



COURSE: Child & Adolescent Therapy

CODE:

DURATION: January 7 – 29, 2021

FORMAT: Online

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1. COURSE DESCRIPTION

The objective of this course is to familiarize the graduate student and prospective clinician with the psychological disorders of infancy, childhood, and adolescents found in the Diagnostic and Statistical Manual-Treatment 5th Edition (DSM-5). This course is designed to provide students with a theoretical foundation and working knowledge of contemporary interventions for children and youth. Specific childhood issues and treatment strategies will be explored. Materials in the course are aimed at helping students develop basic skills necessary for effectively counselling and communicating with children and youth. Students are expected to be actively involved in their learning and are invited to share their knowledge and personal experiences with the class.

11. OBJECTIVES

At the end of this course the student should:

- 1 Know how to conduct clinical interviews with children and adolescents, conduct an adequate clinical history and gather relevant information in a systematic way from multiple informants – primary care-givers, significant family members, teachers and guidance counsellors.
- 2 Identify the mental health problems commonly seen in children and particularly in the Jamaican context.
- 3 Recognize risk factors, symptoms and signs of common mental health problems in children and adolescents.
- 4 Identify family dynamics and stressors which contribute to abnormal behaviours in infancy, childhood and adolescence.

- 5 Be able to assess with insight how his/her or another person's early developmental experiences impact on present psychological functioning.
- 6 Recognize a wide range of behavioural, emotional and developmental problems in childhood and adolescence and their main characteristics.
- 7 Design an appropriate treatment plan for clients under 18, applying useful therapeutic interventions including play therapy, and indicating when and where to refer clients for further help.

111. TEXTS AND ADDITIONAL REQUIRED READINGS

PRIMARY COURSE TEXTS

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th edition) (DSM-5). Washington, D.C.: American Psychiatric Association

Gilmore, K. J. & Meersand, P. (2015). *The little book of child and adolescent development*. New York, Oxford University Press

Jongsma Jr., A.E., Peterson, L. Mark, & McInnis, William, P. (2014). *The child and adolescent psychotherapy treatment planner*. (Fifth Edition) John Wiley & Sons

SUPPLEMENTAL READINGS

Beebe, J. E., & Robey, P. A. (2011). The prevalence and psychological impact of bullying on adolescents: An application of choice theory and reality therapy. *International Journal of Choice Theory and Reality Therapy*, 30(2), 33.

<http://www.ctrjournal.com/file.php/1/AllJournals/IJCTRT%20XXX%20no2.pdf#page=33>

Bromfield, R. N. (2003). *Psychoanalytic play therapy*.

<http://www.psychceu.com/Schaefer/0471264725.pdf>

McWhirter, J.J., McWhirter, B.T., & McWhirter, E.H., & McWhirter, R. J. (2013). *At-Risk Youth: A Comprehensive Response for Counselors, Teachers, Psychologists, and Human Service Professionals*. (Chapter 1), 5th Edition.

<https://www.cengagebrain.com.au/content/9781133977896.pdf>

Murphy, J. J. (2008, March). *Solution-focused counselling in schools*. Based on a program presented at the ACA Annual Conference & Exhibition, Honolulu, HI.

Oaklander, V. (1997). The Therapeutic Process with Children and Adolescents. *Gestalt Review*, 1(4):292-317.

Peterson, J. (2006). Addressing counselling needs of gifted students. *Professional School Counselling*, 10(1), 43-51.

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.463.2267&rep=rep1&type=pdf>

Rey, J. M. (2015). *IACAPAP e-Textbook of Child and Adolescent Mental Health*. Geneva. International Association for Child and Adolescent Psychiatry and Allied Professions.

<http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health>

Stephan, S. H., & Marciante, W. (2007). *Quick Guide to Clinical Techniques for Common Child and Adolescent Mental Health Problems*. Baltimore: University of Maryland Center for School Mental Health Analysis and Action.

Taylor, L & Adelman, H.S. (2001). Enlisting appropriate parental cooperation and involvement in children's mental health treatment. *The Mental Health Desk Reference*. 31, p. 219-224.

<http://smhp.psych.ucla.edu/publications/29%20enlisting%20appropriate%20parental%20cooperation%20and%20involvement.pdf>

United Nations Convention on the Rights of the Child.

<http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

Walker, S. (2012). Effective social work with children, young people and families: Putting systems theory into practice. Chapter 1. London: SAGE Publications Ltd.

http://uk.sagepub.com/sites/default/files/upm-binaries/49393_Walker_Chapter_One.pdf

SUPPLEMENTAL TEXTS

Erickson, Marilyn T. (1997) Behaviour disorders of children and adolescents. Upper Saddle River, NJ: Prentice Hall.

Golden, Larry B. (2002) Case studies in child and adolescent counselling. Upper Saddle River, NJ: Merrill/Prentice Hall.

