

PSYC*6580, Course Outline: Fall 2020

General Information

Disclaimer: Please note that the ongoing COVID-19 pandemic may necessitate a revision of the format of course offerings and academic schedules. Any such changes will be announced via CourseLink and/or class email. All University-wide decisions will be posted on the COVID-19 website and circulated by email.

DUE to the COVID-19 pandemic, this course is offered in an alternative format.

Alternative Delivery Synchronous – AD-S Virtual: Tuesdays 11:30-2:20

Course Title: Foundations in Child and Adolescent Psychotherapy

Course Description:

This course will provide an introduction to psychotherapy with children and adolescents with a focus on evidence-based practice and on developing strong self-reflective skills as an emerging therapist. Although major theoretical approaches will be covered in the course, including Behavioral, Psychodynamic, Child-Centred Play, Group Therapy and Family Systems therapies; there will be an in-depth and experiential focus on Cognitive-Behaviour therapy (including an introduction to positive or resilience focused CBT, third wave therapies, and a Group DBT exercise). Diversity issues will be addressed throughout the course, with a focus on striving towards culturally competent psychotherapy.

Credit Weight: .50

Academic Department (or campus): Psychology

Semester Offering: Fall

Class Schedule and Location: Tuesdays 11:30-2:20 (AD-S Virtual, via Zoom on Courselink)

Instructor Information

Instructor Name: Dr. Lianne English
Instructor Email: lianne.english@guelphhumber.ca
Office location and office hours: By appointment

Course Content

Specific Learning Outcomes:

Upon successful completion of the course, students will be able to:

1. Identify key ethical and diversity considerations in intervention with children and

adolescents

2. Understand the factors that contribute to the importance of evidence-based intervention practice (and some of this historical debate that surrounds this)
3. Be able to articulate the importance of theoretically grounded formulation and intervention.
4. Demonstrate a basic working knowledge of major systems of intervention in child and adolescent psychotherapy including Cognitive/Behavioral, Psychodynamic, Child-Centred Play, Group Therapy and Family Systems approaches.
5. Develop beginning case formulation skills.
6. Demonstrate an emerging ability to formulate the same case from multiple theoretical orientation perspectives.
7. Demonstrate a basic level skill in the implementation of dialectical behaviour therapy techniques that might be employed in group therapy for adolescents with depression, suicidality, and emotion dysregulation.
8. Demonstrate skill in effective written and verbal communication.
9. Develop self-reflection skills.

CCAP Competencies & Facets	Level*	Specific LO
Professionalism & Interpersonal Relationships		
1. Demonstrates knowledge of self (e.g., motivation, culture, resources, values, personal biases, factors that may influence the professional relationship such as limits)	Intermediate	1,2,9
2. Demonstrates knowledge of others, including the macro- (e.g., work, national norms, etc.) and micro-environments (e.g., personal differences, family, culture, gender differences, etc.) in which people function	Basic	1,2,9
Assessment & Evaluation		
1. Demonstrates knowledge of human populations served and human development	Intermediate	1,2
2. Demonstrates knowledge of and ability to conceptualize cases with consideration to intra-, inter-personal, and systemic contexts, along with strengths	Basic	3,4,5,6
3. Demonstrates skill in effective written and verbal communication.		
4. Demonstrates skill in developing recommendations and action plans based on cases presented	Intermediate	6

Date	Topic	Readings (see CourseLink)
Nov. 10	Child Centered Play Therapy Intervention Workshop	Landreth (Ch.5)
Nov. 17	Practicing Positive CBT Intervention Workshop	Bannink (Ch. 7-9) Paedesky & Mooney (2012)
Nov. 24	Intervention Workshops x 3	
Dec. 1	Acceptance and Commitment Therapy Case Formulation Across Systems	Greco & Hayes (Ch. 5, Ch. 8)
Thursday Dec. 3	Case Formulation Summative Assignment	

Classes will consist of some lecture time to present core course content illustrated with some audio/visual material and case studies. A significant portion of time will consist of class discussion, experiential application and self-reflection exercises.

Course Assignments and Tests:

Assignment or Test	Due Date	Contribution to Final Mark (%)	Learning Outcomes Assessed
Participation	Dec. 1	25 %	1-9
DBT Skills Presentation	Oct. 20, 27	20 %	4,7,8,9
Applied Intervention Workshop	Nov. 3, 10, 17, 24	35%	1,2,3,5,8,9
Case Formulation Summative Assignment	Dec. 3	20%	1,2,3,5,6,8,9

Additional Notes:

1) PARTICIPATION - 25%

Your participation mark will be based on the instructor's assessment of your engagement with all of the in-class components of this course (Do you come to class prepared, demonstrating you have completed and reflected on readings? Are you engaged with discussions?)

