

Lewis & Clark College
Professional Mental Health Counseling & Professional Mental Health Counseling –
Specialization in Addictions
CPSY 523
Counseling and Interventions with Children and Adolescents
Syllabus Cover Sheet

Required Objectives:

Professional Counseling Identity (CACREP 2016 Standards)

- 3h. ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan
- 5b. a systems approach to conceptualizing clients
- 5j. evidence-based counseling strategies and techniques for prevention and intervention
- 5l. suicide prevention models and strategies
- 5m. crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
- 7c. procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
- 7d. procedures for identifying trauma and abuse and for reporting abuse (?)
- 8b. identification of evidence-based counseling practices
- 8d. development of outcomes measures for counseling programs

Entry-Level Specialty: Clinical Mental Health Counseling (CACREP 2016 Standards)

- C1c. principles, models and documentation formats of biopsychosocial case conceptualization and treatment planning
- C2a. roles and settings of clinical mental health counselors
- C2b. etiology, nomenclature, treatment referral, and prevention of mental and emotional disorders
- C2l. legal and ethical considerations specific to 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 interventions and evidence based practices with children/adolescents	Demonstrates adequate understanding of interventions and evidence based practices with children/adolescents	Demonstrates inadequate understanding of interventions and evidence based practices with children/adolescents		MHC 523: Final grade AND Midterm and final exam 80% minimum	First year portfolio/advisor review; referral to Benchmark Review Committee

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

Lewis & Clark College
Graduate School of Education and Counseling
School of Counseling Psychology
CPSY 523 – Counseling and Interventions with Children and Adolescents
Tuesdays 9/6- 5:30-8:45
Kaleigh Boysen, MS, MFT kdoncheck@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 & Anthony (2015). Case Studies in Child, Adolescent, and Family Treatment, 2nd edition: John Wiley & Sons, Inc.

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

Additional readings may be handed out in class

Course Description:

Counseling children and adolescents must be approached differently than counseling adults and requires knowledge and understanding of appropriate diagnosis and interventions specific to this population. This course will cover topics of assessing, diagnosing, and treating children and adolescents. Students will learn skills in interviewing, diagnosing, case conceptualization, and interventions and modes of treatment commonly used with children and adolescents. Students will become familiar with diagnoses unique to children and evidence-based practices and effective treatment strategies for the psychological disorders and social, emotional, and behavior problems most commonly presented in childhood and adolescence.

Attendance policy: Much of this course is structured around in-class discussion and role plays. Students are expected to attend all class sessions and arrive on time except in cases of extreme hardship. Please communicate with me ahead of time regarding making up work for any missed class periods. Missing more than ten percent of class time may result in failure to complete the class.

Late Assignments: Any assignment turned in late will be marked down a full letter grade (10%) for each week it is late. Please communicate with me BEFORE class if you know an assignment will be late or require additional time due to hardship or unforeseeable circumstances and I will work with you on an individual basis to determine whether there will be a penalty assigned.

Course Requirements:

Readings: Complete all readings on time and come to class prepared to ask questions and discuss the material.

Reflections: Write a brief (one page or less) reflection each week on the assigned readings. This reflection can consist of your reactions or thoughts about the readings and any questions raised.

Mid-Term Exam: This will be a take-home exam that you will have one week to complete. It will include short answer/brief essay questions related to the readings as well as case vignettes that will require assessment, diagnosis, and treatment planning.

Parent 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 parents will not affect your grade.

Diagnosis and Treatment Plan: In class, we will come up with a case to role play. Throughout the semester, we will do role plays of the family consisting of a child or adolescent and parent(s). You will be asked to role play as both a therapist and client for at least one class period. This will give you a chance to practice your interviewing, assessing, and diagnostic skills as well as give you some perspective on the client experience. You will write a diagnosis with a justification and a treatment plan based on this case.

Case Conceptualization and Client Experience Paper: Also based on the role plays in class, this paper will serve as your final exam. You will be graded based on your participation in the role plays as well your ability to apply the theoretical orientations and therapeutic principles learned in class and readings to the case.

Grading

Reflection papers/Reading discussions: 25 pts

Child Interview: 50 pts

Diagnosis and Treatment Plan: 25 pts

Mid-Term Exam: 50 pts

Case Conceptualization & Client Experience Paper: 50 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 75% (150 pts) is considered an inadequate grade and will result in the student being required to re-complete assignments or re-complete the course in another semester.

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.

