

Lewis and Clark College
Graduate School of Education and Counseling
Department of Counseling Psychology

Treatment Planning and Intervention
With Children and Adolescents
CPSY 523—Fall, 2015
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office hours by appointment—call or e-mail

Required Text:

Case Studies in Child, Adolescent, and Family Treatment; LeCroy and Daley, eds.
Brooks/Cole, 2005

Other readings available through Moodle

Optional/Recommended:

American Psychiatric Association (2013). Diagnostic and statistical manual of mental
disorders (5th ed.) Washington, DC: Author.

Other readings as assigned

Description: This course will introduce students to treatment planning and interventions with child and adolescent populations, exposing students to a wide variety of conceptual models, but focusing on viewing problems of childhood and adolescence systemically and behaviorally. Students will develop skills in the fundamentals of interviewing, diagnosis, case conceptualization, and treatment planning. Students will also become familiar with effective treatment strategies for the most common psychological disorders as well as important issues facing child and adolescent treatment.

Course Requirements:

CPSY 523 Counseling and Intervention with Children and Adolescents*

Required Objectives (CACREP 2009 Standards):

CACREP and program added course objectives, organized by topic

Ethics and law: confidentiality with minors and families, informed consent

A2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling. (2001-A4)

B1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.

Population covered in class: children and adolescents with broad range of personal and environmental circumstances, interventions

2d. individual, couple, family, group, and community strategies for working with and advocating for diverse populations, including multicultural competencies;

3e a general framework for understanding exceptional abilities and strategies for differentiated interventions;

3f. human behavior, including an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior;

C2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.

5g. crisis intervention and suicide prevention models, including the use of psychological first aid strategies.

E3. Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.

G1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.

G2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.

H1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.

Systems perspective, includes understanding of mental health systems for service provision with children and adolescents

- 5e. a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions;
- A3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams. (2001-b1)
- C7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
- C8. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.
- C3. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).
- C5. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.

Incorporates evidence based practice and specific counseling techniques with children and adolescents

- 8e. the use of research to inform evidence-based practice
- I1. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.
- I3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.

Additional Objectives:

Develops an understanding of various counseling methods with children and adolescents (e.g. play therapy, experiential methods, skills development, etc)
 Develops an understanding of parent or parent/child counseling methods with children (e.g. Parent Child Interaction Therapy, Parent skills training, etc)

Key Required Assignments/Student Learning Outcomes

These assignments are required for the course, but will not be the only requirements/expectations. The chart below lists the assignment, method of submission, and benchmark score/grade. These assignments are set up for upload to Taskstream and/or instructor provides rating for assignment. See syllabus for details.

Theory and Research into Practice		Proficient (A)	Benchmark (B)	Emerging (C)	Inadequate/Fail	As evidenced by:	Evaluation and Remediation
Goal 4 of 6							
Understands and applies interventions	Early Program	Demonstrates strong understanding of	Demonstrates adequate understanding of	Demonstrates inadequate understanding of		MHC 523: Final grade AND Midterm and	First year portfolio/advisor review; referral to Benchmark Review

		interventions and evidence based practices with children/adolescents	interventions and evidence based practices with children/adolescents	interventions and evidence based practices with children/adolescents		final exam 80% minimum	Committee
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Clinical skill		Proficient (A)	Benchmark (B)	Emerging (C)	Inadequate/Fail	As evidenced by:	Evaluation and Remediation
Goal 1 of 5							
Students develop therapeutic communications skills emphasize the client-counselor relationship with individuals and families	Early Program	Student demonstrates high level of skill interviewing a child and parent. Grade: 90-100%	Student demonstrates adequate skill interviewing a child and parent Grade: 80-89%	Student's ability to interview a child and parent is rudimentary/emerging Grade: 70-80%	Student fails to complete assignment	CPSY 523: Child Interview Instructor grade	First year portfolio/advisor review; referral to Benchmark Review Committee

ATTENDANCE: Class attendance is expected and required. Any missed class time will 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 45 hour class (3 credits). 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 may be seen as an absence that requires make-up work.

READINGS: Complete assigned readings on time and be prepared to ask questions, discuss material and apply the material during in-class assigned work.

