

PSYC*6580, Course Outline: Fall 2024

General Information

Due to the ongoing COVID-19 pandemic some courses are being offered virtually and some face to face. **This course is offered using the Face-to-Face format.**

Course Title: Foundations in Child and Adolescent Psychotherapy

Course Description:

This course will build foundations relevant for psychotherapy with children and adolescents with a focus on evidence-based practice and on developing strong self-reflective skills as an emerging therapist. Cultural humility and sensitivity in the context of therapy will be addressed throughout this course and culminate in an applied clinical rounds project/presentation with an emphasis on serving clients from traditionally underserved backgrounds (e.g., Indigenous clients). There will be an in-depth and experiential focus on Cognitive Behavioural Therapy (CBT) and its modifications (e.g., trauma-focused CBT, positive CBT), Behavioural Therapy, and third-wave behavioural therapies (including Acceptance and Commitment Therapy, Dialectical Behaviour Therapy, mindfulness-based approaches). In addition, several additional major theoretical approaches to therapy will be covered in the course, including Child-Centred Play, Group Therapy, Collaborative Problem Solving, and attachment-based programs.

Credit Weight: .5

Academic Department (or campus): Psychology

Semester Offering: Fall 2024

Class Schedule and Location: Tuesdays 8:30-11:20, Maplewoods Classroom 233

Instructor Information

Instructor Name: Maria Pavlova

Instructor Email: mpavlova@uoguelph.ca

Office location and office hours: by appointment

GTA Information

N/A

Course Content

Specific Learning Outcomes:

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

1. Identify key ethical and diversity considerations relevant for intervention with children, adolescents, and their families.
2. Understand factors that contribute to the importance of evidence-based intervention practice (and some of the historical/contemporary debate that surrounds this).
3. Be able to articulate the importance of theoretically grounded formulation and intervention.
4. Demonstrate a novice-level working knowledge of major systems of intervention in child and adolescent psychotherapy.

5. Develop beginning case formulation skills.
6. Demonstrate an emerging ability to formulate the same case from multiple perspectives.
7. Demonstrate a basic skill level in the implementation of DBT Skills for Adolescents that may be used in an individual or group therapy context.
8. Demonstrate cultural humility and awareness of ways that CBT may be modified/adapted for use with diverse populations.
9. Demonstrate skill in effective and professional written and verbal communication
10. Demonstrate self-reflection capacity and skill including issues of self and other identities, intersectionality and cultural humility.

CCAP Competencies & Facets	Level*	Specific LO
<p>Professionalism & Interpersonal Relationships</p> <ol style="list-style-type: none"> 1. Demonstrates knowledge of self (e.g., motivation, culture, resources, values, personal biases, factors that may influence the professional relationship such as limits) 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 	<p>Intermediate</p> <p>Basic</p>	<p>1,2,9</p> <p>1,2,9</p>
<p>Assessment & Evaluation</p> <ol style="list-style-type: none"> 1. Demonstrates knowledge of human populations served and human development 2. Demonstrates knowledge of and ability to conceptualize cases with consideration to intra-, inter-personal, and systemic contexts, along with strengths 3. Demonstrates skill in effective written and verbal communication. 4. Demonstrates skill in developing recommendations and action plans based on cases presented 	<p>Intermediate</p> <p>Basic</p> <p>Intermediate</p>	<p>1,2</p> <p>3,4,5,6</p> <p>6</p>
<p>Intervention & Consultation</p> <ol style="list-style-type: none"> 1. Demonstrates knowledge of major evidenced- based intervention theories and approaches with individuals and systems (e.g., children, families, groups, organizations). This includes demonstrating respect for the positive aspects of all major intervention approaches, with an openness to varied viewpoints and approaches 2. Demonstrates knowledge of the relation between assessment and intervention 3. Demonstrates skills in documentation, and both written and verbal communication, regarding intervention process, progress, and termination. 	<p>Basic</p> <p>Intermediate</p> <p>Intermediate</p>	<p>2,3,7</p> <p>6</p> <p>8,4</p>

Ethics & Standards		
1. Demonstrates knowledge of major ethical principles, issues, and dilemmas, and common professional issues relevant to the practice of psychology	Advanced	1,2
2. Demonstrates knowledge of standards and codes of professional conduct	Advanced	1,2

