



# SCHOOL OF COUNSELING

## COUN 660 CHILD AND ADOLESCENT COUNSELING

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**Term/Credits**

Spring Term 2/ 2023  
3 semester hours

**Instructor**

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**Vision:** The vision of the School of Counseling is to inspire global training of transformational leaders and social justice advocates who use counseling as an instrument of healing.

**Mission:** The mission of the Clinical Mental Health Counseling program is to teach and train graduates for community practice as competent, culturally sensitive, ethical, and morally sound professional counselors prepared to provide diagnosis and treatment of mental disorders and to effectively facilitate flourishing and personal transformation. Clinical Mental Health Counseling graduates are prepared to serve in their communities as advocates for social justice, and as service-oriented facilitators of mental health and wellness with a focus on the respect, dignity, and diversity of the person.

**NOTE: KEEP A HARD COPY SYLLABUS!** Many states require that students submit a copy of each course syllabus in order to document the completed educational content needed for licensure. Each syllabus submitted must be for the same course year in which the course was taken.

### I. COURSE DESCRIPTION

**COUN 660 Child and Adolescent Counseling** introduces students to the basic principles of assessment and counseling of children and adolescents within the context of developmental, self-regulation, family, school, and diverse socio-cultural and religious systems. The emphasis is on students developing their own individual style in forming therapeutic relationships with children and adolescents, and selecting and using evidence-based therapeutic skills and techniques, including therapeutic mediums such as toys, audio/visual aids, games, cognitive treatment, and behavioral programs. A special focus is given to parent training and parents as co-therapists. Legal and ethical issues specific to working with children are addressed. Students will acquire introductory knowledge of different therapy models, assessments for counseling, and skills related to working with children and adolescents. (3 credit hrs)

### II. COURSE OBJECTIVES

#	Course Objectives	Measures of Outcomes	SOC Program Objectives and CACREP Standards *
1.	Demonstrate comprehensive assessment skills by identifying and ruling out likely diagnostic options within the context of individual and systemic variables.	<p>Mod#3 Assignment: Synchronous in Skills Lab Triads: Tracking Skill</p> <p>Mod#5 Assignment: Sharing the BASC-3 Assessment Results</p> <p>Mod#6 Assignment: Synchronous in Skills Lab Triads: Restating Content and Reflecting Feelings</p> <p>Mod#7 Assignment: Synchronous in Skills Lab Triads: Setting Limits, Returning Responsibility to the Child, and Dealing with Questions</p> <p>Mod# 5-8 Assignment: Personal Reflection: The Boy Who Was Raised as a Dog</p> <p>Mod#4 &amp; #8 Assignment: Adolescent Case Study</p>	<p><b>SOC: 1, 2, 3, 4, 5</b></p> <p><b>CACREP</b> Section 2: F.3.e., f. F.5.g.</p> <p>Section 5: C.1.e. C.2.d. C.3.a. F.1.e., f. F.2.c., d., g, h., i., l., m.</p>
2.	Demonstrate therapeutic techniques appropriate to children and adolescents within the context of individual and systemic variables, including diverse socio-cultural factors.	<p>Mod#3 Assignment: Synchronous in Skills Lab Triads: Tracking Skill</p> <p>Mod#5 Assignment: Sharing the BASC-3 Assessment Results</p> <p>Mod#6 Assignment: Synchronous in Skills Lab Triads: Restating Content and Reflecting Feelings</p> <p>Mod#7 Assignment: Synchronous in Skills Lab Triads: Setting Limits, Returning Responsibility to the Child, and Dealing with Questions</p> <p>Mod#4 &amp; #8 Assignment: Adolescent Case Study</p>	<p><b>SOC: 1, 2, 4, 5</b></p> <p><b>CACREP</b> Section 2: F.3.h., i. F.5.b., d., g., h., j., k., n.</p> <p>Section 5: C.3.a., b. F.3.b., c., d.</p>

#	Course Objectives	Measures of Outcomes	SOC Program Objectives and CACREP Standards *
3.	Critically assess legal and ethical issues within various diverse systems (e.g. family situations, school and court systems, residential care facilities, etc.) specific to working with children and adolescents.	Mod#4 Assignment: Parent Training	<p><b>SOC: 1</b></p> <p><b>CACREP</b> Section 2: F.2.h. F.5.d., g., h., j.</p> <p>Section 5: C.2.l. F.2.o. F.3.e.</p>
4.	Demonstrate case conceptualization and treatment planning skills based on a comprehensive assessment, evidence-based research, and clinical reasoning.	<p>Mod#4 Assignment: Parent Training</p> <p>Mod#4 &amp; #8 Assignment: Adolescent Case Study</p> <p>Mod#5 Assignment: Sharing the BASC-3 Assessment Results</p> <p>Mod#6 Assignment: Sharing BASC-3 Results</p>	<p><b>SOC: 1, 2, 3, 4, 5</b></p> <p><b>CACREP</b> Section 2: F.5.a., b., c., d., g., h., j.</p> <p>Section 5: C.1.c., e. C.2.b., c., d., e., f., g., j. C.3.a., b., d. F.1.e., f. F.2.c., d., g. h., i., l., m. F.3.a., b., c., d.</p>
5.	Develop strategies for engaging parents in their child's or adolescent's treatment process. (project presentation)	<p>Mod#4 Assignment: Parent Training</p> <p>Mod#7 Discussion: Sharing Your Parent Training Presentation</p>	<p><b>SOC: 1, 2, 3, 4, 5</b></p> <p><b>CACREP</b> Section 5: C.3.b. F.2.m. F.3.b., c., d.</p>

#	Course Objectives	Measures of Outcomes	SOC Program Objectives and CACREP Standards *
6.	Articulate the development of one's own individual style in forming therapeutic relationships with children and adolescents.	Mod# 5-8 Assignment: Personal Reflection: <i>The Boy Who Was Raised as a Dog</i>  Mod#8 Discussion 1: Professional Growth	<b>SOC: 1</b>  <b>CACREP</b> Section 2: F.1.k. F.5.f., n.
7.	Articulate an informed understanding of the major theoretical orientations on which therapeutic interventions are based, applying the lenses of science and the Catholic-Christian meta-model of the person.	Mod# 1-3 Discussion: <i>Dibs in Search of Self</i>  Mod#4 & #8 Assignment: Adolescent Case Study  Mod#4 Assignment: Parent Training  Mod#7 Discussion: Sharing Your Parent Training Presentation	<b>SOC: 1, 4</b>  <b>CACREP</b> Section 2: F.2.g. F.3.a., c., F.5.a., c.  Section 5: C.1.b.

\*SOC = School of Counseling Program Objectives, listed below; CACREP = Council for Accreditation of Counseling and Related Educational Programs standards, Section 2, eight common core areas of all entry-level counselor education graduates, and Section 5, entry-level specialty area, Clinical Mental Health Counseling, and Marriage, Couple, and Family Counseling.