Kamphaus, Randy W. (2002) Clinical assessment of child and adolescent personality and behaviour. Boston, MA: Allyn and Bacon.

Kauffman, James M. (1997) Characteristics of emotional and behavioural disorders of children and youth. Upper Saddle River, NJ: Merrill/Prentice Hall.

Kuehnle, K. (1996) Assessing allegations of child sexual abuse. Sarasota, FL: Professional Resource Press.

Prendergast, William E. (1996) Sexual abuse of children and adolescents. New York, NY: The Continuum Pub.Co.

Sweeny, D.S. (1997) *Counselling Children through the world of play*. Wheaton, IL: Tyndale House Publishers.

Wicks-Nelson, R. & Allen, I. C. (2009). *Abnormal child and adolescent psychology*. (7th edition). London: Pearson Educational International.

ONLINE CLINICAL ASSESSMENT TOOLS

<http://teenmentalhealth.org/care/health-professionals/clinical-tools/>

IV: METHODS OF INSTRUCTION

This class is taught using an online activity format. Students will be involved in learning through a variety of ways (PowerPoint presentations, videos, discussion forum). The readings and assignment schedule are contained in the syllabus. Students are informed of these deadlines in advance and are expected to adhere to them.

V. REQUIREMENTS

All written assignments should be submitted using standard APA format (7th. ed.). **Any assignment turned in later than the posted time will receive a 10% reduction in the total points possible for that assignment for each day that is late (i.e. if the assignment is 25 points, 10% of 25 will be deducted for each day that it is late)**. Exceptions will be made only in cases of documented family or personal emergencies.

Class Participation: (5 per cent of final grade)

Please plan to engage in all course discussions and activities. Your degree of participation will be tracked by the instructor. Your comments should be germane to the discussion at hand and do not detract from the conversation or not focused only on personal issues. This class is highly collaborative in nature, thus a failure to remain meaningfully engaged potentially impacts the learning of the whole group. Lack of participation will result in a loss of points and may result in a course grade reduction of at least one letter grade.

VI. GRADING SCALE

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|----|--------|----|-------|
| A | 94-100 | C+ | 68-70 |
| A- | 86-93 | C | 65-67 |
| B+ | 81-85 | C- | 61-64 |
| B | 76-80 | D | 51-60 |
| B- | 71-75 | F | 0-50 |

V11. GENERAL COURSE POLICIES

The Caribbean Graduate School of Theology community affirms that the biblical principle of truth and honesty is absolutely important. Upholding the standard of academic integrity with its reliance and honesty is a responsibility of both lecturer and students. Conduct that violates academic integrity includes:

(a) Dishonesty. This is a lack of integrity exhibited through lying, cheating, defrauding or deceiving.

(b) Plagiarism. This is stealing. It is using the ideas or writings of another, as one's own. It involves failure to acknowledge material copied from others or failure to acknowledge one's indebtedness to another for the substance of important thoughts in a formal statement, written or oral.

Charges of violating academic integrity shall be handled according to established student discipline procedures published in the Caribbean Graduate School Handbook.

V111. COURSE SCHEDULE

Orientation & Introduction: Thursday – 7 January 2020

- Overview of Course and Requirements
- Orientation, Introduction to Child and Adolescent Therapy

Week: 1 January 11 - 15, 2021

- Counselling Children & Adolescents – Developmental Framework
- Legal/Ethical Issues in Counselling Children & Adolescents
- Counselling Gifted Children & Adolescents
- Counselling Children & Adolescents “at risk”

<http://iacapap.org/iacapap-textbook-of-child-and-adolescent-mental-health> (Refer to Introduction Section A.1)

<http://www.ohchr.org/Documents/ProfessionalInterest/crc.pdf>

<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.463.2267&rep=rep1&type=pdf>

Week 2: January 18 - 22, 2021

- Counselling Children & Adolescents with Intellectual Disabilities
- Counselling Children & Adolescents in Groups
- Introduction to Play Therapy
- Family/Parenting Issues

<http://www.psychceu.com/Schaefer/0471264725.pdf>

Week 3: January 25 – 29, 2021

- Cognitive Behavioural, Behavioural Approaches, System Approaches
- Gestalt, Reality Therapy Approaches, Solution-Focused Approaches.
- Introduction to Case Conceptualization Model for psychotherapy
- Course Wrap-Up, Review and Evaluation

1X. COURSE ASSIGNMENTS

1. Pre-Self Analysis and Reflection Paper (15 marks - Due Date: January 11, 2021)

The student will be required to write your expectations about this course. Also share an experience/story you had with a child who you think you may be able to help after completing this course. Self-analysis and personal reflection are important tools to be utilized in maximizing session time spent with clients. In order to be an effective practitioner, it is important to be continually self-reflective. This assignment is an exercise to encourage self-analysis and personal reflection in order to effectively practice with children and adolescents. Please respond to the following questions (**in 4 -5 pages**):

- a. What are your expectations for this course?
- b. What skills do you perceive as your personal competencies for working with children and adolescents and why?
- c. What do you perceive as your skill deficiencies and what could you do to improve these areas?
- d. Which age group do you think would be the most interesting and/or challenging for you to work with as a school or mental health counsellor and why?
- e. With all this in mind, what would it take for you to become an effective counsellor with children and adolescents?