2) DBT SKILLS PRESENTATION - 20%

A) DBT Skills Presentation Component -15% Due Oct 20, 27, 2020

You will be responsible for planning and presenting **one** DBT group skill, chosen from one of the 5 DBT modules for adolescents (mindfulness, distress tolerance, walking the middle path, emotion regulation, or interpersonal effectiveness). You will have the opportunity to read about and practice the delivery of DBT skills that can be used in future group and individual therapy with adolescents struggling with depression, suicidality, and emotion dysregulation. Presentations will include a rationale, skill description/demonstration, and group practice.

Each presentation, including practicing the skill with the entire class, will last approximately 20 minutes. Roughly 1.5 hours of class time (Oct 6) will be dedicated to assigning and practicing the DBT skills. Additional planning for the skill presentations will also occur outside of class. A total of 4 hours (across two classes) will be dedicated to the presentation of DBT skills. You will serve as therapist for your skill presentation and client/group member for the remainder of your colleagues' presentations. This course element is conceived as a group learning experience for everyone's benefit and will be evaluated as such (i.e., your mark will be based on the knowledge and skill you portray but will largely reflect your engagement in the process and willingness to try and take risks rather than level of polished performance).

B) Therapist/Client Reflection – 5% Due Oct 27, Nov 3, 2020

Prior to the beginning of the class immediately following the session you lead, you are responsible for submitting a brief (1 page single-spaced) reflection on your experience as a therapist (and, if you like, client) (e.g., How did it feel? What worked/didn't work for you? What would you do differently next time? What did you like/not like about this approach? etc.)

3) APPLIED INTERVENTION WORKSHOP - 35%

A) Presentation/Workshop Component- 25% Due Nov 3, 10, 17, 24, 2020

Generate a **MAXIMUM 45-minute interactive workshop** that will focus on applying an evidence-based intervention to **particular challenges** seen in child/adolescent psychotherapy (e.g., OCD, eating disorders, discrete trauma, developmental trauma, grief, NSSI, anger/aggression) in an informative case-based workshop that will be delivered to your colleagues.

Steps to Follow/Components of Your Workshop:

1. Source or generate a case study that highlights salient information about your client.
2. Present a succinct formulation that not only 'describes' your client's characteristics in the context of the core issues/challenges/strengths, but synthesizes them into a formulation that will highlight potential targets for intervention. You are encouraged to use an organizational framework such as the 4 P's model (these will be introduced in class). (*Time guideline: 5 min*)
3. Present your intervention plan for this case with a rationale (e.g., fit for client characteristics, prior empirical evidence, etc.). Your intervention plan should include a brief overview of goals, main 'active' ingredients of the intervention and any special considerations with respect to your client characteristics. This will give you an opportunity to learn about and share a therapy intervention that will not be covered explicitly in other aspects of the course (e.g., IPT for adolescent depression, ERP for OCD, TF-CBT for childhood trauma, EFFT for eating disorders). You are encouraged to use brief video clips or other visual or otherwise engaging resources to present your approach. (*Time guideline: 20 min*)
4. Application: you will engage the class with a role play exercise, teaching of therapeutic technique or other experiential exercise relevant to this particular case. This is a key aspect of the assignment. (*Time guideline: 20 min*)

Note about slides if you choose to use: LESS IS MORE! Do not just post notes to read during class. Use slides for visual anchor and key points only.

B) Intervention Workshop Closing Summary AND Reflection 10%: Due the week after you present your workshop.

You are to complete a **closing summary or termination note** for your mock client that will be due the week after you present (you can use the template from PSYC*7994 or from CPS as a model). **Appended to your summary will be another maximum 1-page, single-spaced reflection on your intervention workshop experience** (e.g., How did it feel? What worked/didn't work for you? What would you do differently next time? What did you like/not like about this approach? etc.)

4) CASE FORMULATION SUMMATIVE ASSIGNMENT – 20% due Dec 3, 2020

This assignment will assess your emerging ability to apply CBT, DBT, ACT, Positive CBT, Client-Centred, CPS, Psychodynamic and Family Systems models of psychotherapy simultaneously to one case for formulation and treatment planning (Note: Instructor will provide case and scaffolding questions). This is meant to be a summative review of central course material and hopefully an excellent preparation for your Qualifying Exam and ongoing clinical work.

Course Resources

Please Note: Additional readings may be added at instructor's discretion

APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *The American psychologist*, 61(4), 271.

Bannink, F. (2012). *Practicing positive CBT*. John Wiley & Sons: West Sussex, UK (Selected chapters).

Chorpita, B. (2007). *Modular cognitive-behavioral therapy for childhood anxiety disorders*. Guilford Press: New York.

CPA Guidelines for Non-Discriminatory Practice. (2002).