### ***Program Objectives***

**Graduates of the DMU School of Counseling Clinical Mental Health Counseling program will be able to:**

1. Exhibit a vibrant professional counselor identity with the foundational knowledge and skills of the profession.
2. Enter the client's life narrative with compassion and respect.
3. Develop person-centered, comprehensive case conceptualization for effective treatment planning.
4. Employ basic social and behavioral sciences, a habit of evidential reasoning, and the multiple roles of professional counseling to promote human flourishing.
5. Embody a vision of the flourishing person that inspires them, as professional counselors, and their clients to have courage to trust, hope and love.

### **III. COURSE TEXTBOOKS AND MATERIALS**

#### **A. Required**

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed). Arlington, VA: American Psychiatric Publishing. (Available free -

digitally DMU Library) <https://dsm-psychiatryonline-org.divinemercy.idm.oclc.org/doi/book/10.1176/appi.books.9780890425596>  
(DSM-5-TR is also an acceptable version of the DSM-5 and is available free through the DMU library digitally - <https://dsm-psychiatryonline-org.divinemercy.idm.oclc.org/doi/book/10.1176/appi.books.9780890425787>)

2. Cochran, N. H., Nordling, W. J., & Cochran, J. L. (2010). *Child-centered play therapy: A practical guide to developing therapeutic relationships with children*. Hoboken, N.J: John Wiley & Sons.
3. Shapiro J. P., et. al. (2015) *Child and Adolescent Therapy: Science and Art* (2nd ed.). Hoboken, NJ: John Wiley & Sons, Inc.
4. Axline, V. M. (1990). *Dibs: In search of self: Personality development in play therapy*. Harmondsworth: Penguin.
5. Perry, B. D., & Szalavitz, M. (2017). *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook -- what traumatized children can teach us about loss, love, and healing* (3rd ed.). New York: Basic Books.

Required readings will be assigned in each module / week and are listed in the Class Schedule and Assignments and Reference List.

## **B. Recommended**

Barish, K. (2018). *How to be a better child therapist: An integrative model for therapeutic change*. New York: W.W. Norton & Company

Barish, K. (2012). *Pride and joy: A guide to understanding your child's emotions and solving family problems*. New York, NY: Oxford University Press.

Briesmeister, J.M. & Schaefer, C.E. (Eds.). (2007). *Handbook of parent training: Helping parents prevent and solve problem behaviors* (3rd ed.). Hoboken, NJ: John Wiley & Sons, Inc. [ISBN: 978-0-471-78997-0] [Reference Book for Presentation]

Davies, D. (2010). *Child development: A practitioner's guide*. New York: Guilford. [ISBN 978-1606239094]

Gurian, M. (1996). *The wonder of boys: What parents, mentors, and educators can do to shape boys into exceptional men*. New York, NY: Jeremy P. Tarcher/Putnam a member of Penguin Putnam Inc.

McConaughy, Stephanie H. (2013). *Clinical interviews for children and adolescents: Assessment to intervention* (2nd ed.). New York: The Guilford Press [ISBN 978-1462508419]

Pipher, M. (1994). *Reviving Ophelia: Saving the selves of adolescent girls*. New York, NY: The Berkley Publishing Group published by the Penguin Group.

#### **IV. COURSE REQUIREMENTS**

##### **A. Class Attendance and Participation**

1. The DMU CMHC program is delivered to students primarily in an online, asynchronous modality; however, portions of this program require synchronous interaction, and additional in-person residency attendance.
2. Attendance in the online classroom is required. Students must post as directed in the online classroom each week. Assignments must be posted on or before due dates.

##### **B. Assigned Readings**

1. Readings must be read as assigned on the reading schedule in order for the class to “be on the same page” and to facilitate discussions.
2. Additional readings may be given out in class to be read for the next class.

**C. Personal Reflection Discussions** are assigned in Modules 1-3. These discussions focus on the book, *Dibs: In search of self: Personality development in play therapy*. In each reflective discussion posting, students will summarize the purpose or main idea of the readings and how the chapters, or something in them, was of particular interest to them because of their own experience or in light of becoming a professional counselor. In addition, students will identify at least one therapist communication (verbal or nonverbal) that was helpful and at least one therapist communication that hindered therapy. Each reflection discussion is worth 25 points.

- i. 10 points Main Idea (Mastery) - Provides a thoughtful and thorough summary of the main ideas presented in the readings. Clearly explains what was of interest in the chapters in light of their own experiences or in light of becoming a professional counselor. Demonstrates advanced insight into counseling techniques with children and adolescents. Reflection illustrates a deep understanding of the application of the premises of the CCMMP in therapeutic techniques. Reflection demonstrates deep and critical thinking on the topic.
- ii. 7 points Personal Application (Mastery) – Reflective essay demonstrates a superior introspection regarding the application of the concepts to the personal self and the personhood of the counselor. Personal application illustrates a high level of critical reflection and is substantive in content.
- iii. 5 points Responses to Colleagues’ Posts (Mastery) – Responses show a strong understanding of colleagues’ posts; clear and succinct response. Brings a new dimension to the learning of the community.
- iv. 3 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

**D. BASC-3 Assessment:** This assignment has multiple elements that are completed in Modules 2, 4, and 7. In Module 2, students identify a ‘parent’ who will complete the

BASC-3 on a child between the ages of 6 to 11. If unable to work with actual clients, students may set this up as a role play. Students will provide email addresses for their participant and the participant will be sent links to complete the BASC-3 assessments online. The results will then be sent to the student clinician. As soon as possible, students will review the results of the assessments

In Module 4, students will meet with the parent to ask clarifying questions about the information that was reported on the assessments. Students will use this information to develop a formal summary of the results, a diagnosis, and plan for treatment based on the parent(s) assessment.

In Module 7, students will submit their guide of what they would want to communicate to the parents from their information. To do this, students need to answer the 10 items listed in the **Guide for Sharing Results** section of the paper.

Students will also need to list three (3) questions they believe the parents will ask and how the students will respond to those three (3) questions. This assignment will be at least 5 pages with a maximum of 8 pages:

- Guide of what you want to communicate (3 - 5 pages)
- 3 questions and 3 responses in dialogue (2 - 3 pages)

The summary is worth 185 points.

- 21 points Data-Based Reasoning / Interpretation (Mastery): Consistently uses referral, interview, background and additional relevant information to develop a meaningful and coherent report. The clinical impressions and specific recommendations are completely aligned with the test results and other findings.
- 21 points Report Writing / Clarity of Communication (Mastery): The writing clearly and concisely describes the client with appropriately conveying the relevant information obtained. Consistently uses appropriate language to clearly and concisely convey assessment findings.
- 21 points Understandable for Parent (Mastery): Guide thoroughly summarizes assessment results and information provided by the parent in a manner that is appropriate and easily understandable by the parent. Guide demonstrates strong creative reasoning skills in understanding the child and is reflected throughout the report. Guide reflects careful thought and consideration of the best way to communicate assessment results to the client's parent(s). Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to the parent's understanding of the child or adolescent).
- 12 points GUIDE – Items 1-3: Connecting with the Parents: Thoroughly addresses each item and includes all required information. Information is clear and aligns with the items. Goes beyond what is required in some meaningful way.

