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Revisions to the Teaching of Child Therapy in the MCCP Program

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Psychology 6674 Child Therapy

Instructor: Email: Office: Phone: Mailbox: Office Hours:

Course objectives:

- 1) Learning to assess and diagnose child and adolescent disorders and commonly occurring problems;
- 2) Learning intervention strategies for addressing child and adolescent problems;
- 3) Understanding the cultural, legal, and practical issues inherent in working with child and adolescent populations;
- 4) Critically evaluate assessment and treatment strategies, including evaluating their empirical support.
- 5) Refining case presentation and writing skills.

Course format:

- 1) Discussion of assigned readings during classes and via blackboard;
- 2) Student presentations;
- 3) Consultation on cases as needed (primary issues will continue to be addressed by your assigned supervisor);
- 4) Discussion of issues relevant to professional development.

BBS Licensing Requirements:

- This course integrates marriage and family therapy principles, the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, and an understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual's mental health and recovery;
- This course satisfies 3 semester units of the BBS requirement of at least 12 semester units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family symptoms approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships, as stipulated in BPC Section 4980.36(d)(1)(A).
- Partially satisfies the requirement that the degree program includes instruction in diagnosis, assessment, prognosis, and treatment of mental disorders including severe mental disorders, as specified in BPC Section 4980.36(d)(2)(A).

- Partially satisfies the requirement that the degree program includes instruction in developmental issues from infancy to old age and all areas of study specified in BPC Section 4980.36(d)(2)(B).

Support for Student with Disabilities

It is the policy of California State University, San Bernardino to make reasonable accommodations for students with documented disabilities, in accordance with the Americans with Disabilities Act (ADA). If you are in need of an accommodation for a disability in order to participate in this class, please contact Services to Students with Disabilities at UH-183, (909)537-5238. If you require assistance in the event of an emergency, you are advised to establish a buddy system with a buddy and an alternate buddy in the class. Individuals with disabilities should prepare for an emergency ahead of time by instructing a classmate and the instructor. Please note that it is the student's responsibility to seek accommodations for a verified disability in a timely manner. Please inform me as soon as possible of any accommodations you may need.

CSUSB Academic Policies

Please refer to the "Academic Regulations and Procedures" in the CSUSB Bulletin of Courses for the university's policies on course withdrawal, cheating, and plagiarism. Please review this at <http://senate.csusb.edu/docs/Policies/%28FSD%2096-12.R2%29%20Academic%20Dishonesty.pdf>. Neither plagiarism nor cheating will not be tolerated and can result in failing the course.

Required Texts:

American Psychiatric Association (2013). *Diagnostic & Statistical Manual of Mental Disorders (DSM-5, 5th Edition)*, Washington, DC: APA.
Schroeder, C.S., & Gordon, B.N. (2017). *Assessment and treatment of childhood problems: A clinician's guide* (3rd ed.). New York, NY: Guilford Press.

Class Requirements:

- 1) Class participation (2 points per class, 26 points total):** Attending classes, attending for the entire duration, and participating in the discussion, in-class activities, and group consultation is expected. On-task behavior and 2 substantial oral contributions or 1 substantial oral and one substantial text via chat during class will be the basis of your zoom participation grade. If you believe your absence should be excused, please talk with me as soon as possible about an alternative assignment.
- 2) Discussion Questions (2 points each, 28 points total).** You will be expected to submit *one* blackboard discussion question each week.

Full credit discussion questions and replies will have clear relevance to the reading material and demonstrate your grasp of key concepts in the

readings. They call for more than simply recalling facts or asking a basic question that is clearly answered by the reading, a “yes”/”no”, or a simple fact or statistic. Good questions should be open-ended, recognizing that readers will have different perspectives and interpretations. Questions should show higher order thinking (analysis, synthesis, comparison, evaluation, application) about the reading and the issues it raises. Good discussion questions depend on a careful reading of the text and often require the discussant to draw connections between the readings. Good questions can help to clarify information, make connections to other information, and help students apply the information to their own clinical work. They can also invite personal responses and connections.

3) Discussion Question Essays (20 points each, 40 points total).

For 2 weekly topic areas of your choice, you will provide an essay response (15 points each) to *one* of the two discussion questions that you handed in for that topic. Please copy and paste the question you are responding to at the top of your page and then the essay response should be 3-4 pages (double-spaced, 12 times new roman font, 1-inch margins). Essays should be thoughtful and show evidence of critical thinking, as well as integration of course materials and outside materials (at least one outside source is required). Use APA style. You will be graded on your understanding of the material, critical thinking and analysis of the readings and your outside source(s), as well as quality of writing.

4) Treatment Protocol Workshop (40).