Dozois, D. J. (2013). Psychological treatments: Putting evidence into practice and practice into evidence. *Canadian Psychology/Psychologie canadienne*, 54(1), 1-11.
doi:10.1037/a0031125

Dozois, D. J., Mikail, S. F., Alden, L. E., Bieling, P. J., Bourgon, G., Clark, D. A., ... & Johnston, C. (2014). The CPA Presidential Task Force on Evidence-Based Practice of Psychological Treatments. *Canadian Psychology/Psychologie canadienne*, 55(3), 153.
doi:10.1037/a0035767

Forsyth, D. R., & Corazzini, J. G. (2000). Groups as change agents. In C. R. Snyder & R. E. Ingram (Eds.), *Handbook of psychological change: Psychotherapy processes & practices for the 21st century* (pp. 309-336). Hoboken, NJ: John Wiley & Sons Inc.

Greco, L., & Hayes, S. (2008). *Acceptance & mindfulness treatments for children & adolescents: A practitioner's guide*. Oakland, CA: Context Press. (Selected chapters).

Greene, R., & Winkler, J. (2019). Collaborative & proactive solutions (CPS): A review of research findings in families, schools, and treatment facilities. *Clinical Child and Family Psychology Review*, 22(4), 549–561. <https://doi.org/10.1007/s10567-019-00295-z>

Landreth, G. L. (2012). *Play therapy: The art of the relationship* (3rd ed.). Taylor & Francis: New York. (Selected chapters)

Padesky, C. A., & Mooney, K. A. (2012). Strengths-based cognitive-behavioural therapy: A four-step model to build resilience. *Clinical Psychology & Psychotherapy*, 19(4), 283-290.

Miller, A.L., Rathus, J.H., & Linehan, M.M. (2017). *Dialectical behavior therapy with suicidal adolescents*. The Guilford Press: New York. (Selected chapters).

Shapiro J. P. (2012). *Child and adolescent therapy: Science and art* (2nd ed.). John Wiley & Sons: New Jersey (Selected chapters).

Silk, J. S., Tan, P. Z., Ladouceur, C. D., Meller, S., ...R. E., Kendall, P. C., Mannarino, A. & Ryan, N. D. (2018). A randomized clinical trial comparing individual cognitive behavioral therapy and child-centered therapy for child anxiety disorders. *Journal of Clinical Child & Adolescent Psychology*, 47, (4), 542-554, doi: 10.1080/15374416.2016.1138408

Course Policies

Grading Policies

Assignments are to be completed on the date specified in the syllabus. Late assignments will lose 10% per day.

[Graduate Grade interpretation](#)

Course Policy regarding use of electronic devices and recording of lectures:

Electronic recording of classes is expressly forbidden without consent of the instructor. When recordings are permitted, they are solely for the use of the authorized student and may not be reproduced, or transmitted to others, without the express written consent of the instructor.

University Policies

Academic Consideration

When you find yourself unable to meet an in-course requirement because of illness or compassionate reasons, please advise the course instructor in writing, with your name, id#, and e-mail contact. See the academic calendar for information on regulations and procedures for

[Grounds for Academic Consideration](#)

Academic Misconduct

The University of Guelph is committed to upholding the highest standards of academic integrity and it is the responsibility of all members of the University community, faculty, staff, and students to be aware of what constitutes academic misconduct and to do as much as possible to prevent academic offences from occurring.

University of Guelph students have the responsibility of abiding by the University's policy on academic misconduct regardless of their location of study; faculty, staff and students have the responsibility of supporting an environment that discourages misconduct. Students need to remain aware that instructors have access to and the right to use electronic and other means of detection. Please note: Whether or not a student intended to commit academic misconduct is not relevant for a finding of guilt. Hurried or careless submission of assignments does not excuse students from responsibility for verifying the academic integrity of their work before submitting it. Students who are in any doubt as to whether an action on their part could be construed as an academic offence should consult with a faculty member or faculty advisor.

The Academic Misconduct Policy is detailed in the [Graduate Calendar](#):

Accessibility

The University of Guelph is committed to creating a barrier-free environment. Providing services for students is a shared responsibility among students, faculty and administrators. This relationship is based on respect of individual rights, the dignity of the individual and the University community's shared commitment to an open and supportive learning environment. Students requiring service or accommodation, whether due to an identified, ongoing disability or a short-term disability should contact [Student Accessibility Services](#) as soon as possible.

For more information, contact SAS at 519-824-4120 ext. 54335 or email accessibility@uoguelph.ca or the [Student Accessibility Services Website](#)

Course Evaluation Information

Please refer to the [Course and Instructor Evaluation Website](#) .

Drop date

The last date to drop one-semester courses, without academic penalty, is Dec. 04, 2020 . For regulations and procedures for Dropping Courses, see the [Schedule of Dates in the Academic Calendar](#). Instructors must still [provide meaningful and constructive feedback to students prior to the 40th class](#) day.

[Current Graduate Calendar](#)