- v. 12 points GUIDE – Item 4: Describe the BASC-3 Reports (Mastery): Goes beyond what is required in some meaningful way. Thorough yet succinct discussion of important information that provides overall context to understand the concern of the person referring the child and how the reports can and cannot help.
- vi. 12 points GUIDE – Item 5: Describe the Trustworthiness of the BASC-3 Reports (Mastery): Goes beyond what is required in some meaningful way. Thorough yet succinct discussion of the meaning of the scores that aligns with the data.
- vii. 12 points GUIDE – Item 6: Child’s Strength and Family Story (Mastery): Thorough yet succinct discussion of all the information to create a story or picture of this child’s life that highlights the child’s and parent’s strengths. All of the information aligns with or is supported by the data. Goes beyond what is required in some meaningful way.
- viii. 12 points GUIDE – Item 7: Child’s Struggles and Diagnosis (Mastery): Diagnosis is accurate based on the assessment results and aligns with the DSM-5. All information in the guide supports the diagnosis. Goes beyond what is required in some meaningful way.
- ix. 12 points GUIDE – Item 8: Describe Treatment Plan / Recommendations (Mastery): Clear and concise recommendations based on the assessment findings. All recommendations align with or are supported by the data. All recommendations demonstrate critical and creative thinking. All recommendations demonstrate clinical expertise and professionalism. Goes beyond what is required in some meaningful way.
- x. 12 points GUIDE – Items 9-10: Ask Questions and Describe Next Steps: (Mastery): Clear and concise next steps and closing of meeting based on the assessment findings. All next steps and closing of meeting align with or are supported by the data. All next steps and closing of meeting demonstrate critical and creative thinking. All next steps and closing of meeting demonstrate clinical expertise and professionalism. Goes beyond what is required in some meaningful way.
- xi. 30 points Three Questions and Responses (Mastery) - The three-questions are sensitive to the character of the parent and demonstrate deep insight into the parent’s experience and reasons for pursuing counseling for their child. Responses to the anticipated questions are noticeably clear and sensitive to the parent’s concerns without pandering or minimizing the diagnosis or treatment plan. Dialogue is well done with realistic, natural, and helpful conversational style. Guide reflects careful thought and consideration of the best way to communicate assessment results to the parent(s). Guide demonstrates strong creative reasoning skills in understanding the child.
- xii. 8 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error as appropriate.

**E. Synchronous Skills Lab Video Recordings and Process Observation Reflections** are assigned in Modules 3, 5, and 7. Each small group will meet for approximately 90 total



minutes. Students will use Zoom to meet synchronously with their triad and complete the role-play sessions that focus on a specific skill used in play therapy. Each person in the triad will have the chance to play each role once: Counselor, client, and observer. Students will submit their video recording created from the session in which they are the counselor. These synchronous skills labs are worth 100 points.

Process Observation Reflection and Video will be evaluated as follows:

- i. 15 points Counselor's Internal Processing of Experience (Mastery) - Goes beyond what is required in some meaningful way (ideas contribute to a new dimension to the counseling session and/or process; personal reflection is extensive and transparent). Is substantive and deeply reflective demonstrating new insights into the role of the counselor when working with children and adolescents.
  - ii. 15 points Counselor's Reflection on the Observer's and Client's Observations (Mastery) - Goes beyond what is required in some meaningful way (ideas contribute to a new dimension to the counseling session and/or process; reflection is extensive and transparent). Is substantive and deeply reflective demonstrating new insights into the role of the counselor from others' observations.
  - iii. 10 points Grammar: Correct (Mastery) - Proper length. No grammar errors (spelling, punctuation, etc.). Proper APA citations with no more than 1 error.
  - iv. VIDEO: 25 points General Skills (Mastery) - Clearly demonstrates appropriate therapeutic presence and therapy skills appropriate for the client.
  - v. VIDEO: 35 points Specific Skills (Mastery) - Consistently demonstrates the specific therapy skill for the assignment.
- F. Personal Reflection Papers** are assigned in Modules 5-8. These reflection papers focus on the book, *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook -- what traumatized children can teach us about loss, love, and healing*. In each reflective paper, students will summarize the purpose or main idea of the readings and how the chapters, or something in them, was of particular interest to them because of their own experience or in light of becoming a professional counselor. Each reflection paper is worth 25 points.
- i. 12 points Main Idea (Mastery) - Provides a thoughtful and thorough summary of the main ideas presented in the readings. Clearly explains what was of interest in the chapters in light of their own experiences or in light of becoming a professional counselor. Demonstrates advanced insight into counseling techniques with children and adolescents. Reflection is deeply personal and specific. Reflection demonstrates deep and critical thinking on the topic.
  - ii. 10 points Personal Application (Mastery) – Reflective essay demonstrates a superior introspection regarding the application of the concepts to the personal self and the personhood of the counselor. Personal application illustrates a high level of critical reflection and is substantive in content.
  - iii. 3 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

**G. Creating your Parent Training PowerPoint** is introduced in Module 2 and due in Module 4. For this assignment, students select a well-researched parent training program for a specific disorder or problem of childhood. Students apply the lens of how this training can be modified to address the needs of a specific population in their community. Students develop a 20-minute narrated PowerPoint presentation that could be used for marketing this revised program. In Module 2, students submit their parent training program and selected population for instructor approval. The project is worth 150 points: 30 points for the Module 2 assignment and 120 points for the narrated PowerPoint submitted in Module 4.

Module 2 assignment (30 points)

- i. 10 points Childhood Disorder (Mastery) – Clearly describes a specific disorder or problem of childhood with substantial detail to demonstrate an understanding of the problem.
- ii. 10 points Parent Training Programs (Mastery) - Provides a substantive yet succinct description of a researched evidence-based parent training program developed to address the identified disorder or problem of childhood. The parent training program has substantive evidence from a systematic review or meta-analysis of relevant research or evidence-based clinical practice guidelines.
- iii. 4 points Community Population (Mastery) -Clearly describes a population in the student’s community who would benefit from this parent training with any modification needed to address this population.
- iv. 6 points Plan (Mastery) - Well thought out description of the existing parent training program, with some details on how to modify the selected parent training program for the selected population. Plan identifies who the presentation will be made to.

Module 4 assignment (120 points)

- i. 15 points Narrated PowerPoint Presentation: Quality of Content (Mastery) - Clearly exhibits depth of understanding and original critical thinking about the selected disorder and needs of the selected population in the student’s community.
- ii. 15 points Narrated PowerPoint Presentation: Quality of Content: Behavioral, Psychological, Physical, and Social Effects of the Problem (Mastery) - Provides a substantive yet succinct description of the behavioral, psychological, physical, and social effects of the problem on the parent, child, and significant others.
- iii. 20 points Narrated PowerPoint Presentation: Quality of Content: Selected Parent Training Module (Mastery) - Clearly exhibits depth of understanding and original critical thinking about the selected parent training model with significant detail about the contents of the program.
- iv. 8 points Narrated PowerPoint Presentation: Quality of Content: Changes or Modifications to Selected Program (Mastery) - Provides a succinct description of how they have changed or modified the program they identified to help their identified population in specific ways.

