

Lewis & Clark College
Graduate School of Education and Counseling
Department of Counseling Psychology
CPSY 523 - Counseling and Interventions with Children & Adolescents
Thursdays 5/14/15-8/6/15, 5:30-9pm, York 117

Heather D. Lara, LMFT * hbennett@lclark.edu
Office Hours by Appointment Only

Required Readings:

Jongsma Jr., A. 2014. The Child Psychotherapy Treatment Planner: Includes DSM-5 Updates; Hoboken, New Jersey: John Wiley & Sons, Inc.

Lecroy & Daley, eds, 2006. Case Studies in Child, Adolescent, and Family Treatment. Belmont, California: Brooks/Cole.

McConaughy, S. (2013). Clinical Interviews for Children and Adolescents, Second Edition: Assessment to Intervention. New York: Guilford Press.

Additional weekly readings posted to Moodle or handed out in class.

Optional (Recommended):

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders, 5th Ed. Washington, D.C.

Course Description

This course covers the identification and diagnosis of the general mental, emotional, and behavioral disorders of childhood and adolescents. We will consider developmental, social, and cultural influences on diagnoses and treatment interventions. Students will develop skills in the fundamentals of interviewing, diagnosis, social-justice-oriented case conceptualization and counseling intervention across multiple systems. Students will become familiar with effective treatment strategies and evidence-based practices for the most common psychological disorders and presenting concerns in children and adolescents.

What this course is NOT: This course is not the one where students will learn to “do therapy.” This is one of the courses where you will learn skills and techniques that will contribute to becoming an effective counselor. In this course we use your knowledge from your prior courses to learn to conceptualize cases from a multi-systemic view. We will cover the most common presenting issues and types of therapies and interventions that are appropriate for children and adolescents. This is not a technique class, although I have included some resources for you that include techniques. This course focuses on applying your theoretical framework and on developing your assessment, reasoning, and planning skills as an emerging counselor. The “how” of doing therapy comes through your clinical training in practicum and internship.

This course is taught from an ecological perspective that focuses on viewing the child or adolescent within context. The ecological perspective is used to conceptualize and plan interventions that can come from any theoretical perspective (cognitive-behavioral, psychodynamic, etc.) and does not limit the type of interventions that can be used.

CPSY 523 Counseling and Intervention with Children and Adolescents*

1. Demonstrate an understanding of culturally sensitive case conceptualization (CACREP 7f,7h,2c) (NASP 2.5)
2. Demonstrate the ability to comprehend the material at a level of analysis and synthesis and be able to apply this reasoning to case studies.
3. Conceptualize cases and formulate treatment plans. (CACREP 5b,5c)(NASP 2.7)
4. Identify their immersing theoretical orientation and learn to apply it in treatment planning. (CACREP 5b,5c)

5. Demonstrate in verbal and written form the ability to explain and defend their treatment plan using sound theoretical arguments and knowledge of empirical research. (CACREP 8e) (NASP 2.4)
6. Demonstrate the ability to perform an intake/developmental history interview with parents, children and education personnel. (CACREP 5b,5c)(NASP 2.7)
7. Demonstrate knowledge of common presenting problems and child/adolescent psychopathology and appropriate treatment including evidence based practice as required by Oregon state law.
8. Demonstrate understanding of ethical considerations and ability to make sound ethical decisions when working with children, adolescents and families. (CACREP 3e, 7i, 5g)
9. Demonstrate an understanding of developmental levels/developmental appropriateness in assessment and intervention with children and adolescents. (CACREP 3c, 3d) (NASP 2.7)
10. Apply knowledge of diagnosis and psychopathology appropriately with children and adolescents using cultural sensitivity, understanding of normal development, and ecological evaluation. (CACREP 3c) (NASP 2.4)
11. Demonstrate ability to conceptualize from a systems/ecological perspective and create treatment plans/interventions (including consultation) across settings including family, school, community, and other systems relevant to the client. . (CACREP 5b,5c,5e,B4, C1,C2,C3)(NASP 2.6, 2.8)
12. Demonstrate an understanding of basic special education/disability law, school environments, and mechanisms/methods for interventions in school settings.

Course Requirements:

Readings: Complete assigned readings ON TIME and be prepared to ask questions, discuss and apply the material during in-class discussions and assigned work.