The paper must follow the APA (7th Edition) format. NB - Each student will be expected to write a pre-reflection paper that provides purpose, clarity, depth, and degree of awareness and honesty displayed. You are not asked to reveal personal information of which you are not

comfortable sharing. Use your own internal gauge to determine the content of this paper that both challenges you personally and professionally (requires a degree of risk) and allows you to manage personal information in a safe and appropriate manner. (*Adapted from Williams, A. Fall 2012, University of Northern Colorado*).

2. Critical Reflection Paper 1 (15 marks - Due Date: January 15, 2021)

Students will write a **critical reflection paper** based upon the lectures, readings, and/or presentations. **The purpose of this assignment is to give you an opportunity to explore and evaluate your thoughts, feelings, and reactions to your experiences with this course as it relates to working with adolescents, and/or children.** You may want to write about an incident that you found significant, a statement in a lecture, something that happened in your life, a conversation, or a problem you are concerned about. Reflection papers will be held in strict confidence. Students are welcome to share any insights or thoughts from reflection papers with their classmates during the class discussion.

The paper should be 4 - 5 pages in length. Some examples of questions that you might answer: As a counsellor which **situations would be easier for you to deal with and which ones would be hard** for you? What **cultural issues** have you come to notice about yourself or the process of counselling with children/adolescents? What are some **of the struggles you have** had in this course? What **experiences or readings have impacted** you the most? Why?

3. Critical Reflection Paper 2 (15 marks - Due Date: January 22, 2021)

Students will write a **critical reflection paper** on their childhood/adolescent experiences. The paper should be 4 - 5 pages in length. Considering family background (family of origin, position in the family, living arrangements or special circumstances) students will *explore* specific issues in their childhood/adolescent development and explain these experiences in relation to developmental theories of Erikson and Piaget. Integrating the theory discussed, *explain* how your childhood and adolescent experiences have shaped the person you are now. Include one outstanding experience in your discussion.

4. Research Paper (20 marks - Due Date: January 29, 2021)

Students will write a 6 to 7page research paper on a child or adolescent clinical disorder, chosen from the list below. The paper should include the following:

- a. Description and prevalence of the issue being presented
- b. Potential diagnostic criteria or symptoms of the presenting issue
- c. Proposed etiology of the presenting problem, as found in research
- d. A model of intervention, that integrates both research AND lecture material (e.g., play therapy, cognitive behavioral therapy, psychodynamic therapy, narrative therapy, family therapy), including concrete “clinical tools” .

Mental Health Disorders

Autism Spectrum Disorder

Body Dysmorphic Disorder

Conduct Disorder

Oppositional Defiant Disorder

Specific Learning Disorder

5. Case Study (30 marks - Due Date: February 4, 2021)

GENERAL INSTRUCTIONS: This assignment focuses on vignette analysis and direct application of course concepts to the persons and situations presented. All discussions must take into account any legal and ethical considerations that may pertain to the situation presented below.

Use the reading assignments thoroughly in an integrative discussion. Remember to reference all work cited or quoted by the text author. You should be doing this often in your response. Please keep your responses focused on what is presented in the vignette analysis. Do not add information but use your creativity to support what you see in the vignette as written. Avoid elaborations and assumptions. This assignment **MUST** be typed, double-spaced, in APA style, and must be written at graduate-level English. Your response should be six to seven pages in length, in addition to a cover and a reference page.

CHILD CASE STUDY

Karen Smith is an 8 year - old Jamaican girl born to a poor family in an inner-city community in the Kingston metropolitan area. The Smith family had a difficult life living the inner city for close to 15 years. The family has been faced with a flare up of community violence between rival gangs fighting for turf. Most importantly, the family has been traumatized by the spate of gun violence and that the local “Don” of the community wanted a relationship with Karen’s mother. Between the gang wars feuding in the community, the family was also having domestic internal tensions as the child’s father left the family home due to domestic stressors and relationship problems with his wife. Financially things were difficult as the child’s father was unable to support the family due to a recent lay off from his place of employment. He is currently following a promising lead for another job. The family was able to survive through the assistance from the Missionaries of the Poor.