- v. 12 points Narrated PowerPoint Presentation: Quality of Content: Legal and Ethical Considerations (Mastery) - Provides a substantive yet succinct discussion of the legal and ethical considerations for the population and parent training.
- vi. 14 points Narrated PowerPoint Presentation: Quality of Content: Evidence-Based Protocol (Mastery) - All aspects of the program utilize evidence-based protocol supported by research.
- vii. 16 points Narrated PowerPoint Presentation: Quality of Content: Benefits to Parents (Mastery) - Clearly explains what makes this program different, including the benefits to the selected community population of parents.
- viii. 10 points Narrated PowerPoint Presentation: Quality of Presentation (Mastery) -
  - Engages the audience with a “hook” that captivates the audience’s attention.
  - Presentation clearly demonstrates critical thinking, is visually appealing, and well organized.
  - Narration is professional, engaging, and appropriate for the audience.
- ix. 10 points Narrated PowerPoint Presentation: Correct Grammar (Mastery) -
  - Proper length
  - No grammar errors (spelling, punctuation, etc.)
  - At least five scholarly and current (within the last 10 years) resources on the topic were used.
  - Proper APA citations with no more than one error.

**H. Adolescent Case Study:** The Adolescent Case Study will be completed in two parts, Part One due in Module 4, and Part Two due in Module 8. Students will reference the reading of the Shapiro (2015) text *Child and Adolescent Therapy*. Part One: After reviewing Chapters 2-7 of the Shapiro text, you will create your Adolescent Case Study and choose one theory detailed in these Shapiro chapters. You will use that theory to develop your Case Study; the case study could be an adolescent you are familiar with, perhaps in practicum or internship, or an adolescent you create. This can be from your imagination, a novel, movie or television character, your own or others' life experience, or an intake client from your site. For any real person, make sure the information is appropriately disguised to protect privacy and confidentiality. For a client from your site, make sure your supervisor is aware and gives permission, and the client is not a long-term client and has been in treatment for no more than 1-2 sessions. Part One includes:

1. **Demographics & Presentation** including adolescent first name, age, gender, presentation, brief mental status exam, parent and sibling information
2. **Presenting Problem & Brief History** including information from the adolescent and parent perspective)
3. **Family History** including interaction of parents and siblings
4. **Culture** including ethnicity, type of neighborhood, religion/spirituality, social economic status
5. **Academic Status** including grade, type of schooling, school environment, learning abilities)

This portion of the case study is worth 45 points.

- i. 10 points Demographics and Presentation (Mastery) – Thorough response to the assigned prompts and exemplar regarding the Demographics and Presentation section. Goes beyond what is required in some meaningful way (e.g., ideas

contribute a new dimension to what is known about the client). Is substantive and scholarly and includes a thorough discussion of the client

- ii. 10 points Presenting Problem and Brief History (Mastery) – Thorough response to the assigned prompts and exemplar regarding the Presenting Problem & Brief History section. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client). Is substantive and scholarly and includes a thorough discussion of the client
- iii. 7 points Family History (Mastery) – Thorough response to the assigned prompts and exemplar regarding the Family History section. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client). Is substantive and scholarly and includes a thorough discussion of the client.
- iv. 7 points Culture (Mastery) – Thorough response to the assigned prompts and exemplar regarding the Culture section. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client). Is substantive and scholarly and includes a thorough discussion of the client.
- v. 7 points Academic Status (Mastery) – Thorough response to the assigned prompts and exemplar regarding the Academic Status section. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client). Is substantive and scholarly and includes a thorough discussion of the client.
- vi. 4 points Grammar: Coherent Logical (Mastery) – Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

The case study proposal will be reviewed by the instructor and commented on; if there are any major changes required, students will make them and use the updated proposal to finish the project.

**Part Two of the Adolescent Case Study** is due in Module 8. After reading appropriate information from Chapters 8-15 of the Shapiro text, the second part of the assignment will be to develop an 850- to 1,200-word Adolescent Case Study using the therapy model (from Chapters 2-7) previously selected in Part One. The final written case study must include everything from Part One with any changes noted by the instructor incorporated. Additional information should be added as students create the second part of the paper including:

### **1. Clinical Formulation with Therapy Model**

- a. Formal Diagnosis
- b. Detailed background about the start and duration of the presenting problem (if not already presented in Part One), any previous intervention, assessment, counseling or medication.
- c. How the theory you chose will inform your decision about assessment, diagnosis, treatment planning and future counseling.

2. **Treatment Formulation** (Tentative treatment plan, type of counseling or intervention recommended using the Therapy Model to inform your decision)
3. **Challenges to Treatment** (What obstacles and challenges should be anticipated in the treatment process, include family, cultural and school issues that may be factors, and prognosis)

This portion of the case study is worth 85 points.

- i. 10 points Revision of Part One (Mastery) – Part 1 has been accurately modified. The changes have been written in seamlessly and have significantly improved or clarified the client's clinical picture.
- ii. 25 points Clinical Formulation with Therapy Model (Mastery) – Thorough response to the assigned prompts and exemplar regarding the Clinical Formulation with Therapy Model section. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client). Is substantive and scholarly and includes a thorough discussion of the client.
- iii. 18 points Treatment Formulation (Mastery) – Thorough response to the assigned prompts and exemplar regarding the Treatment Formulation section. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client). Is substantive and scholarly and includes a thorough discussion of the client.
- iv. 18 points Challenges to Treatment (Mastery) – Thorough response to the assigned prompts and exemplar regarding the Challenges to Treatment section. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client). Is substantive and scholarly and includes a thorough discussion of the client.
- v. 9 points Prognosis (Mastery) – Thorough response to the assigned prompts and exemplar regarding the Prognosis section. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client). Is substantive and scholarly and includes a thorough discussion of the client.
- vi. 5 points Grammar: Coherent Logical (Mastery) – Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

## H. Discussion

1. Participation in asynchronous discussions in Modules 6 and 8 is required. Discussion activities include crafting a thoughtful and scholarly response to a prompt, including the personal application of the information to the role of the professional counselor, and responding to at least two colleagues' posting. Each discussion assignment is worth 30 points.
  - i. 12 points Main Idea of Post (Mastery) – Shows superior knowledge and understanding of course material related to the question asked or topic of the

discussion. Seamlessly integrates assigned readings and resources related to the topic. Demonstrates a depth of thought or high level of critical thinking.