Case Conceptualization: You will be required to complete a thorough conceptualization. You will be presented in class with necessary case study information and an opportunity to ask questions to aid in developing your conceptualization. You will be asked to complete your thorough conceptualization by the final class period.

Mid-Term Exam: Take home, one week to complete. Exam will consist of a number of short answer/essay questions where you will be expected to clearly and concisely demonstrate understanding of the readings beyond factual knowledge with an emphasis on analysis and synthesis of the material. The exam will also contain one or more case examples that will require a thorough assessment, diagnosis and treatment plan.

Parent(s) and Child Interview: You will conduct an intake/developmental history interview with a child and one or more parents. It is your responsibility to find someone willing to let you practice with them. You will be provided with the informed consent forms that explain that you are a student in training. You must videotape the interview with the child. Your total interview should be no less than 30 minutes (points will be deducted for interviews that are less than 30 minutes). You will choose a 10-12 minute segment of the video to show in class. On presentation day, you will present your video as well as give your peers evaluation and feedback on their interviews. You will be required to turn in your interview notes, a formal written report, evaluation/feedback sheets from your peers, and the evaluation sheets from the parent(s) on presentation day. *Evaluations from your peers and the parent(s) will not affect your grade.

Treatment Plan: In groups of 3 you will be asked to role-play a sample case during class throughout the semester. For each activity, one student will be the "Therapist," while the others will play the "Family" (parent, child, legal guardian, etc.). At the start of each session, the group will be given a few minutes to review the case scenario and prepare for the "Initial Interview." After 15-20 minutes of role-playing, the subgroups will debrief for a few minutes and prepare for the "second session." After another 15-20 minutes of role-playing, the whole group will debrief. The "Therapist" will write up a Case Conceptualization and Treatment Plan, and each person from the "Family" will write up a description of their experience. The subgroups will swap positions for the second and third in-class activities. Everyone will have a chance to write one Case Conceptualization and Treatment Plan and one Client Experience. You will be graded based off of your participation in the experiences as well as your application of the therapeutic principles and techniques discussed and taught in class.

Grading:

Case Conceptualization:	25 pts.
Mid-Term Exam:	50 pts.
Child Interview:	50 pts.
Treatment Plan:	50 pts.
Attendance/Participation:	25 pts.
Total:	200 pts.

A = 92% and above

B = 80%-92%

C=75%-80%

Below 75% = Non-Passing

Students are expected to complete work at an acceptable level of performance to demonstrate competence to perform the tasks required in a treatment setting. Below 200 pts. (80%) is considered an inadequate grade and students will be required to do additional work to demonstrate competence. The extent and nature of the work will be determined based on the quality of work completed and may include re-completing assignments, additional testing, paper(s), or re-completing the course in another semester.

LATE ASSIGNMENT POLICY: I will accept assignments one week past their due date. Any assignment turned in later than one week will result in a failing grade for that assignment. In cases of extreme circumstance, I will work with students on an individual basis to determine the status of the late assignment.

CPSY Attendance Policy:

Class attendance is expected and required. Any missed class time may be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 3 credit course (missing more than one class period). In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness will be seen as an absence that requires make-up work.

Students with Disabilities:

The Student Support Services Office, located in the Templeton Student Center, is a resource for students with disabilities. A variety of services are available through this office according to the particular needs of each student. Students interested in such services may contact Student Support Services at 503-768-7191. This contact is the necessary first step for receiving appropriate accommodations and support services. Please inform me as soon as possible if you need accommodations in class.

Please communicate to me any accommodations that you need – I am very flexible and understanding in regards to alter-abilities!

Weekly Schedule

This is a tentative schedule subject to change.