Two group members will present a 40 minute oral presentation in which you will describe of one of the evidence-based practice protocols from the list provided. Emphasis should be on presenting the content of the treatment itself, including procedures and techniques used in sessions, but you should also briefly review background of the treatment (who/what was it designed for, theoretical background) and the evidence base for the treatment. Spend most of your presentation walking the class through the treatment procedures. Give examples: show us a worksheet/handout, walk us through an exercise, and/or show a video clip. References for the manuals are in Treatment Protocol list on blackboard, but you may also find it helpful to use additional resources (book chapters, articles, websites, and/or videos).

5) Vignette Termination Report (40 points). Follow the CCC Termination Report/Closing Summary template and write a termination report for your case vignette. More details on blackboard.

Class Participation	20
Discussion Questions	28
Treatment Protocol Workshop	40
Discussion Question Response Essay 1	20

Discussion Question Response Essay 2	20
Vignette Termination Report	40

Total Points	168
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Grading: Final grades are calculated from total points earned. Assignments turned in past deadlines will receive grades reflecting their lateness.

A	92.50-100 %	B	82.50-86.49 %	C	72.50-76.49 %
A-	89.50-92.49 %	B-	79.50-82.49 %	C-	69.50-72.49 %
B+	86.50-89.49 %	C+	76.50-79.49 %	D	59.50-69.49 %

Date	Topic and Readings
Week 1	<p>Overview of Course & Legal/Ethical Issues</p> <p><u>Readings</u></p> <ul style="list-style-type: none"> • AAMFT Code of ETHICS • CAMFT Mandated Reporter Guide • Child Abuse Penal Code California • Donner (2012). Guidelines for the Treatment of Children: Confidentiality and Consent. • CA Family Code 6924 Consent by Minor

<p>Week 2</p>	<p>Contextual Factors: Developmental Psychopathology, Siblings/Peers</p> <p><u>Required Readings</u></p> <ul style="list-style-type: none"> • Schroeder Ch 1 Development of Psychopathology • Dirks, M.A., Persram, R. Recchia, H.E., & Howe, N. (2015). Sibling relationships as sources of risk and resilience in the development and maintenance of internalizing and externalizing problems during childhood and adolescence. <i>Clinical Psychology Review</i>, 42, 145-155. • La Greca, A.M., & Lai, B.S. (2014). The role of peer relationships in youth psychopathology. In Ehrenreich-May, J., & Chu, B.C. (Eds.) <i>Transdiagnostic treatments for children and adolescents: Principles and practice</i> (pp. 111-137). New York, NY: The Guildford Press. • Holmbeck, G. N., Friedman, D., Abad, M., & Jandasek, B. (2006) Development and psychopathology in adolescence. In Wolf, D. A., & Mash, E.J. (Eds.), <i>Behavioral and emotional disorders in adolescents: Nature, assessment, and treatment</i> (pp. 21-55). New York, NY: Guilford.
<p>Week 3</p>	<p>Contextual Factors: Parenting</p> <p><u>Required readings</u></p> <ul style="list-style-type: none"> • Zalewski, M., Goodman, S., Cole, P., McLaughlin, K. (2017). Clinical considerations when treating adults who are parents. <i>Clinical Psychology</i>, 24(4), 370-388. • Rodriguez, M.M.D., Donovanick, M.R., & Crowley, S.L. (2009). Parenting styles in a cultural context: Observations of “Protective Parenting” in first-generation Latinos. <i>Family Process</i>, 48, 195-210.
<p>Week 4</p>	<p>Assessment, Diagnosis and Case Conceptualization</p> <p><u>Required readings</u></p> <ul style="list-style-type: none"> • Schroeder Ch 2 Assessment to Intervention • McLeod, B. D., Jensen-Doss, A., & Ollendick, T. H. (2013). Case conceptualization, treatment planning, and outcome monitoring. In B. D. McLeod, A. Jensen-Doss, & T. H. Ollendick (Eds.), <i>Diagnostic and Behavioral Assessment in Children and Adolescents: A Clinical Guide</i> (pp. 77-102). Guilford Publications, Inc. • Jensen-Doss, A., Ollendick, T. H. & McLeod, B. D. (2013). Diagnostic and behavioral assessment in action. In B. D. McLeod, A. Jensen-Doss, & T. H. Ollendick (Eds.), <i>Diagnostic and Behavioral Assessment in Children and Adolescents: A Clinical Guide</i> (pp. 417-448). Guilford Publications, Inc. <p><u>Optional readings</u></p>