- ii. 9 points Personal Application (Mastery) – Initial post demonstrates a superior synthesis and personal reaction or analysis of the topic being discussed. Personal application is reflective and substantive.
- iii. 6 points Responses to Colleagues’ Posts (Mastery) – Responses show a strong understanding of colleagues’ posts; clear and succinct response. Integrates assigned readings and resources related to the topic into the response. Brings a new dimension to the learning of the community.
- iv. 3 points Grammar: Coherent Logical (Mastery) – Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

## V. GRADING

The following scale is used by the School of Counseling as the established criteria for grading assignments.

*Final course grade for passing is 86%, B.*

A	A-	B+	B	B-	C+	C
940 to 1000	920 to 939	900 to 919	860 to 899	840 to 859	820 to 839	780 to 819

C-	D+	D	D-	F	W	I
760 to 779	740 to 759	700 to 739	680 to 699	0 to 679	Withdrawal	Incomplete

Requirement	Items	Item Points	Total Points	Hours
<b>Assigned Readings</b>				<b>77.7</b>
1	Cochran, Nordling, & Cochran			14.0
2	Shapiro			19.8
3	Axline			3.4
4	Perry & Szalavitz			7.7

	<b>Requirement</b>	<b>Items</b>	<b>Item Points</b>	<b>Total Points</b>	<b>Hours</b>
5	Other Readings (see Class Schedule)				11.40
6	Viewing course media				21.4
<b>Written Assignments</b>				<b>1000</b>	<b>70.5</b>
1	Personal Reflection Discussions	3	25	75	8.5
2	BASC-3 Assessments	2	110 / 75	185	18.0
3	Synchronous in Skills Labs Triads	3	100	300	8.0
4	Reflection Papers	4	25	100	12.0
5	Parent Training Project	2	30 / 120	150	8.0
6	Discussions	2	30	60	8.33
7	Adolescent Case Study	2	45 / 85	130	8.00
<b>Totals</b>				<b>1000</b>	<b>150.48</b>

**VI. SCHOOL OF COUNSELING POLICIES (Please review your Program Handbook for all policies. These are only listed to highlight key policies for this course)**

**METHODS OF INSTRUCTION**

The SOC CMHC program curriculum is delivered mostly online with both asynchronous and synchronous components. The following methods of instruction may be employed:

- Synchronous Instruction: students and faculty will engage in “real-time” using a variety of technology such as chat rooms, web-based conferencing, telephone and during in-person residencies.
- Asynchronous Instruction: student-centered, student-managed facilitation of exchanging information and instructional materials outside of the constraints of “real-time” meetings between students and faculty.
- Reading assignments
- Lecture
- Academic Class Discussion
- Video/Audio Material: students are required to review video material as assigned.
- Demonstration of Skills
- Role Play

## METHODS OF INSTRUCTION

- Written Assignments/Papers
- Research Activities
- Quizzes, examinations, and assessment of student learning
- Learning Activities: students are required to engage in critical thinking activities.
- Group Work
- Presentations
- Residencies: Residencies are embedded in three courses across the program.
- Interactive Multimedia
- Clinical Placement in Practicum and Internship courses only.

## ACADEMIC INTEGRITY

“Integrity” is a character quality of holding ourselves to strong moral principles and simply maintaining honesty. Academic integrity is synonymous with academic honesty. Academic honesty is expected of all students at DMU in all papers, examinations, transcripts, record keeping, and documentation of clinical experience. Possible sanctions for academic dishonesty include, but are not limited to: grade penalties including course failure, loss of registration privileges, disqualification and dismissal from the institution.

Academic integrity entails a respect and reverence for knowledge as a human good and for the whole academic process, by which that knowledge is pursued and transmitted. Specifically, it entails honesty in all of one’s academic dealings. Students at DMU therefore, shall not engage in or tolerate acts of academic dishonesty. These acts include, but are not limited to, cheating, plagiarism, collusion, falsifying academic records, and any act or attempt to commit an act designed to give unfair academic advantage to the student (such as, but not limited to, submission of essentially the same written assignment for two courses without the prior permission of the instructor, providing false or misleading information in an effort to receive a postponement or an extension on a test, quiz, or other assignment).

## LATE ASSIGNMENT ACCEPTANCE POLICY

In an effort to develop high professional standards, no late work **without deductions** will be accepted unless prior arrangements have been made with the instructor. All requests and approvals for extensions must be documented via email at least one week prior to the due date for the work. Outside of this, no late work will be accepted **without deductions** unless the circumstances are dire and unusual.

If you miss an online course meeting or session of a residency, you must notify the instructor as soon as possible and you are responsible for finding out from the course schedule/syllabus, or a classmate what material was covered and what homework was assigned. You cannot



## **LATE ASSIGNMENT ACCEPTANCE POLICY**

submit assignments late because you missed the online course meeting or session of a residency when the assignment was given or when the assignment was due.

Online assigned work is due at 11:59 pm Eastern USA Time or at the beginning of the session of a residency on the date due. Primary discussion posts are due Saturdays at 3:00 pm Eastern USA Time.

- Assignments: (quiz, vignette, recordings, papers, etc.): No make-ups, no late work accepted **without deductions** unless pre-arranged as noted above.
- Exams: Make-ups only when scheduled/approved in advance.
- Discussion posts: If primary discussion posts (due on Saturdays at 3:00 pm Eastern USA Time) are submitted after the due date, they will receive the 10% per day late deduction for up to four days. No discussion responses will be graded after their due date (Monday, 11:59 pm Eastern USA Time).

Please see the M.S in Counseling Clinical Mental Health Counseling Program Student Program Handbook for more details.

## **STUDENTS WITH SPECIAL NEEDS**

If you are a student who has or thinks you may have special needs, you are encouraged to contact the Disability Support Services, located in the Enrollment Services Office (DSS@divinemercury.edu, ext. 114), regarding accommodations. This office welcomes the opportunity to talk with students about their individual situation so students can make an informed decision about whether or not to seek accommodations. In compliance with the Americans with Disabilities Act (ADA) the University is committed to providing reasonable accommodation to any student who has a disability. Any student who has a documented disability must provide supporting documentation to the Disability Support Services at the beginning of the first semester. Once documentation is complete, the student should inform the instructor directly during the first week of classes about accommodations made for each class.

## **SYLLABUS CHANGE POLICY**

This syllabus is a guide for the course and is subject to change with advanced notice.

## **VII. CLASS SCHEDULE AND ASSIGNMENTS**

Textbooks:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5<sup>th</sup> ed). Arlington, VA: American Psychiatric Publishing.

Cochran, N. H., Nordling, W. J., & Cochran, J. L. (2010). *Child-centered play therapy: A practical guide to developing therapeutic relationships with children*. Hoboken, N.J: John Wiley & Sons.

Kottman, T. (2011). *Play therapy basics and beyond* (2nd ed.). Alexandria, VA: American Counseling Association.

Shapiro J. P., et. al. (2015) *Child and Adolescent Therapy: Science and Art* (2nd ed.). Hoboken, NJ: John Wiley & Sons, Inc.