5/14	Topic:	<u>Course Introduction</u>
	Class Plan:	Introductions Syllabus Review & Assignment Expectations Discussion: Ethical Standards & Ethical Issues, Mandated Reporting Responsibilities
5/21	Topic:	<u>Intake Interviewing, Multicultural Assessment, Mental Status & Clinical Formulation</u>
	Readings:	McConaughy: Ch. 1, 2, 6, LeCroy: 2-2, 4-4, Moodle Readings
	Class Plan:	Discussion, Role Play
5/28	Topic:	<u>Normative Childhood Development & Treatment Planning</u>
	Readings:	McConaughy: Ch. 5, 8, Jongsma, Jr: p.1-13
	Class Plan:	Discussion, Collaborative Treatment Plan
6/4	Topic:	<u>Early Childhood Disorders, Developmental Disabilities & Autism Spectrum Disorders</u>
	Readings:	McConaughy: Ch. 3, LeCroy: 2-4, 3-1, 3-2, Jongsma, Jr: p.66-77, 91-103, 219-229, 255-266, 307-319, 367-379, 391-401, 425-435
	Class Plan:	Discussion, Play Therapy Demonstration TREATMENT PLAN GROUPS MEET
6/11	Topic:	<u>Youth w/ Unique Treatment Needs</u>
	Readings:	LeCroy 3-5, 4-1, 4-2
	Class Plan:	Guest Speakers: Deven Edgerton, PSU School of Social Work & Jennifer Gonzalez, Crisis Prevention Outreach, MCFS TREATMENT PLAN #1 DUE
6/18	Topic:	<u>Attention-Deficit Disorders & Disruptive Behavior Disorders</u>
	Readings:	McConaughy: Ch. 7, LeCroy: 1-2, 2-1 Jongsma, Jr: p.14-25, 78-90, 155-166, 242-254
	Class Plan:	Discussion, Mid-Term Handed Out
6/25	Topic:	<u>Self-Harm, Suicide, & Youth Violence</u>
	Readings:	McConaughy: Ch. 9, 10, LeCroy 1-3, Jongsma, Jr: p.38-51, 116-125, 201-207
	Class Plan:	Discussion Guest Speaker: Edward May, LCSW, Clinical Manager at Morrison Child & Family Services MID-TERM DUE
7/2	Topic:	<u>Child & Adolescent Substance Abuse Disorders</u>
	Readings:	McConaughy: Ch. 4, Jongsma, Jr: p.354-366
	Class Plan:	Discussion, Motivational Interviewing
7/9	Class Plan:	PRESENTATION OF CHILD INTERVIEWS
7/16	Topic:	<u>Eating, Feeding, & Toileting Disorders & Psychotic Disorders</u>
	Readings:	LeCroy: 1-4, Jongsma, Jr: p.179-191
	Class Plan:	Discussion Guest Speaker: Tina Amaral, MA, Clinical Supervisor EASA and TAY, Lifeworks Northwest
7/23	Topic:	<u>Mood & Anxiety Disorders & Interventions</u>
	Readings:	LeCroy 1-1 Jongsma, Jr: p.52-65, 142-154, 230-241, 267-278
	Class Plan:	Discussion, TREATMENT PLAN GROUPS MEET
7/30	Topic:	<u>Child Abuse & Domestic Violence, Conduct Disorders</u>
	Readings:	LeCroy: 4-3, 5-4

Class Plan: Jongsma, Jr: p.126-141, 192-200, 279-293, 330-353, 380-390
Discussion, Guest Speaker: Lindsay Spina, LPC, ATR
Case Study Presented
TREATMENT PLAN #2 DUE

8/6 Topic: Divorce, Blended Families, Foster Care & Adoption
Readings: LeCroy: 2-3, 5-1, 5-2
 Jongsma, Jr: p.26-37, 104-115, 167-178, 320-329
Class Plan: COURSE EVALUATIONS – PLEASE BRING YOUR LAPTOPS
 CASE CONCEPTUALIZATION DUE

Case Conceptualization

Use the following format to organize information and to learn the distinction between observation and inference when working with children & adolescents.

Assignment Basics

Please use regular APA format (2pts) guidelines for your paper. Please cover each content area thoroughly, utilizing the skills that you've learned thus far in your graduate school experience and in this class to create your conceptualization of this case.

Your focus should be on your analysis of the case, not so much on the Presenting Concerns or the data that will be presented to you in the case study.

Client Strengths - (3pts)

Highlight protective factors for the client. This is one of the most important and helpful parts of your conceptualization. These protective factors will help in the formulation of the treatment plan for the child and will aid the therapeutic work throughout treatment. Strengths should include positive relationships, interests, hopes, dreams, skills, opportunities, etc.