Weekly Schedule (may be subject to change)

9/6: Topic: Course Introduction

Plan: Introductions, Syllabus Review & Assignment Expectations

Discussion: Child and Adolescent Counseling overview

9/13: Topic: Interviewing children and adolescents,

Assignments/Readings: McConaughy: ch. 1-3; LeCroy Case Studies 1-2 and 1-5; reflection

Plan: Discussion of readings, typical childhood development, introducing and describing therapy to children; Come up with our "client" and presenting problem for role plays

9/20: Topic: Mandatory Reporting and other ethical concerns, Mental Health Assessment

Assignments/Readings: McConaughy: ch. 5,6, 8; LeCroy Case Studies 3-1 and 3-2; reflection

Plan: Discussion of readings, overview of mandatory reporting responsibilities; begin role plays

9/27: Topic: Early Childhood, Developmental Disabilities & Autism Spectrum Disorders

Assignments/Readings: LeCroy Case Studies 3-3, 2-1, and 4-4; Jongsma Jr. 66-77, 91-103, 179-191, 219-229, 307-319, 367-379, 425-435; reflection

Plan: Discussion of readings, overview & demonstrations of therapeutic interventions used in early childhood; Role play #2

10/4: Topic: ADHD and Behavior Disorders; school-related issues & working with teachers

Assignments/Readings: McConaughy: Ch. 7; LeCroy Case Studies 1-1 and 5-2; Jongsma Jr. 14-21, 78-90, 126-142; 155-166, 279-293, 354-366; reflection

Plan: Discussion of readings, role play #3

10/11: Topic: Child & Adolescent Substance Abuse Disorders

Assignments/Readings: McConaughy Ch. 4; reflection; **Diagnosis & Treatment Plan Due**

Plan: Discussion of readings, hand out midterm, role play #4

10/18: Topic: Play-based therapy models

Assignments/Readings: articles e-mailed or passed out in class; **Mid-term Due**

Plan: Possible guest speaker, demonstrations of interventions, role play #5

10/25: Topic: Mood & Anxiety Disorders; Adolescent Substance Abuse Disorders

Assignments/Readings: McConaughy Ch. 4; Jongsma 52-65; 142-154; 230-241; 267-278; LeCroy case study 1-5; reflection

Plan: Discussion, role play #6

11/1: Topic: Crisis Planning: Self-harm, Suicide & Youth Violence

Assignments/Readings: McConaughy: ch. 9-10; LeCroy case studies 1-3 and 1-7; Jongsma Jr. 38-51, 116-125; reflection

Plan: Discussion, safety planning overview, role play #7

11/8: Presentation of Child Interviews

11/15: Topic: Child Abuse & Neglect, Domestic Violence, Homelessness, Foster Care & Adoption

Assignments/Readings: LeCroy case studies 4-1, 4-2, 4-3, 4-4, 5-4; Jongsma, Jr. 26-37, 330-353, 380-390; reflection

Plan: Possible guest speaker, discussion of readings, role play #8

11/22: Topic: Divorce & Blended Families; Grief & Loss

Assignments/Readings: Jongsma 104-115, 167-178, 208-218, 320-329; reflection

Plan: Discussion of readings, role play #9

11/29: Topic: Cultural competency and working with diverse populations

Assignments/Readings: LeCroy case studies 2-2, 2-4, 5-1 and 5-3; reflection

Plan: Possible guest speaker, discussion of readings, role play #10

12/6: Topic: Family Therapy & Systems Theory overview; working with parents & families

Assignments/Readings: articles will be handed out or e-mailed; **Case conceptualization/Client Experience (final paper) due**

Plan: Discussion, course evaluations

Child Interview Written Report Guidelines

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Video: 25 pts.

Turn in your entire Child Interview video, with the time (minutes) of the section you're showing in 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"x11") with 1" margins on all sides. You should use a clear font that is highly readable, include a title page and a 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 of growth do you see for yourself? What parts of the interview do you feel like you struggled with?

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

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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 will assist you in finding a referral.
2. Because this student is in the beginning stages of training under no circumstances should 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 neglect or harm to self or others the student is ethically obligated to report this information to Child Protective Services and/or the police in consultation with Kaleigh Boyesen, MS, the faculty member teaching the graduate student's course.
5. Please do not ask your child to make up stories.
6. 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 do not participate during the child interview portion. 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 or neglect has been disclosed this will still be reported.
7. 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 shared something that could be harmful to the child or others. If the

child reveals statements about abuse or neglect the graduate student is required to report that information as described previously.

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 the 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 Kaleigh Boysen, MS to insure that the student has obtained informed consent. Professor Boysen 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: Kaleigh Boysen
Lewis & Clark College
Department of Counseling Psychology
kdoncheck@lclark.edu

Child Informed Consent

This portion is to be read 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 ensure 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) 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, helper, etc.) We are going to talk (and play) for a while and I’m going to ask you questions about yourself, your family, your school, and friends. We have about 30 minutes (depends on age of child) but if you want to stop sooner that will be OK. If I ask you a question that you don’t want to talk about that is OK 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?”