Axline, V. M. (1990). *Dibs: In search of self: Personality development in play therapy*. Harmondsworth: Penguin.

Perry, B. D., & Szalavitz, M. (2017). *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook -- what traumatized children can teach us about loss, love, and healing* (3rd ed.). New York: Basic Books.

Module / Week	Topic	Author	Reading	Graded Assignments
1	Aren't Kids Just Little Adults?	SOC  Brems & Rasmussen. (2018)  Cochran, Nordling, & Cochran	Syllabus  <i>Comprehensive guide to child psychotherapy and counseling</i> <ul style="list-style-type: none"> <li>Chapter 3, A Developmental Context for Child Therapy and Counseling (pp. 62-88)</li> </ul> <i>Child-centered play therapy: A practical guide to developing therapeutic relationships with children</i> . <ul style="list-style-type: none"> <li>Chapter 1 Introduction: The Child-Centered Approach, Student and Practitioner Approaches to Learning, and Our</li> </ul>	<b>Discussion:</b> Personal Reflection: <i>Dibs: In Search of Self</i>  <b>Assignment:</b> Informed Consent  <b>Looking Ahead:</b> Using the BASC-3 Assessment  <b>Looking Ahead:</b> Synchronous in Skills Lab Triads and Toy Shopping

Module / Week	Topic	Author	Reading	Graded Assignments
		<p>Shapiro. (2015).</p> <p>Axline. (1990).</p> <p>Shrik, Karver, &amp; Brown. (2011).</p>	<p>Approach to Teaching (pp. 1-22)</p> <ul style="list-style-type: none"> <li>• Chapter 2 CCPT in Context: Key Concepts from Child Development and Principles of Human Change (pp. 23-48)</li> <li>• Chapter 3 The Ideal Therapist Qualities: Deep Empathy, Unconditional Positive Regard, and Genuineness (pp. 49-70)</li> </ul> <p><i>Child and adolescent therapy: Science and art</i> (2nd ed.)</p> <ul style="list-style-type: none"> <li>• Chapter 1, Therapy Fundamentals (pp. 3-41)</li> <li>• Chapter 2, Behavior Therapy (pp. 43-74)</li> <li>• Chapter 3, Cognitive Therapy (pp. 75-109)</li> </ul> <p><i>Dibs: In search of self: Personality development in play therapy</i></p> <ul style="list-style-type: none"> <li>• Chapters 1-8</li> </ul> <p>The alliance in child and adolescent psychotherapy. <i>Psychotherapy</i> 48(1), 17-24.</p>	

Module / Week	Topic	Author	Reading	Graded Assignments
		<p>Divine Mercy University. (2018).</p> <p>Ray, D. C., Lee, K. R., Meany-Walen, K. K., Carlson, S. E., Carnes-Holt, K. L., &amp; Ware, J. N. (2013).</p> <p>Payne, H. (2018).</p> <p>Payne. (2018).</p> <p>Pearson Publishing (Producer)</p> <p>Psychotherapy.net, LLC (Producer). (2008).</p>	<p>Group informed consent. [PDF]</p> <p>Use of toys in child-centered play therapy. <i>International Journal of Play Therapy</i>, 22(1), 43–57.</p> <p>Play therapy toys for triad skill training. Sterling, VA: Divine Mercy University.</p> <p><i>Welcome to the course</i> (Video)</p> <p><i>BASC-3 overview</i> [Video].</p> <p><i>Adlerian play therapy with Terry Kottman, PhD.</i> [Video series].</p> <p><i>Cognitive-behavioral child therapy with Bruce Masak, PhD.</i> [Video series].</p>	



Module / Week	Topic	Author	Reading	Graded Assignments
		<p>Axline. (1990).</p> <p>Kottman. (2011).</p> <p>Briesmeister, J.M. &amp; Schaefer, C.E. (Eds.). (2007).</p> <p>Gross, D., Garvey, C., Julion, W. A., &amp; Fogg, L. (2007).</p> <p>Wolchik, S., Sandler, I., Weiss,</p>	<p>Therapy (pp. 149-183)</p> <p><i>Dibs: In search of self: Personality development in play therapy.</i></p> <ul style="list-style-type: none"> <li>• Chapters 9–16</li> </ul> <p><i>Play therapy basics and beyond</i> (2nd ed.).</p> <ul style="list-style-type: none"> <li>• Chapter 5, Tracking (pp. 116-118)</li> </ul> <p><i>Handbook of parent training: Helping parents prevent and solve problem behaviors</i> (3rd ed.). Hoboken, NJ: John Wiley &amp; Sons, Inc.</p> <ul style="list-style-type: none"> <li>• Introduction (pp. xv-xxv)</li> </ul> <p>Preventive parent training with low-income, ethnic minority families of preschoolers. In J.M. Briesmeister &amp; C.E. Schaefer (Eds.) <i>Handbook of parent training: Helping parents prevent and solve problem behaviors</i> (3rd ed., pp. 5-24). Hoboken, NJ: John Wiley &amp; Sons, Inc.</p> <p>New beginnings: An empirically-based program to help</p>	

Module / Week	Topic	Author	Reading	Graded Assignments
		<p>L., &amp; Winslow, E. (2007).</p> <p>Handout</p> <p>Payne, H. (2018).</p> <p>Psychotherapy.net, LLC (Producer). (2008).</p>	<p>divorced mothers promote resilience in their children. In J.M. Briesmeister &amp; C.E. Schaefer (Eds.) <i>Handbook of parent training: Helping parents prevent and solve problem behaviors</i> (3rd ed., pp. 25-62). Hoboken, NJ: John Wiley &amp; Sons, Inc.</p> <p>The DSM-IV Defensive Functioning Scale [Referenced in the 5 Levels of Assessment for Children and Adolescents media presentation]</p> <p>5 Levels of Assessment for Children and Adolescents: Part 1. [Video]</p> <p>5 Levels of Assessment for Children and Adolescents: Part 2. [Video]</p> <p>5 Levels of Assessment for Children and Adolescents: Part 3. [Video]</p> <p><i>Person-centered child therapy with Anin</i></p>	

Module / Week	Topic	Author	Reading	Graded Assignments
		<p>Articles for Parent Training:</p> <p>Angeliki, Petros, Tsirempolou, Michalopoulou, &amp; Kalliopi. (2016).</p> <p>Monastra. (2008).</p> <p>Webster-Stratton &amp; Herman. (2008)</p>	<p><i>Utigaard, MFT, REAT.</i> [Video series].</p> <p><i>Object relations child therapy with David Scharff, MD.</i> [Video series].</p> <p>Parent training for families with a child with ASD: A naturalistic systemic behavior analytic model. <i>European Journal of Counseling Psychology</i>, 4(1), 4-31.</p> <p><i>Unlocking the potential of patients with ADHD: A model for clinical practice.</i> Washington, DC: American Psychological Association.</p> <ul style="list-style-type: none"> <li>Chapter 10. Counseling parents of children and adolescents with ADHD: The neuroeducational parent training program. pp. 183-196</li> </ul> <p>The impact of parent behavior-management training on depressive symptoms. <i>Journal of Counseling</i></p>	



Module / Week	Topic	Author	Reading	Graded Assignments
			<i>Psychology</i> , 55(4), 473-484.	