Presenting Concerns - (5pts)

Please summarize the case, specifically why the client (family) is seeking help. Include how the client came into services (what brought them here) and any incoming diagnostic information you receive. Present a thorough account of each of the client's problems as viewed by the client. You can include information from the intake forms. Include the parameters of the presenting concerns including prior occurrence, onset, duration, frequency, severity and relative importance to the current situation.

You may want to discuss how clients have attempted to cope with the presenting concerns to this point and examine what they are wanting from treatment. You should assess immediate or impending dangers and crises that the client may be facing. Identify environmental stressors and supports that may be linked to the presenting concern as well.

Background (Bio-Psycho-Social) Data - (3pts)

Includes sex, age, race, ethnicity, physical appearance, socioeconomic status, marital status, family constellation and background, educational and occupational status, medical and mental health history, drug use, prior treatment, legal status, living arrangements, religious affiliation, sexual orientation, social network, current functioning, self perceptions. Emphasize any parts of the client's culture that may be meaningful and affect his condition.

Aim for relevance to the presenting concerns. Consider these carefully as they are one of the most important tools you have for understanding the child.

Therapist's Experience of the Client - (2pts)

This is your personal reaction to the client (attraction, boredom, confusion, frustration, and sympathy). Share your genuine experience with the client, positive or negative. Your experience with the client is a source of hypotheses about feelings that the client may engender in others and give you insight into the interpersonal world that the client partially creates for herself. The "feel" we get from children and adolescents gives us other diagnostic cues as well. Your experience with the client will provide less quantitative information and more "gut" type of input. As a therapist, your "gut" is sometimes the significant tool. Keep in mind that "feel" is different from counter-transference.

Also include information that comes from non-verbal behavior as well. This includes eye contact, facial expression, body movements, idiosyncratic mannerisms (hand gestures), posture, seating

choice/arrangement, and change in any of these behaviors over time. Non-verbals give therapists much information and should always contribute to your view of the overall client.

Inferences & Assumptions (Theories) - (3pts)

Formulate a working model consisting of a clear definition of the client's presenting concerns and how hypothesized psychological mechanisms produced those problems. Elaborate on and refine incompletely formed inferences by identifying related clinical data and relevant theoretical constructs.

Think logically and compare your impressions of clients with impressions that are independently revealed in the data. Your intuition must be grounded in presented evidence and patterns of understanding the client.

Diagnosis & Rule Outs - (3pts)

Include your impression of the client's diagnoses. Demonstrate clear differential diagnostic reasoning and support your thinking with clinical evidence and consider any competing diagnoses. Provide justification for why/why not you choose certain diagnoses.

Goals of Treatment - (4pts)

Create a thorough treatment plan with a minimum of two treatment goals. Goals must be linked to clients problems as they are understood after presenting concerns have been explored, and be relevant to your diagnostic impression. Think along the lines of long-term outcomes for the client as well as immediate needs (safety, etc.).

Child Interview Written Report Guidelines

CPSY 523 – Summer 2015 (50 pts., 8-10 pgs.)

Video – 25 pts.

Turn in your entire Child Interview Video, with the time (minutes) of the section you're showing the class noted.

APA Format – 2 pts.

Please use regular APA format guidelines for your paper. Your paper should be typed, double-spaced on standard-sized paper (8.5" x 11") with 1" margins on all sides. You should use a clear font that is highly readable. Include a title page and Reference List if you use additional resources for your paper.

Summary of Video Tape – 8 pts.

Summarize your entire session with the child. In addition, thoroughly describe your interaction with the child in the section of tape that you choose to share with your peers. This is the "Who" the "What" the "Where" of your paper.

Challenges, Surprises, Strengths & Growth – 10 pts.

In this section I want you to think about what you did well in the interview with the child. Did you have good rapport with the child, and if so, how did you make that happen? What therapeutic skills or interventions did you use with the child (trust me, you did!) that helped facilitate the interview? What did you do to set yourself up for success in the interview? Be creative here and give yourself credit! What were the challenges that you experienced in being the interviewer of the child? Were there any surprises that came up for you and how did you respond to being surprised? How did you maneuver through the challenges of interviewing the child? Also, what areas or growth do you see for yourself? What parts of the interview do you feel like you struggled with?

You may only have as many areas of growth as you have strengths!!!

Developmental Appropriateness – 3 pts.