You can explain confidentiality as well but make it clear that you you will not promise to keep secrets from his/her parents and that you have to tell someone if they talk about being unsafe/getting hurt or hurting someone else. 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.

I give permission (say it’s OK) for _____ to talk and 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 (students and teachers in the class). I know I can stop ay 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 and 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 Kaleigh Boysen, MS, MFT, instructor of the course, at kdoncheck@lclark.edu

Interviewer name: _____ Date of Interview: _____

Child's First Name: _____

Please briefly describe your interaction with the graduate student:

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

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. -

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

Any additional comments or questions that you have in regards to the child interview?

Diagnosis & Treatment Plan Assignment

Throughout the semester, we will role play a case involving a child or adolescent and their parent(s) or family. Each student will be expected to role play as BOTH the therapist and a client (either child or parent) at least once during the semester. After three role play “sessions” you will be expected to come up with an initial diagnosis and a justification for that diagnosis as well as a written treatment plan. You will be graded on both your participation in the experiences as well as your written work and your ability to apply the therapeutic principles and interventions discussed in class and learned from readings.

APA format (2 pts): Please use regular APA format for your paper.

Presenting concerns (3 pts): Please summarize the presenting concerns, specifically why the client and family is seeking help. Include any existing diagnoses. Discussion of presenting concerns should include prior occurrence, onset, duration, frequency, severity, and the impact it has on the client’s functioning (in school, relationships, etc.)

Diagnosis and Justification (5 pts): Include your impression of the client’s diagnosis. Describe clear differential diagnostic reasoning and any other diagnoses you considered. Describe clearly how the client’s presenting symptoms relate to the diagnosis. Provide justification for why you did or did not choose certain diagnoses.

Treatment Plan (15 pts): Create a thorough treatment plan with a minimum of two treatment goals. Goals must be clearly linked to the client’s presenting problems and diagnosis as described in the previous sections of your paper. Refer to the Jongsma text for examples of treatment plans. You may use sample plans as a guide; however **do not plagiarize the text!** You should develop your own clinical language and tailor the goals to the specific case.

Case Conceptualization/Client Experience (final)

Throughout the semester, we will role play a case involving a child or adolescent and their parent(s) or family. Each student will be expected to role play as BOTH the therapist and a client (either child or parent) at least once during the semester. At the end of the semester you will write up case conceptualization and a reflection on what it was like to be the “client” in these sessions. You will be graded on both your participation in the experiences as well as your written work and your ability to apply the therapeutic principles and interventions discussed in class and learned from readings.

APA Format (2 pts.): Please use regular APA format for your paper.

Presenting concerns & client strengths (3 pts.): Briefly summarize the case, the diagnosis, and why the client and family is seeking help (you can draw from your diagnosis paper for this section). Include a description of client and family strengths and how these strengths may serve as protective factors in treatment. Strengths could include positive relationships, supports, optimism, skills, opportunities, etc.

Background (bio-psycho-social) (5 pts): Include sex, age, race, ethnicity, culture, physical appearance, socioeconomic status, marital/family status, living arrangements, other caregivers or important people in their lives, any legal involvement, religious affiliation, sexual orientation, social and academic functioning, and client’s self-perception. Emphasize any elements of the client’s culture or background that may be meaningful or relevant to the presenting concerns.

Mental Status (5 pts): Include a description of the client’s apparent mental status, including eye contact, facial expression, affect, body movements, seating choice/arrangements, non-verbal communication, mannerisms, atypical or unusual behavior, and apparent mood. Include any changes in behavior or appearance over time.

Clinical Formulation (10 pts): Formulate a working model of the client’s presenting concerns and your clinical impression of the underlying patterns or mechanisms causing or maintaining these problems. Support your hypothesis by identifying relevant clinical data, examples from the role plays, and any relevant theoretical constructs.

Goals and Interventions (10 pts): Describe the goals you would create for this client and family. Would you adjust them from the ones you wrote in the treatment plan assignment? If so, why? Goals must be linked to the client’s presenting concerns. Also include a description of what treatment intervention(s) would most effectively be used to help a client meet these goals. The interventions recommended should fit the client’s need and developmental level (for example, PCIT for a young child presenting with behavior problems). Include a justification of why you believe the intervention would be successful.

Role Play Reflection/Client Experience (15 pts): This section should include your personal reactions to the role plays, both as the therapist and the client. How did it feel to be the therapist? Did you notice yourself experiencing strong feelings toward the client or the parent?

Did you identify more with one or the other? Did issues of counter-transference come up for you and if so, how did you address them? What did you learn from this experience? Also reflect on your role as a client. How did it feel to be the client? Include any thoughts on how the therapist worked with you and any reactions you had as the client to the therapist. What did you learn from the experience of playing the client?