment Theory).
2. Unit 2. Therapy and the role of the therapist
 - 2.1. What are therapeutic skills? Explanations.
 - 2.2. Why do psychological treatments work?
 - 2.3. Treating children and adolescents. Specific Techniques
3. Unit 3. Disruptive behavior
 - 3.1. What is disruptive behavior in childhood? Explanatory model. When do disruptive behaviors require specialized attention? Assessing disruptive behavior. Treatment.
 - 3.2. What is disruptive behavior in adolescence? Relevant dispositional variables. Vandalism, alcohol consumption-related behavior, emotion, and risk-seeking behavior. Assessment and treatment.
4. Unit 4. Attention Deficit and Hyperactivity Disorder (ADHD)
 - 4.1. Historical perspective. Diagnostic criteria and controversy. Usefulness and validity of the category. Alternatives.
 - 4.2. Assessment and treatment.
5. Unit 5. Trauma and abuse
 - 5.1. Physical, psychological and sexual abuse in childhood and adolescence. Abuser profile. Assessment and treatment.
 - 5.2. Dissociation and traumatic experiences.
 - 5.3. Bullying and cyberbullying. Assessment and treatment.
6. Unit 6: Asperger's syndrome and Autism Spectrum Disorder.
 - 6.1. Diagnosis and theories on Asperger's and ASD.
 - 6.2. Assessment and treatment. Interprofessional assistance.

5. TEACHING-LEARNING METHODOLOGIES

The types of teaching-learning methodologies used are indicated below:

- Lectures
- Problem-Based Learning (PBL)
- Case methodology
- Oral presentations
- Simulation environments.

6. LEARNING ACTIVITIES

Listed below are the types of learning activities and the number of hours the student will spend on each one:

Campus-based mode:

Learning activity	Number of hours
Lectures	14h
Asynchronous lectures	6h
Autonomous work	50h
Formative evaluation	3h
Test of knowledge	2h
Strategy, procedure, and intervention plan design	25h
Tutorials	5h
Case analysis	10h
Practical exercises	15h
Role-playing	20h
TOTAL	150h

7. ASSESSMENT

Listed below are the assessment systems used and the weight each one carries towards the final course grade:

Campus-based mode:

Assessment system	Weight
Test of knowledge: the student applies the knowledge acquired on psychological assessment in the resolution of the final exam	50%
Case analysis and problem-solving: Solves adequately, coherently and integrating concepts related to psychological treatments.	10%
Performance observation: attendance to the simulations and assessment of the reflection reports on every simulation in the virtual campus' forum	10%
Learning portfolio: containing reflections on class practical activities, workshops on ADHD and ASD and tasks proposed during the term.	10%
Design of intervention strategies project: Integrated curriculum activity on a case given: <ul style="list-style-type: none"> - Part 1: student must develop various evidence-based psychological treatments for specific psychological problems. - Part 2: student must present a case with a critical thinking reflection. 	20%

When you access the course on the Campus Virtual, you'll find a description of the assessment activities you have to complete, as well as the delivery deadline and assessment procedure for each one.

Attendance

According to Art. 1.4 of the Regulation for the Evaluation of Official Degree Degrees of the European University of Madrid (of the continuous evaluation): "The obligation to justify at least 50% attendance at classes is established as part of necessary for the evaluation process and to comply with the student's right to receive advice, assistance and academic follow-up from the teacher. For these purposes, students must use the technological system that the University puts at their disposal, to accredit their daily attendance to each of their classes. This system will also serve to guarantee objective information on the active role of the student in the classroom.

Those students who have not achieved a 50% attendance rate in the first exam period may be graded as failing and must pass the corresponding objective exams in the second exam period for the subject, where they must obtain a grade equal to or higher than 5.0 out of 10.

7.1. First exam period

To pass the course in the first exam period, you must obtain a final course grade of at least 5 out of 10 (weighted average). To pass the course in the first exam period you should follow the continuous evaluation system and thus, you must pass the mandatory active methodologies as well as the knowledge test.

In any case, you will need to obtain a grade of at 5.0 out of 10,0 in:

- the final exam (Test of Knowledge)
- mean grade in each section of compulsory activities (Case Analysis and problem solving, Performance observation, Learning portfolio, and Design of intervention strategies project).

PLAGIARISM AND USE OF IA

Each student is expected to be the sole author of all submitted work. Students who plagiarize any assignments will receive a grade of 0 for the respective assignment.