Did you seem to be speaking with the child at his/her developmental level? Did you practice re-wording statements or questions to the child's level when necessary? Did you use a variety of statements other than questions (clarification, response to feeling, paraphrase, etc)? If this was an area of struggle for you discuss this as well.

Future Planning- 2 pts.

Knowing what you know now that you have experienced interviewing a child, what would you do differently if you had to do this assignment again? What activity would you plan and how would you prepare for the future child interview? What would you do to be facilitative of the therapeutic process with the child?

Informed Consent to Interview

CPSY 523 – Summer 2015

Dear Parent,

Thank you for considering allowing the graduate student, _____, to interview you and your child. Please read the following information carefully before signing this form.

1. The graduate student is PRACTICING SKILLS and is in the beginning stages of training to become a counselor or school psychologist. If you have genuine concerns about your child that you believe may need professional help, please seek assistance from a professional. The graduate student listed below will assist you in finding a referral.
2. Because this student is in the beginning stages of training under no circumstances should nor can they offer any advice, opinion, or make any statements to you about your child, family, or parenting. The student will conduct an interview and you will not receive any feedback during or after the interview. The student will avoid giving any feedback to your child. However, sometimes children ask questions such as “Am I weird because I think/feel that?” to which some type of a response is in the child’s best interest. The graduate student will respond to direct questions with statements such as “I’ve heard other kids say they feel/think that way” “I think that is a question you need to ask your (parent)” or “What do YOU think?” or other statements to avoid giving feedback.
3. The graduate student will be asking you personal information about your pregnancy, child development, parenting, family functioning, information about your child’s school, and your feelings, thoughts, beliefs, and culture. The student will ask your child similar questions appropriate for the child’s developmental level.
4. Any information obtained from you will be kept confidential. Your name will not be used on any written work completed by the student. THERE IS ONE EXCEPTION TO CONFIDENTIALITY. If you or your child reveal information that may indicate child abuse or harm to self or others (child, family members, or others) the student is ethically obligated to report this information to Child Protective Services and/or the police in consultation with Heather D. Lara, MA. the faculty member teaching the graduate student’s course.
5. You may choose to make up things to tell the student in the interview, but if you do, ABSOLUTELY DO NOT MAKE UP ABUSE OR SELF HARM stories. The student interviewing you will be expected to treat these disclosures as real and will report them as described above.
6. Please do not ask your child to make up stories.
7. You have a right to be present during your child’s interview. However, it will provide the best learning experience for the student if you are not present during the child interview. If you decide to be present, please watch quietly. The purpose of the child interview is to help the student learn to talk to children without help from the parent. YOU MAY STOP THE INTERVIEW AT ANY TIME AND WITHDRAW PERMISSION AT ANY TIME. However, if abuse/harm has been disclosed this will still be reported.

If you choose not to be present during your child’s interview, any information your child shares with the graduate student will NOT be disclosed to you unless the student feels that the child has told something that could be harmful to the child or others. If the child reveals statements about

abuse the graduate student is required to report that information directly to the authorities as described previously. You will not be informed of this report if the graduate student, in consultation with the faculty instructor, has any concern that such information would put the child in danger.

8. You will be asked to fill out a rating form and give the student feedback on her/his interviewing skills for the interview with you and with your child if you are present. This will not have an effect on the student's grade, but it is vital to the student's learning to give both positive feedback and suggestions for improving.

I have read the above information and/or it has been explained to me. I have had the opportunity to ask questions. I give permission for _____ to interview me _____ and my child _____ on (date) _____ for purposes of learning to interview. I understand I will not receive any feedback about the interview, my child, or anything I discuss. I also understand I can withdraw this permission at any time.

I give permission for _____ to videotape the interview. I understand that the tape will be played in the graduate class. I understand my name and any other identifying information will not be given to the class. The tape will be destroyed when the student completes the course.

Parent Signature Date

This permission form will be given to Heather D. Bennett, MA to insure that the student has obtained informed consent. Professor Bennett will keep the form on file until the student completes the course at which time the form will be shredded.