Having been overwhelmed with the ongoing violence in the community and the growing external threats to their survival, the family decided to leave the community after residing there for the past 15 years. Mr. Smith now follows up with regular visitation to see Karen and her two other siblings in a more desirable neighbourhood with the help of a benevolent church who had moved them out of the community. Karen is the oldest of three children born to her parents.

According to the psychosocial interview, Karen reached the normal developmental milestones in cognitive functioning and emotional development for her age. Her mother’s pregnancy with Karen had been unremarkable. Medical history was also unremarkable as well except the previous childhood medical disorders where she developed severe allergies at age 4, Chicken Pox at age 5 and Rubella at age 7. Occasionally, Karen will have the occasional asthma attacks and she currently is receiving treatment at the Bustamante Hospital Child Guidance Clinic.

Karen seemed to be doing well in Grade 3 at a downtown primary school. Despite the many challenges in the community her teachers were confident that with her above average I.Q she is a good potential student for passing the upcoming PEP exams in a few years. Before the recent layoff from his job, Mr. Smith was a skilled plumber who worked with a local contractor. Before the recent problems, the Smiths’ marriage was described as stable. Karen’s mother was seen as the disciplinarian of the family while the father was contented to take the complementary role, intervening only when his wife called on him to discipline the children.

Since the family left the inner city, Mrs. Smith was unfortunately killed in a car accident a year later. As a result, the Child Protection and Family Services Agency (CPFSA) awarded permanent custody for the children to live with their father in the Constant Spring area. Since her mother’s death, Karen’s father decided to bring her to the Counselling Centre of the Caribbean Graduate School of Theology for a Psychological consultation with Dr. Sandra McDermott, a Child Psychologist. During the clinical interview with Dr. McDermott and her

practicum student, Mr. Smith reported that six months after her mother's death Karen's sleep patterns became disturbed, for example, she developed night terrors and was waking up in the middle of the night and complaining of "Monsters coming out of the closet to take her away in her dreams".

Her father stated that she resorted to sucking her thumb even when she was crying at school. At home her crying spells increased, and she cried herself to sleep at night. She complained of headaches, stomach aches and her mood became irritable, behaviour was disorganized, agitated and she became clingy to her father. Karen became aggressive and bossy with her peers at school and she was in turn teased by them. She became jealous with the younger siblings when Mr. Smith attempted to pay attention to them. Mr. Smith was also concerned that Karen's crying involved asking for her mother and wish that she would come home back to be with the family.

The first time that Karen came to the Counselling Centre for the initial psychosocial intake, she displayed notable anxiety about separating from her father. She sucked her thumb when she wanted to be comfortable, and that she trying to coerce her father to take her home. During the clinical interview, Mr. Smith further provided two significant attachment figure trauma, that Karen experienced, (1) her mother's death, and (2) the mother's inability to bond previously with Karen. Mr. Smith stated that the mother rarely had interest in nurturing and parenting the children before the divorce. Apart from the discipline issues, the father reported that he had to feed, bathe and take care of the children. The father stated that neighbours had informed him that his wife often abused alcohol when she went out with her friends and would often abuse the children, especially Karen. He disclosed that after the divorce, the mother was apparently unable to manage Karen and her children and left them in the care of a neighbour.

However, after the clinical interview, a week later, when Karen saw the playroom her behaviour changed. For the first several sessions, Dr. McDermott discovered that the child's play themes were repetitive about an angry frightening mother and children who were locked in the closets for misbehaviour. The mother figure in the Doll house Play would also yell at the children for them "to go inna oonu room". Karen was noted to express intense anger at the mother figure and she would also pretend to be a baby, calling the therapist "mama". Other play themes were mixed. In another session, the human figure was sad about mother leaving as well as the desire for nurture and food themes increased. The play figures appear to be needy and wanted to be fed. Her father was briefed on treatment strategies by Dr. McDermott.

Please answer the following questions pertaining to the Child Case Study:

1. Discuss FIVE key components of conducting a child interview with the relevant parties in the case. **5 marks**
2. Discuss the ethical implications and nature of trauma/grief processes in children. Your answer should be based on the content of the case. **5 marks**
3. State the appropriate DSM-5 diagnoses as it pertains to the above- mentioned case study. **5 marks**

4. What are the possible DSM-5 differential diagnoses? (The student will be graded on the ability to integrate clinical data rather than guessing or listing choices). **5 marks**
5. Discuss the use of Play Therapy as a treatment modality. **5 marks**
6. Provide a treatment plan based on your initial DSM-5 diagnosis. **5 marks**

X1. EVALUATIONS FOR COURSE

Evaluations will be available for completion on the last day of class. The online course evaluation link is located on the course page. All evaluations are anonymous. Students will not be able to register for the next courses until they complete current evaluations. The results of student evaluation contribute to improving class design and delivery and so it is important that students be honest in their evaluation.

Last Updated 4/01/2021