TREATMENT PLANS: Groups of 4 or 5 students will be asked to role-play a sample case during class four times throughout the semester. For each activity, two students will be the "therapist," while the others will play family members. Each subgroup will be given a few minutes to review the case scenario and prepare for the "initial interview." After 15 minutes or so of role-playing, the subgroups will debrief for a few minutes and prepare for the "second session." After another 15 minutes of role-playing, the whole group will debrief. One person from the "therapy team" will write up a case conceptualization and treatment plan (see outline in Moodle), and one person from the "family" will write up a description of their experience (outline also on Moodle). The subgroups will swap positions for the second in-class activity, and the groups will rearrange for the last two. Everyone will have a chance to write one treatment plan and one "client experience." (25 points total).

PARENT(S) AND CHILD INTERVIEW: You will conduct an intake/developmental history interview with a child and one or more parents. It will be your responsibility to find someone willing to let you practice on them. You will be provided with an informed consent form that explains that you are a student in training.

You must videotape the interview with the child. You will choose a 10-minute segment of the video to show in class or to the instructor. Students will work in small groups to give evaluation and feedback on the interview.

You will turn in a formal written report. (25 points)

TESTS: Midterm and Final, Take Home, one week to complete. Tests will consist of a number of short answer/essay questions where you will be expected to demonstrate understanding of the readings, with an emphasis on synthesis and analysis. There will be one or more case examples which will require a diagnosis and treatment plan. (25 points each)

CLASS PARTICIPATION: This is admittedly subjective, but will be based largely on your involvement in small-group discussions, asking questions, making relevant comments, etc. There are no points associated with this requirement.

<u>Grading:</u>	<u>Points</u>
Treatment Plan	15
Client Experience	10
Take Home Tests	50 (2 @ 25 points each)
Interview Paper	25

A = 92-100 points

A- = 90-91 points

B+ = 88-89 points

B = 80-87 points

COURSE SCHEDULE
 CPSY 523—FALL, 2015
**Treatment Planning and Interventions
 With Children and Adolescents**

<u>Date</u>	<u>Topic</u>	<u>Reading</u>
9/10	Introduction—Developmental issues, ethics Ethnic issues	Dishion—Ethical Standards Vernon & Clemente—Child Assessment Process LeCroy, Chap. 2-2
9/17	Interviewing, assessment, case conceptualization	McConaughy--Interviewing O'Conner & Ammen, Chap. 1
9/24	Socially rejected children GROUPS MEET—Case #1	Frankel reading LeCroy, Chaps. 2-4, 3-1, 3-3
10/1	Anxiety, OCD GROUPS MEET—Case #2 TREATMENT PLAN OR CLIENT EXPERIENCE #1 DUE	LeCroy, Chap. 1-1, 6-2 Banishing OCD (March & Mulle)
10/8	Depression, suicide, bi-polar Bi-Polar Interventions—2 readings (Goldberg-Arnold & Fristad) Ash—Suicide in Children and Adolescents TREATMENT PLAN OR CLIENT EXPERIENCE #2 DUE	LeCroy, Chap. 1-3
10/15	Substance abuse issues MID-TERM AVAILABLE	Adolescent Substance Abuse Disorders Family Response to Adolescence, Youth, and Alcohol Teen Therapy--Edgette
10/22	Disruptive Behavior Disorders MID-TERM DUE	LeCroy, Chaps. 2-1 McDaniel, Lusterman, Philpot 4 Mistakes with Teens article
10/29	Parent-training approaches with ADHD and ODD	LeCroy, Chap. 1-2, 3-2 Dishion—Parent Intervention Groups Executive Functioning articles
11/5	School-Based Interventions GROUPS MEET—Case #3	LeCroy, Chap. 3-5, 4-3 ODD Reading
11/12	Coping with the explosive child	Greene & Albon Reading

TREATMENT PLAN OR CLIENT EXPERIENCE #3 DUE

11/19 Autism/Developmental disabilities New York Times article on Sensory Issues
Learning Disabilities Treatments for Asperger Syndrome (Ozonoff et al)
GROUPS MEET—Case #4

11/26 **NO CLASS-THANKSGIVING BREAK**

12/3 Eating, Sleep, and Elimination Disorders
Schroeder & Gordon—Toilet Training
LeCroy, Chap. 1-4
Sleep Problems article

TREATMENT PLAN OR CLIENT EXPERIENCE #4 DUE

12/10 Divorce, step-parenting, child abuse, foster children, adoption, grief
LeCroy, Chap. 5-2, 5-4
Grief and Divorce articles

FINAL EXAM AVAILABLE ON MOODLE

12/17 Present/discuss interviews in class
FINAL EXAM DUE
INTERVIEW REPORTS DUE

C = < 80 points/%