If you have any questions please contact:

Student: _____

Faculty: Heather Lara, LMFT
Lewis & Clark College
Department of Counseling Psychology
hbennett@lclark.edu (971) 404-7603

CHILD INFORMED CONSENT

This portion is to be used to READ TO OR EXPLAINED to the child/adolescent WITH THE PARENT PRESENT for children 5 or over. The graduate student and parent can adjust these statements to insure that the child understands at his/her developmental level.

Suggested dialog:

Hi, I'm _____ and I'm a student in college (describe what college is if necessary – "I'm in the 17th grade") learning to interview (talk to) parents and kids because that is what I will be doing for a career (job, kind of like a teacher, etc). We are going to talk (and play with some stuff, play cards...) for a while and I'm going to ask you questions about yourself, your family, school, and friends. We have about (1/2 hour, hour, depends on age level of child), but if you want to stop sooner that will be o.k. If I ask you a question you don't want to talk about that is o.k. too, just tell me. I am going to videotape us so that my teacher and other students in my class can watch me and help me learn how to do a better job talking with kids. Can we talk (play, etc,) for a while now?

DO NOT OFFER THE CHILD CONFIDENTIALITY. If the child asks if you will keep secrets, or not tell his/her parents something, tell the child you can't keep secrets. If the child reveals something then asks you not to tell, remind the child you cannot keep secrets. You will have to judge whether what the child told you needs to be passed on to the parent or reported to the appropriate authorities. In general, anything that you believe could be harmful to the child or others needs to be revealed to the parent unless doing so might put the child at risk for immediate further harm. The best option is to encourage the child to help you tell the parent.

Child Signature (or X, smiley face, etc. whatever the child can write):

I give permission (say it is o.k.) for _____ to talk/play with me and ask me questions. We will also be on a videotape. I understand what I say may be told or shown to other people. I know I can stop any time I want to.

Child signature (or mark, drawing, etc)

The information contained in the informed consent statement(s) above were explained to my child in a way he/she understood and she/he willingly gave permission.

Parent Signature

Date

Interviewing a Child Feedback – Parent

Thank you for allowing your child to participate in this training exercise for the Treatment Interventions for Children & Adolescents class at the Lewis & Clark Graduate School of Education & Counseling. Please take a few minutes to evaluate the graduate student who conducted the interview. If you have any questions or concerns, please contact Heather Lara, LMFT, instructor for the course, at 971-404-7603 or hbennett@lclark.edu.

Interviewer Name: _____ Date of Interview: _____

Child's First Name: _____

1. Please briefly describe your interaction with the graduate student:

2. Were you given the "Informed Consent" for the Child Interview and offered explanations for any questions /concerns that you may have had? Yes No

3. Were you present for the Child Interview? Yes No. If Yes, please describe the interaction between the child and the graduate student; any positive feedback is much appreciated.

4. Please discuss the level of professionalism of the graduate student in his/her interactions with you and your child:

5. Any additional comments or questions that you have in regards to the child interview:

Treatment Plans

- We will be completing three role-play experiences in class this semester. You will be separated into groups of 3 and will be given a sample case to role play for each class.
- In each role play one student will be the “Therapist,” while the others will play the “Family” (parent, child, legal guardian, etc.). You will have the opportunity to be the therapist once and family members twice.
- At the start of each session, the group will be given a few minutes to review the case scenario and prepare for the “Initial Interview.” You will then role play the interview for about 15-20 minutes and then will debrief for a few minutes before preparing for the "second session." The second session will last another 15-20 minutes of role-playing, and then the entire group will debrief.
- The “Therapist” will write up a Case Conceptualization and Treatment Plan, and each person from the "Family" will write up a Reflection of their experience.
- The subgroups will swap positions for the second and third in-class activities. Everyone will have a chance to write one Case Conceptualization and Treatment Plan and one Client Experience.
- You will be graded based off of your participation in the experiences as well as your application of the therapeutic principles and techniques discussed and taught in class.

Case Conceptualization/Treatment Plan Assignment (30pts.)

Please use regular APA format (2pts) guidelines for your paper. Please cover each content area thoroughly, utilizing the skills that you’ve learned thus far in your graduate school experience and in this class to create your conceptualization of this case. Your focus should be on your analysis of the case, not so much on the Presenting Concerns or the data that will be presented to you in the case study.