AI-Generated content: AI-generated content tools (AIGC), such as ChatGPT and other language models (LLMs), cannot be used to generate assignments. These tools also cannot be responsible for any written content in the assignment. The use of AI must be authorized by the instructor for each activity. If a student has used these tools to develop any part of their work, this use must be detailed in the assignment. The student is fully responsible for the accuracy of the information provided by the tool and for correctly referencing any supporting work. Tools used for spelling, grammar, and general editing are not included in these guidelines. The final decision on the appropriateness of the reported use of an AI tool rests with the instructor, academic coordination, and program director.

DELAYED SUBMISSION OF MANDATORY ACTIVITIES

Delayed submission of mandatory activities will result in reduction of the obtained grade by 0.5 for each 24 hours of delay in its submission.

SIMULATION

Whenever simulations are conducted, it will be mandatory for the student to wear the corresponding uniform (shirt and pants) to the simulated hospital. Students who do not arrive with the complete uniform will forfeit their right to attend the simulation and will receive an absence for it.

Attendance to all the simulation sessions is mandatory. If a student is absent from a simulation with or without justification, the section *Performance observation* will be assessed with a 0, and the student will fail the subject. The student will be required to retake that section of the course in the second exam period.

7.2. Second exam period

To pass the course in the second exam period, the same requirements as in the first exam period must be met. The student must deliver the activities not successfully completed in the first exam period after having received the corresponding corrections from the professor, or those that were not delivered in the first place. To pass the course in the second exam period, you must obtain a final course grade of at least 5 out of 10 (weighted average).

In any case, you will need to obtain a grade of at 5.0 out of 10,0 in:

- the final exam (Test of Knowledge)
- mean grade in each section of compulsory activities (Case Analysis and problem solving, Performance observation, Learning portfolio, and Design of intervention strategies project)

The evaluation criteria for the second exam period are the same as for the first examen period, except for the simulations.

The Simulations Recovery in second exam period

The Simulations Recovery in the second exam period will be done through completing a written report of clinical cases in which the student demonstrates comprehension of the key competencies practiced in the course.

8. SCHEDULE

This table shows the delivery deadline for each assessable activity in the course:

Assessable activities	Deadline
Learning portfolio: Reflections about activities	End of semester
Case Analysis and problem solving	End of october
Design of intervention strategies project	December
Performance observation (attendance to simulation sessions and reflection on the sessions)	End of semester
Test of Knowledge	January

This schedule may be subject to changes for logistical reasons relating to the activities. The student will be notified of any change as and when appropriate.

9. BIBLIOGRAFÍA

The main reference work for this subject is:

- Luciano, M. C. (1997). *Manual de psicología clínica. Infancia y adolescencia*.
- Martin, G., & Pear, J. J. (2015). *Behavior modification: What it is and how to do it*. Psychology Press.
- Segura, M., Sánchez, P., & Barbado, P. (1991). *Análisis funcional de la conducta: un modelo explicativo*. Servicio de publicaciones de la Universidad de Granada.
- Méndez Carrillo, F. J., & Macià Antón, D. (1991). *Modificación de conducta con niños y adolescentes: Libro de casos*. Ediciones Pirámide.
- Lahey, B. (Ed.). (2013). *Advances in clinical child psychology* (Vol. 76). Springer Science & Business Media.
- Falloon, I. R. (Ed.). (2015). *Handbook of behavioral family therapy*. Routledge.
- Ollendick, T. H., & Cerny, J. A. (2013). *Clinical behavior therapy with children*. Springer Science & Business Media.
- John O.. Cooper, Timothy E.. Heron, & Heward, W. L. (2014). *Applied behavior analysis*. Pearson educational international.