Lecture Content:

Date	Topic	Readings
Sept 10	Child & Adolescent Therapy Fundamentals Case Formulation Therapist Self-Care	
Sept 17	Evidence-Based Psychotherapy Behaviour Therapy and Cognitive Behavioural Therapy (CBT) <i>Self-Reflection: Self-Care</i>	Shapiro Ch. 2, Ch. 3 APA Task Force EBP Lilienfeld et al., 2018 Tolin et al., 2015
Sept 24	CBT (cont.) and Trauma-Focused CBT <i>Self-Reflection: CBT</i>	Cohen Ch. 3, 5 Wamser-Nanney & Walker, 2022
Oct 1	Dialectical Behaviour Therapy (DBT) Group Therapy <i>(Joined by Dr. Tamara Berman)</i>	Forsyth & Corazzini, 2000 Rathus & Miller, 2014 (selections)
Oct 8	Mindfulness and Acceptance and Commitment Therapy (ACT) <i>Self-Reflection: Mindfulness</i> <i>DBT SKILLS GROUP SESSIONS (1,2,3)</i>	Shapiro Ch. 4 Turrell & Bell, Part 1 (pp. 11-39; will be provided by the instructor) Harnett & Dawe, 2012
Oct 15	Thanksgiving Holiday No Class	
Oct 22	Cultural Formulation Interview (joint class) Cultural Humility in Therapy Practice <i>Self-Reflection: Cultural Humility</i>	Shapiro Ch. 9 Aggarwal & Lewis-Fernández, 2020 Sanchez et al., 2022 Smith & Doyle, 2022
Oct 29	When CBT fails <i>DBT SKILLS GROUP SESSIONS (4,5,6,7)</i> <i>Self-reflection: DBT Skills</i>	<i>Reading TBA</i>
Nov 5	Attachment-Based Therapies <i>Diversity Rounds: Adapted CBT</i>	Moretti & Peled, 2004 Moretti & Obsuth, 2009 Zanetti et al., 2011 (will be provided by the instructor)
Nov 12	Child-Centered Therapies <i>Diversity Rounds: Adapted CBT</i>	Landreth (64-93) Silk et al. (2018)
Nov 19	Positive CBT	Bannink (excerpt TBA)

	<i>Diversity Rounds: Adapted CBT Joined by Dr. Margaret Lumley</i>	Paedesky & Mooney, 2012
Nov 26	Case Formulation Across Systems	<i>Reading TBA</i>
Nov 28	Case Formulation Summative Assignment	

Labs:

N/A

Seminars:

N/A

Course Assignments and Tests:

Assignment or Test	Due Date	Contribution to Final Mark (%)	Learning Outcomes Assessed
Participation and self-reflection notes	Ongoing	25	1, 2, 3, 4
DBT Skills for Adolescents	Oct 8, Oct 29	20	2, 4, 7, 8, 9, 10
Diversity Rounds	Nov 5, Nov 12, Nov 19	30	1, 2, 4, 5, 6, 8, 9, 10
Case Formulation Summative	Nov 30	25	1, 2, 4, 5, 9, 10

Additional Notes (if required):

PARTICIPATION (25%)

Ongoing

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

DBT SKILLS FOR ADOLESCENTS (20%)

Due Oct 8 and Oct 29

Part A (15%)

You will be responsible for planning and presenting one DBT 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.

Each of you will prepare a “mock group session” that will include a rationale, skill description/demonstration, and group practice. Each session, including practicing the skill with

the entire class, will last no more than **30 minutes (Note – plan for 20-25 minutes as these inevitably take more time than you might anticipate with the integrated discussion of the group)**. Planning for your DBT skill presentations will occur outside of class. A total of 3 hours (across two classes) will be dedicated to the DBT skills for Adolescents group mock sessions. 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).

Part B (5%)

Therapist/Client Reflection Component – Due 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.)