Client Strengths - (2pts)

Highlight protective factors for the client. This is one of the most important and helpful parts of your conceptualization. These protective factors will help in the formulation of the treatment plan for the child and will aid the therapeutic work throughout treatment. Strengths should include positive relationships, interests, hopes, dreams, skills, opportunities, etc.

Presenting Concerns - (3pts)

Please summarize the case, specifically why the client (family) is seeking help. Include how the client came into services (what brought them here) and any incoming diagnostic information you receive. Present a thorough account of each of the client’s problems as viewed by the client. Include the parameters of the presenting concerns including prior occurrence, onset, duration, frequency, severity and relative importance to the current situation. You should assess immediate or impending dangers and crises that the client may be facing. Identify environmental stressors and supports that may be linked to the presenting concern as well.

Background (Bio-Psycho-Social) Data - (3pts)

Includes sex, age, race, ethnicity, physical appearance, socioeconomic status, marital status, family constellation and background, educational and occupational status, medical and mental health history, drug use, prior treatment, legal status, living arrangements, religious affiliation, sexual orientation, social network, current functioning, self-perceptions. Emphasize any parts of the client’s culture that may be meaningful and affect his condition.

Therapist’s Experience of the Client - (4pts)

This is your personal reaction to the client (attraction, boredom, confusion, frustration, and sympathy). Share your genuine experience with the client, positive or negative. Your experience with the client is a source of hypotheses about feelings that the client may engender in others and give you insight into the interpersonal world that the client partially creates for herself. The “feel” we get from children and adolescents gives us other

diagnostic cues as well. Your experience with the client will provide less quantitative information and more “gut” type of input. As a therapist, your “gut” is sometimes the significant tool. Keep in mind that “feel” is different from counter-transference.

Also include information that comes from non-verbal behavior as well. This includes eye contact, facial expression, body movements, idiosyncratic mannerisms (hand gestures), posture, seating choice/arrangement, and change in any of these behaviors over time. Non-verbals give therapists much information and should always contribute to your view of the overall client.

Inferences & Assumptions (Theories) - (3pts)

Formulate a working model consisting of a clear definition of the client’s presenting concerns and how hypothesized psychological mechanisms produced those problems. Elaborate on and refine incompletely formed inferences by identifying related clinical data and relevant theoretical constructs. Think logically and compare your impressions of clients with impressions that are independently revealed in the data. Your intuition must be grounded in presented evidence and patterns of understanding the client.

Diagnosis & Rule Outs - (3pts)

Include your impression of the client’s diagnoses. Demonstrate clear differential diagnostic reasoning and support your thinking with clinical evidence and consider any competing diagnoses. Provide justification for why/why not you choose certain diagnoses.

Treatment Plan - (10pts)

Create a thorough treatment plan with a minimum of two treatment goals. Goals must be linked to clients problems as they are understood after presenting concerns have been explored, and be relevant to your diagnostic impression. Think along the lines of long-term outcomes for the client as well as immediate needs (safety, etc.).

Your treatment plan should include the Six Steps discussed in the Jongsma, Jr. (2014) text. You may use sample plans from the text as a guide, however please work to develop your own clinical language as well (ie: avoid plagiarizing the text!)

Client Experience Assignment (20pts.)

Please provide a 4-6 page (APA Format) reflection focused on your perspective as the “Family.” I am curious to read about your experience as the client with each particular “Therapist.” The following areas should be addressed and reflected upon throughout your assignment.

- Rapport: Did the counselor appear to have good rapport with the client? What did he/she do that appeared to help build rapport? Were there things that you might have tried had you been the interviewer (suggestions)? How did the session flow?
- Developmental Appropriateness: Did the counselor seem to be speaking with the “Family” at his/her developmental level? Did the counselor re-word statements or questions to the child’s level when necessary? Did you notice statements that maybe the child did not understand, but the interviewer did not catch the developmental implications? Any concerns in this area?
- Interview style: Did the counselor use a variety of statements other than questions (clarification, response to feeling, paraphrase, etc)? Was there variability in questions vs. other types of statements? Was there space for you to respond in a way that felt safe/comfortable?
- Play: Was the activity during the session facilitative of the process? Sometimes activities directly relate to the session (draw your family), sometimes they keep family members somewhat occupied during conversation. How did you feel about the activity/ies that occurred during the session?

Please also provide any other feedback that you may have in regards to this experience.