The recommended Bibliography is:

- Järvelin, M. R., Moilanen, I., Vikeväinen-Tervonen, L., & Huttunen, N. P. (1990). Life changes and protective capacities in enuretic and non-enuretic children. *Journal of Child Psychology and Psychiatry*, 31(5), 763-774.
- Maggin, D. M., Chafouleas, S. M., Goddard, K. M., & Johnson, A. H. (2011). A systematic evaluation of token economies as a classroom management tool for students with challenging behavior. *Journal of School Psychology*, 49(5), 529-554.
- Atthowe Jr, J. M. (1973). Token economies come of age. *Behavior Therapy*, 4(5), 646-654.
- Kazdin, A. E. (1982). The token economy: A decade later. *Journal of Applied Behavior Analysis*, 15(3), 431-445.
- Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *Journal of clinical child & Adolescent Psychology*, 37(1), 215-237.
- Zisser, A., & Eyberg, S. M. (2010). Parent-child interaction therapy and the treatment of disruptive behavior disorders. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (pp. 179-193). New York, NY, US: Guilford Press.
- van Goozen, S. H., Matthys, W., Snoek, H., & van Engeland, H. E. R. M. A. N. (2004). Cortisol and treatment effect in children with disruptive behavior disorders: a preliminary study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(8), 1011-1018.
- Foxcroft, D. R., & Lowe, G. (1991). Adolescent drinking behavior and family socialization factors: a meta-analysis. *Journal of Adolescence*, 14(3), 255-273.
- Scott, S., Muirhead, C., Shucksmith, J., Tyrrell, R., & Kaner, E. (2016). Does industry-driven alcohol marketing influence adolescent drinking behavior? A systematic review. *Alcohol and Alcoholism*, 52(1), 84-94.

- Room, R., & Järvinen, M. (2017). Youth Drinking Cultures: European Experiences. In *Youth Drinking Cultures* (pp. 17-32). Routledge.
- Hu, M. H., Huang, G. S., Huang, J. L., Wu, C. T., Chao, A. S., Lo, F. S., & Wu, H. P. (2018). Clinical characteristics and risk factors of recurrent sexual abuse and delayed reported sexual abuse in childhood. *Medicine*, 97(14).
- Lindert, J., von Ehrenstein, O. S., Grashow, R., Gal, G., Braehler, E., & Weisskopf, M. G. (2014). Sexual and physical abuse in childhood is associated with depression and anxiety over the life course: systematic review and meta-analysis. *International Journal of Public Health*, 59(2), 359-372.
- Lee, M. A. (2015). Emotional abuse in childhood and suicidality: The mediating roles of re-victimization and depressive symptoms in adulthood. *Child abuse & neglect*, 44, 130-139.
- Martins, C. M. S., Baes, C. V. W., de Carvalho Tofoli, S. M., & Juruena, M. F. (2014). Emotional abuse in childhood is a differential factor for the development of depression in adults. *The Journal of nervous and mental disease*, 202(11), 774-782.
- Hinshaw, S. P. (2017). Attention Deficit Hyperactivity Disorder (ADHD): Controversy, Developmental Mechanisms, and Multiple Levels of Analysis. *Annual review of clinical psychology*, (0).
- Pérez-Álvarez, M. (2017). The four causes of ADHD: Aristotle in the classroom. *Frontiers in Psychology*, 8, 928.
- Froján, M. X., Montaña, M., & Calero, A. (2010). Therapists' verbal behavior analysis: a descriptive approach to the psychotherapeutic phenomenon. *The Spanish journal of psychology*, 13(2), 914-926.
- Froján Parga, M. X., Montaña Fidalgo, M., & Calero Elvira, A. (2006). ¿Por qué la gente cambia en terapia? Un estudio preliminar. *Psicothema*, 18(4).

10. EDUCATIONAL GUIDANCE AND DIVERSITY UNIT

From the Educational Guidance and Diversity Unit we offer support to our students throughout their university life to help them reach their academic achievements. Other main actions are the students inclusions with specific educational needs, universal accessibility on the different campuses of the university and equal opportunities.

From this unit we offer to our students:

1. Accompaniment and follow-up by means of counselling and personalized plans for students who need to improve their academic performance.
2. In terms of attention to diversity, non-significant curricular adjustments are made in terms of methodology and assessment for those students with specific educational needs, pursuing an equal opportunities for all students.
3. We offer students different extracurricular resources to develop different competences that will encourage their personal and professional development.
4. Vocational guidance through the provision of tools and counselling to students with vocational doubts or who believe they have made a mistake in their choice of degree.

Students in need of educational support can write to us at:

orientacioneducativa@universidadeuropea.es

11. ONLINE SURVEYS

Your opinion matters!

The Universidad Europea encourages you to participate in several surveys which help identify the strengths and areas we need to improve regarding professors, degree programs and the teaching-learning process.

The surveys will be made available in the “surveys” section in virtual campus or via e-mail.

Your assessment is necessary for us to improve.

Thank you very much for your participation.