Module / Week	Topic	Author	Reading	Graded Assignments
3	Every Child Has Their Own Story	Cochran, Nordling, & Cochran. (2010).  Kottman. (2011).	<i>Child-centered play therapy: A practical guide to developing therapeutic relationships with children.</i> <ul style="list-style-type: none"> <li>Review Chapter 6, The Two Core Therapist Skills: Tracking and Empathic Responding (pp. 107-130)</li> <li>Chapter 11, Helping Parents, Teachers, and Principals Understand and Support the Child's Work in Play Therapy (pp. 255-292)</li> <li>Review Skills Support Resource B (pp. 396-397)</li> </ul> <i>Play therapy basics and beyond</i> (2nd ed.).	<b>Assignment:</b> Synchronous in Skills Lab Triads: Tracking Skill  <b>Discussion:</b> Personal Reflection: <i>Dibs: In Search of Self</i>  <b>Looking Ahead:</b> Adolescent Case Study  <b>Looking Ahead:</b> Parent Training

Module / Week	Topic	Author	Reading	Graded Assignments
		<p>Shapiro. (2015).</p> <p>Axline. (1990).</p> <p>Payne. (2018).</p> <p>Nordling, W., &amp; Payne, H. (2018).</p>	<ul style="list-style-type: none"> <li>● Chapter 5, Tracking (pp. 116-118)</li> </ul> <p><i>Child and adolescent therapy: Science and art</i> (2nd ed.).</p> <ul style="list-style-type: none"> <li>● Chapter 6, Constructivism: Solution-Oriented and Narrative Therapy (pp. 184-217)</li> </ul> <p><i>Dibs: In search of self: Personality development in play therapy.</i></p> <ul style="list-style-type: none"> <li>● Chapters 17–24</li> <li>● Epilogue Author’s Note</li> </ul> <p>Handouts:</p> <ul style="list-style-type: none"> <li>● Guide to Writing the Case Conceptualization and Treatment Plan using the BASC-3 Results</li> <li>● Sample Parent Report</li> <li>● Teacher Questionnaire for Follow-Up Interview</li> <li>● Sample Teacher Report</li> </ul> <p><i>Working Therapeutically with</i></p>	

Module / Week	Topic	Author	Reading	Graded Assignments
		Psychotherapy.net, LLC (Producer). (2008).	<p><i>Children: Part 1.</i> [Video].</p> <p><i>Working Therapeutically with Children: Part 2.</i> [Video].</p> <p><i>Working Therapeutically with Children: Part 3.</i> [Video].</p> <p><i>Narrative therapy with children with Stephen Madigan, PhD.</i> [Video series].</p> <p><i>Solution-focused child therapy with John J. Murphy, PhD.</i> [Video series].</p>	

Module / Week	Topic	Author	Reading	Graded Assignments
4	To Help Children More, Engage Families	Cochran, Nordling, & Cochran. (2010).	<p><i>Child-centered play therapy: A practical guide to developing therapeutic relationships with children.</i></p> <ul style="list-style-type: none"> <li>Chapter 10 Recognizing Stages: Understanding the Therapy Process and Evaluating</li> </ul>	<p><b>Assignment:</b> Adolescent Case Study Part One</p> <p><b>Assignment:</b> Creating your Parent Training PowerPoint</p> <p><b>Assignment:</b> Synchronous Meeting: Clarifying Your</p>

Module / Week	Topic	Author	Reading	Graded Assignments
		<p>Shapiro. (2015).</p> <p>Articles for Parent Training:</p> <p>Angeliki, Petros, Tsirempolou, Michalopoulou, &amp; Kalliopi. (2016).</p>	<p>Children’s Internal Progress (pp. 225-254)</p> <ul style="list-style-type: none"> <li>● Chapter 12 Goals, Treatment Planning, Reporting, and Evaluating Progress (pp. 293-314)</li> <li>● Chapter 13, Filial Therapy: Involving Parents and Caregivers in Child-Centered Play Sessions with Their Children (pp. 315-334)</li> <li>● Skills Support Resource E: Stages (pp. 403-404)</li> <li>● Skills Support Resource G: Incremental Progress (pp. 405-406)</li> </ul> <p><i>Child and adolescent therapy: Science and art</i> (2nd ed.).</p> <ul style="list-style-type: none"> <li>● Chapter 7, Family Systems Therapy (pp. 218-252)</li> <li>● Chapter 9, Cultural Factors in Therapy (pp. 297-325)</li> </ul> <p>Parent training for families with a child with ASD: A naturalistic systemic behavior analytic</p>	<p>Understanding of the BASC-3 Results</p> <p><b>Looking Ahead:</b> Sharing Assessment Results - BASC-3</p>

Module / Week	Topic	Author	Reading	Graded Assignments
		<p data-bbox="548 365 781 401">Monastra. (2008).</p> <p data-bbox="548 1024 789 1094">Webster-Stratton &amp; Herman. (2008)</p> <p data-bbox="548 1318 737 1354">Payne. (2018).</p> <p data-bbox="548 1686 797 1791">Psychotherapy.net, LLC (Producer). (2008).</p>	<p data-bbox="829 222 1130 327">model. <i>European Journal of Counseling Psychology</i>, 4(1), 4-31.</p> <p data-bbox="829 369 1105 653"><i>Unlocking the potential of patients with ADHD: A model for clinical practice.</i> Washington, DC: American Psychological Association.</p> <ul data-bbox="829 663 1122 982" style="list-style-type: none"> <li>● Chapter 10. Counseling parents of children and adolescents with ADHD: The neuroeducational parent training program. pp. 183-196</li> </ul> <p data-bbox="829 1031 1117 1276">The impact of parent behavior-management training on depressive symptoms. <i>Journal of Counseling Psychology</i>, 55(4), 473-484.</p> <p data-bbox="829 1325 959 1360">Handouts:</p> <ul data-bbox="829 1367 1130 1650" style="list-style-type: none"> <li>● Guide to Writing the Case Conceptualization and Treatment Plan using the BASC-3 Results</li> <li>● Sample Parent Report</li> </ul> <p data-bbox="829 1692 1105 1829"><i>Adlerian parent consultation with Jon Carlson, PsyD, EdD.</i> [Video series].</p>	

Module / Week	Topic	Author	Reading	Graded Assignments
			<i>Psychotherapy with medically ill children with Gerald Koocher, PhD. [Video series].</i>	