DIVERSITY ROUNDS: ADAPTED CBT (30%)

Due Nov 5, Nov 12, Nov 19

CBT often needs to be adapted based on client/family characteristics. Your diversity rounds presentation is a small group project that will focus on adapting CBT to a typically underrepresented client seen in child/adolescent psychotherapy and within in an informative case-based workshop that will be delivered to your colleagues. Your team will be leading a discussion that will entail three components. First, a case presentation of a mock child/adolescent client from diverse background. One group will focus on an Indigenous client. The other two groups will focus on a client from other marginalized and minoritized groups (e.g., individuals with racialized identities, persons with disabilities, gender-diverse individuals). You are welcome (and do not have) to incorporate multiple sources of diversity; if you choose to do so, consider applying the intersectional perspective. As we have focused a great deal on CBT for anxiety/mood thus far, you may want to (but do not have to) describe another challenge seen in therapy clinics (e.g., eating disorders, developmental trauma, grief, non-suicidal self-injury, disruptive behaviour). The second component will be didactic in nature, and you will review relevant literature/evidence-based practice/relevant manuals, etc. to succinctly present a treatment plan and considerations for flexible adaptation based on your client's characteristics.

Although this component is meant to be didactic in nature, make sure you provide several opportunities for class input/discussion. Towards that end, you are also to provide one relevant reading the week prior to your presentation to facilitate class learning/discussion. The final component of your Diversity Rounds presentation will be one applied "skills" exercise relevant to your case that you will demonstrate or lead the class through.

Components of Diversity Rounds Presentation:

1. 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 also synthesizes the information about 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: 10 min)
3. Review of relevant information/literature/research relevant to adapting CBT to your client. Present your intervention plan for this case with a rationale. 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. Remember to embed questions/points of discussion to involve our class. (Time guideline: 30 min)
4. Application: you will engage the class with a role-play exercise, teaching of therapeutic technique or other experiential exercise relevant to your case. This is a key aspect of the assignment. (Time guideline: 10 min)
5. As a group, prepare a **1-page list of local community resources** that would be relevant to your client, their family, and their community. The resources can complement your intervention plan and/or include additional sources of support (e.g., psychological, material, relational, cultural, spiritual, etc.) The list is to be shared with all students on the day of the presentation.
6. Complete a **1-page self-reflection** on this exercise to be submitted one week following your rounds. Each group member will complete it independently.

The presentation is worth 20% of your mark; the self-reflection and the resource list are worth 5% each.

CASE FORMULATION SUMMATIVE ASSIGNMENT (25%)

Due Nov 30, 2024

This assignment will assess your emerging ability to apply CBT, third-wave CBT, positive CBT, client-centered, and attachment-based models of psychotherapy simultaneously to one case for formulation and treatment planning (Note: instructor will provide case and scaffolding questions). This assignment is meant to serve as a summative review of central course material and hopefully an excellent preparation for your ongoing clinical work and Qualifying Exam.

Final examination date and time:

N/A

Final exam weighting:

N/A

Course Resources

Required Texts:

Shapiro J. P. (2012). *Child and adolescent therapy: Science and art (2nd ed.)*. John Wiley & Sons.
Rathus, J. H., & Miller, A. L. (2014). *DBT skills manual for adolescents*. Guilford Publications.

Recommended Texts:

- APA Presidential Task Force on Evidence-Based Practice. (2006). Evidence-based practice in psychology. *The American Psychologist*, 61(4), 271-285.
<https://doi.org/10.1037/0003-066X.61.4.271>
- Aggarwal, & Lewis-Fernández, R. (2020). An introduction to the cultural formulation interview. *Focus*, 18(1), 77–82. <https://doi.org/10.1176/appi.focus.18103>
- Bannink, F. (2012). *Practicing positive CBT*. John Wiley & Sons.
- Cohen, J., Mannarino, A., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents*. Guilford Press. (Available online through UoG library; note that access is restricted to one user at a time).
- 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). John Wiley & Sons Inc.
- Harnett, P.H., & Dawe, S. (2012). The contribution of mindfulness-based therapies for children and families and proposed conceptual integration. *Child and Adolescent Mental Health*, 17, 195-208. <https://doi.org/10.1111/j.1475-3588.2011.00643.x>
- Landreth, G. L. (2012). *Play therapy: The art of the relationship (3rd ed.)*. Taylor & Francis. (Selected chapters)
- Lilienfeld, S. O., Lynn, S. J., & Bowden, S. C. (2018) Why evidence-based practice isn't enough: A call for science-based practice. *The Behavior Therapist*, 41(1), 42-47.
- Moretti, M. M., & Peled, M. (2004). Adolescent-parent attachment: Bonds that support healthy development, *Paediatrics & Child Health*, 9(8), 551-555.
<https://doi.org/10.1093/pch/9.8.551>
- Moretti, M. M., & Obsuth, I. (2009). Effectiveness of an attachment-focused manualized intervention for parents of teens at risk for aggressive behaviour: The Connect Program. *Journal of Adolescence*, 32(6), 1347-1357.
<https://doi.org/10.1016/j.adolescence.2009.07.013>.
- 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
- Sanchez, Jent, J., Aggarwal, N. K., Chavira, D., Coxe, S., Garcia, D., La Roche, M., & Comer, J. S. (2022). Person-centered cultural assessment can improve child mental health service engagement and outcomes. *Journal of Clinical Child and Adolescent Psychology*, 51(1), 1–22. <https://doi.org/10.1080/15374416.2021.1981340>
- 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, <https://10.1080/15374416.2016.1138408>
- Smith, L. T., & Doyle, E. M. (2022). Preparing student therapists to work with Black mental health: Attending to the social and institutional organization of “culture” in Canadian counsellor education. *Canadian Psychology*, 63(4), 623.

Tolin, D.F., McKay, D., Forman, E.M., Klonsky, E.D., & Thombs, B. D. (2015). Empirically supported treatment: Recommendations for a new model. *Clinical Psychology Science and Practice*, 22, 317-338. <https://doi.org/10.1111/cpsp.12122>

Turrell, S.L. & Bell, M. (2016). *ACT for adolescents*. Context Press.

Wamser-Nanney, R., & Walker, H. E. (2022). Attrition from pediatric trauma-focused cognitive behavioral therapy: A meta-analysis. *Journal of Traumatic Stress*, 36 (1), 17-30. <https://doi.org/10.1002/jts.22890>

Zanetti, C. A., Powell, B., Cooper, G., & Hoffman, K. (2011). The Circle of Security intervention: Using the therapeutic relationship to ameliorate attachment security in disorganized dyads. In J. E. Solomon & C. George. (Eds.) *Disorganized attachment and caregiving*. The Guilford Press.

Lab Manual:

N/A

Other Resources:

Centre for Clinical Interventions Website:

<https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself>

Field Trips:

N/A

Additional Costs:

N/A

Course Policies

Grading Policies

[Graduate Grade interpretation](#)

Please note that these policies are binding unless academic consideration is given to an individual student.

Course Policy on Group Work:

<https://www.lib.uoguelph.ca/writing-studying/studying-resources-workshops/group-work-and-presentations/>

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

Disclaimer:

Please note that the ongoing COVID-19 pandemic may necessitate a revision of the format of course offerings, changes in classroom protocols, and academic schedules. Any such changes will be announced via CourseLink and/or class email. This includes on-campus scheduling during the semester, mid-terms and final examination schedules. All University-wide decisions will be posted on the COVID-19 website (<https://news.uoguelph.ca/2019-novel-coronavirus-information/>) and circulated by email.

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

Academic Consideration:

[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](#):

Illness

Medical notes will not normally be required for singular instances of academic consideration, although students may be required to provide supporting documentation for multiple missed assessments or when involving a large part of a course (e.g., final exam or major assignment).

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](#)

Student Feedback Questionnaire

These questionnaires (formerly course evaluations) will be available to students during the last 2 weeks of the semester. Students will receive an email directly from the Student Feedback Administration system which will include a direct link to the questionnaire for this course. During this time, when a student goes to login to CourseLink, a reminder will pop-up when a task is available to complete.

[Student Feedback Questionnaire](#)

Drop date

The last date to drop one-semester courses, without academic penalty, is Friday November 29, 2024. For regulations and procedures for Dropping Courses, see the [Schedule of Dates in the Academic Calendar](#).

Instructors must provide [meaningful and constructive feedback, at minimum 20% of the final course grade, prior to the 40th class day](#). For courses which are of shorter duration, 20% of the final grade must be provided two-thirds of the way through the course.

[Current Graduate Calendar](#)

Additional Course Information

N/A