	<ul style="list-style-type: none"> • Iwata, B. (2014). Functional analysis of problem behavior. (Video 1 hour 42 min) https://wmuace.com/videos/functional-analysis • Hunsley, J., Lee, C.M., Wood, J.M., Taylor, W. (2015). Controversial and questionable assessment techniques. In Lilienfeld, S.O., Lynn, S.J., & Lohr, J.M. (Eds.), <i>Science and Pseudoscience in Clinical Psychology</i> (2nd Ed.) (pp.42-82). New York, NY: Guilford Publications.
<p>Week 5</p>	<p>Autism Spectrum Disorder</p> <p><u>Required readings</u></p> <ul style="list-style-type: none"> • DSM-5 (skim): Autism Spectrum Disorder (pp.50-59). • Forcino, S.S., Nadler, C.B. (2018). What clinicians need to know about Autism Spectrum Disorder assessment. In McNeil, C.B., Quetsch, L.B., & Anderson, C.M. (Eds.), <i>Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum</i>. New York City, NY: Springer. • Carroll, R. & Kodak, T. (2018). Evidence-based models of treatment. In McNeil, C.B., Quetsch, L.B., & Anderson, C.M. (Eds.), <i>Handbook of Parent-Child Interaction Therapy for Children on the Autism Spectrum</i> (pp. 41-53). New York City, NY: Springer. <p><u>Optional Readings</u></p> <ul style="list-style-type: none"> • Klinger, L.G., Dawson, G., Barnes, K., & Crisler, M. (2014). Autism Spectrum Disorder. In Mash, E.J., & Barkley, R.A. (Eds.), <i>Child psychopathology</i> (2nd ed.) (pp. 531-572). New York, NY: The Guildford Press.
<p>Week 6</p>	<p>Disruptive Behavior</p> <p><u>Required readings</u></p> <ul style="list-style-type: none"> • DSM-5 (skim): Oppositional Defiant Disorder (pp. 462-466); Intermittent Explosive Disorder (pp. 466-469); Conduct Disorder (pp. 469-475); Other (Specified or Unspecified) Disruptive, Impulse-Control and Conduct Disorder (pp. 479-480) • Schroeder Ch 10 Disruptive Behavior • Siegel, D.J., & Bryson, T.P. (2014, September 23). ‘Time-Outs’ are hurting your child. <i>Time</i>. Retrieved from http://time.com/3404701/discipline-time-out-is-not-good/. • Siegel, D.J. (2014, October 29). You said WHAT about time-outs?! [Blog post]. Retrieved from https://www.drdansiegel.com/blog/2014/10/29/you-said-what-about-time-outs/. • Dadds, M.R., & Tully, L.A. (2019). What is it to discipline a child: What should it be? A reanalysis of time-out from the perspective of child mental health, attachment, and trauma. <i>American Psychologist</i>, http://dx.doi.org/10.1037/amp0000449. <p><u>Optional readings</u></p>

	<ul style="list-style-type: none"> • Mercer, J. (2015). Attachment therapy. In Lilienfeld, S.O., Lynn, S.J., & Lohr, J.M. (Eds.), <i>Science and Pseudoscience in Clinical Psychology</i> (2nd Ed.) (pp.466-499). New York, NY: Guilford Publications.
<p>Week 7</p>	<p>ADHD</p> <p><u>Required readings</u></p> <ul style="list-style-type: none"> • DSM-5 (skim): Attention-Deficit/Hyperactivity Disorder (pp. 59-65 Other Specified and Unspecified Attention-Deficit/Hyperactivity Disorder (pp. 65-66). • Schroeder Ch 9 Attention-Deficit/Hyperactivity Disorder • Wolraich et al. (2019). Clinical practice guideline for the diagnosis, evaluation, and treatment of Attention-Deficit/Hyperactivity Disorder in children and adolescents, <i>Pediatrics</i>, 144(4). • Barkley, R.. Lecture for Parents I – What is ADHD? http://adhdlectures.com/lectures.php?catindex=1 • Barkley, R.. Lecture for Parents III: The Treatments for Child and Adolescent ADHD Disorder https://www.youtube.com/watch?v=XnDGiuQ3FvA or http://adhdlectures.com/lectures.php?catindex=1 <p><u>Optional readings</u></p> <ul style="list-style-type: none"> • Barkley, R.. Lecture for Parents II, IV, V • http://adhdlectures.com/lectures.php?catindex=1
<p>Week 8</p>	<p>Mood Disorders</p> <p><u>Required readings</u></p> <ul style="list-style-type: none"> • DSM-V (skim): Disruptive Mood Dysregulation Disorder (pp. 156-160); Major Depressive Disorder (pp. 161-168); Persistent Depressive Disorder (Dysthymia) (pp. 168-171); Bipolar I Disorder (pp.123-132); Bipolar II Disorder (pp. 132-139); Cyclothymic Disorder (pp. 139-141) • Schroeder Ch 8 Depression • James (2017). Paediatric bipolar disorder. In Skuse, D., Bruce, H., & Dowdney, L. (Eds.), <i>Child psychology and psychiatry: Frameworks for clinical training and practice</i> (p.291-298). Hoboken, NJ: Wiley-Blackwell. • Littrell, & Lyons. (2010). Pediatric Bipolar Disorder: Part I — Is it related to classical Bipolar. <i>Children and Youth Services Review</i>, 32(7), 945-964.
<p>Week 9</p>	<p>Self-Harm</p> <p><u>Required readings</u></p>

	<ul style="list-style-type: none"> • Goldston, D. B., Daniel, S. S., & Arnold, E. M. (2006) Suicidal and nonsuicidal self-harm behaviors. In Wolf, D. A., & Mash, E.J. (Eds.), <i>Behavioral and emotional disorders in adolescents: Nature, assessment, and treatment</i> (pp. 343-380). New York, NY: Guilford.
Week 10	<p>Anxiety Disorders</p> <p><u>Required readings</u></p> <ul style="list-style-type: none"> • DSM-V (skim): Separation Anxiety Disorder (pp. 190-195); Selective Mutism (pp. 195-197); Specific Phobia (pp. 197-202); Social Anxiety Disorder (pp. 202-208); Generalized Anxiety Disorder (pp. 222-226) • Schroeder Ch 7 Fears and Anxieties • Chu, B.C., Skriner, L.C., Staples, A.M (2014). Behavioral avoidance across child and adolescent psychopathology. In Ehrenreich-May, J., & Chu, B.C. (Eds.), <i>Transdiagnostic treatments for children and adolescents: Principles and practice</i> (pp. 84-110). New York, NY: The Guildford Press.
Week 11	<p>Obsessive-Compulsive and Related Disorders</p> <p><u>Required readings</u></p> <ul style="list-style-type: none"> • DSM-V (skim): Obsessive-Compulsive Disorder (pp. 237-242); Trichotillomania (pp. 251-254), Stereotypic Movement Disorder (pp. 77-80); Tic Disorders (pp. 81-85) • Schroeder Ch 6 Habits, Obsessive-Compulsive Behaviors, and Tics • Woods, D. (2014). Treating habit disorders https://wmuace.com/videos/habit-disorders
Week 12	<p>Toileting Problems</p> <p><u>Readings</u></p> <ul style="list-style-type: none"> • DSM-V (skim): Enuresis (pp.355-357); Encopresis (pp. 357-359); Avoidant/Restrictive Food Intake Disorder (334-338) • Schroeder Ch 4 Toileting: Training, Enuresis, and Encopresis • The Poo in You https://www.youtube.com/watch?v=SgBj7Mc_4sc
Week 13	<p>Disordered Eating</p> <p><u>Readings</u></p> <ul style="list-style-type: none"> • DSM-V (skim): Anorexia Nervosa (pp. 334-345); Bulimia Nervosa (pp. 345-350); Binge-Eating Disorder (pp. 350-353) • Lock, J. & La Via, M.C (2015). Practice parameter for the assessment and treatment of children and adolescents with eating disorders, <i>Journal of the American Academy of Child & Adolescent Psychiatry</i>, 54(5), 412-425.

<p>Week 14</p>	<p>Sleep Problems</p> <p><u>Readings</u></p> <ul style="list-style-type: none"> • DSM-V (skim): Insomnia Disorder (pp. 362-368); Hypersomnolence Disorder (pp. 368-372); Circadian Rhythm Sleep-Wake Disorders (p. 390-398); Non-Rapid Eye Movement Sleep Arousal Disorders (pp. 399-407) • Schroeder Chapter 5 Sleep. • Vried, J., Davidson, F., Rusak, B., & Corkum, P. (2015). Emotional and cognitive impact of sleep restriction in children. <i>Sleep Medicine Clinics, 10</i>, 107-115. • Moore, M., & Mindell, J.A. (2013). The impact of behavioral interventions for sleep problems on secondary outcomes in young children and their families. In Wofson, A., & Montgomery-Downs, H. (Eds.), <i>The Oxford handbook of infant, child, and adolescent sleep and behavior</i> (pp. 547-558). <p><u>Optional readings</u></p> <ul style="list-style-type: none"> • Wilson, K.E., Miller, A.L., Lumeng, J.C., & Chervin, R.D. (2014). Sleep environments and sleep duration in a sample of low-income preschool children, <i>Journal of Clinical Sleep Medicine, 10</i>, 299-305.
<p>Week 15</p>	<p>Review</p>
<p>Final Exam Week</p>	<p>Vignette Termination Report Due</p>