Module / Week	Topic	Author	Reading	Graded Assignments
5	Restating Content and Empathic Responding	Cochran, Nordling, & Cochran. (2010).  Kottman. (2011).	<i>Child-centered play therapy: A practical guide to developing therapeutic relationships with children.</i> <ul style="list-style-type: none"> <li>Review Chapter 6, The Two Core Therapist Skills: Tracking and Empathic Responding (pp. 107-130)</li> <li>Skills Support Resource C (pp. 397-400)</li> <li>Skills Support Resource F (pp. 404-405)</li> </ul> <i>Play therapy basics and beyond</i> (2nd ed.). <ul style="list-style-type: none"> <li>Chapter 6, Restating Content (pp. 124-128)</li> <li>Chapter 7, Reflecting Feelings (pp. 137-140)</li> </ul>	<b>Assignment:</b> Personal Reflection: <i>The Boy Who Was Raised as a Dog</i>  <b>Assignment:</b> Synchronous Skills Lab Triads: Restating and Responding  <b>Looking Ahead:</b> Sharing Your Parent Training Presentation

Module / Week	Topic	Author	Reading	Graded Assignments
		<p>Shapiro. (2015).</p> <p>Perry &amp; Szalavitz. (2017).</p> <p>Klewicki, L., &amp; Payne, H. (2018).</p> <p>Nordling, W., &amp; Payne, H. (2018).</p> <p>Klewicki, L., &amp; Payne, H. (2018).</p>	<p><i>Child and adolescent therapy: Science and art</i> (2nd ed.).</p> <ul style="list-style-type: none"> <li>• Chapter 8, Atheoretical and Transtheoretical Techniques (pp. 253-294)</li> </ul> <p><i>The boy who was raised as a dog: And other stories from a child psychiatrist's notebook -- what traumatized children can teach us about loss, love, and healing</i> (3rd ed.).</p> <ul style="list-style-type: none"> <li>• Chapter 1, Tina's World (pp. 1-28)</li> <li>• Chapter 2, For Your Own Good (pp. 29-58)</li> <li>• Chapter 3, Stairway to Heaven (pp. 59-86)</li> </ul> <p><i>Working Therapeutically with Adolescents</i></p> <p><i>Challenging situations with children.</i> [Video].</p> <p><i>Challenging situations with adolescents.</i> [Video].</p> <p><i>Gestalt therapy with children with Violet</i></p>	





Module / Week	Topic	Author	Reading	Graded Assignments
			<p><i>other stories from a child psychiatrist's notebook -- what traumatized children can teach us about loss, love, and healing</i> (3rd ed.).</p> <ul style="list-style-type: none"> <li>• Chapter 4, Skin Hunger (pp. 87-106)</li> <li>• Chapter 5, The Coldest Heart (pp. 107-136)</li> <li>• Chapter 6, The Boy Who Was Raised as a Dog (pp. 137-170)</li> </ul> <p><i>Adolescent family therapy with Janet Sasson Edgette, PsyD.</i> [Video series].</p>	

Module / Week	Topic	Author	Reading	Graded Assignments
7	Adolescents say the Darndest Things	<p>Cochran, Nordling, &amp; Cochran. (2010).</p> <p>Kottman (2011).</p>	<p><i>Child-centered play therapy: A practical guide to developing therapeutic relationships with children.</i></p> <ul style="list-style-type: none"> <li>• Review Chapter 8, Responding to Questions, Requests for Help, and Commands (pp. 167-194)</li> </ul> <p><i>Play therapy basics and beyond</i> (2<sup>nd</sup> ed.).</p>	<p><b>Assignment:</b> Personal Reflection: <i>The Boy Who Was Raised as a Dog</i></p> <p><b>Assignment:</b> Synchronous in Skills Lab Triads: Setting Limits, Returning Responsibility to the Child, and Dealing with Questions</p> <p><b>Assignment:</b> Sharing the BASC-3 Assessment Results</p>



Module / Week	Topic	Author	Reading	Graded Assignments
			<ul style="list-style-type: none"> <li>• Chapter 8, The Raven (pp. 199-226)</li> <li>• Chapter 9, “Mom is Lying. Mom is Hurting Me. Please Call the Police.” (pp. 227-240)</li> </ul>	

Module / Week	Topic	Author	Reading	Graded Assignments
8	The Art of Therapy: This is Your Palette	Cochran, Nordling, & Cochran. (2010).  Shapiro. (2015).	<p><i>Child-centered play therapy: A practical guide to developing therapeutic relationships with children.</i></p> <ul style="list-style-type: none"> <li>• Chapter 9, Role-Play: The Therapeutic Value of Taking Part in Dramatic or Pretend Play During Child-Centered Play Therapy Sessions (pp. 195-224)</li> <li>• Chapter 14, Helping Children Capitalize on Gains Made in CCPT (pp. 335-346)</li> <li>• Chapter 17, Your Ongoing Development (pp. 383-394)</li> </ul> <p><i>Child and adolescent therapy: Science and art</i> (2nd ed.).</p>	<p><b>Discussion:</b> Professional Growth</p> <p><b>Assignment:</b> Adolescent Case Study Part Two</p> <p><b>Assignment:</b> Personal Reflection: <i>The Boy Who Was Raised as a Dog</i></p>

Module / Week	Topic	Author	Reading	Graded Assignments
		Perry & Szalavitz. (2017).	<ul style="list-style-type: none"> <li>● Chapter 13, Anxiety (pp. 430-462)</li> <li>● Chapter 14, Depression (pp. 463-496)</li> <li>● Chapter 15, Stress and Trauma (pp. 497-531)</li> </ul> <p><i>The boy who was raised as a dog: And other stories from a child psychiatrist's notebook -- what traumatized children can teach us about loss, love, and healing</i> (3rd ed.).</p> <ul style="list-style-type: none"> <li>● Chapter 10, The Kindness of Children (pp. 241–258)</li> <li>● Chapter 11, Healing Communities (pp. 259-276)</li> <li>● Chapter 12, A Picture, Not a Label (pp. 277-292)</li> <li>● Appendix (pp. 293-304)</li> </ul>	

## VIII. REFERENCE LIST

### **Required Reading:**

Angeliki, G., Petros, G., Tsirempolou, E., Michalopoulou, E., & Kalliopi, S. (2016). Parent training for families with a child with ASD: A naturalistic systemic behavior analytic model. *European Journal of Counseling Psychology, 4*(1), 4-31.

Brems, C., & Rasmussen, C. (2018). *Comprehensive guide to child psychotherapy and counseling*. Long Grove: Waveland Press.

- Chapter 3 - A Developmental Context for Child Therapy and Counseling (pp. 62-88)

Briesmeister, J.M. & Schaefer, C.E. (Eds.). (2007). *Handbook of parent training: Helping parents prevent and solve problem behaviors* (3rd ed.). Hoboken, NJ: John Wiley & Sons, Inc. [ISBN: 978-0-471-78997-0]

- Introduction (pp. xv-xxv)

Edwards, N. A., Sullivan, J. M., Meany-Walen, K., & Kantor, K. R. (2010). Child parent relationship training: Parents' perceptions of process and outcome. *International Journal of Play Therapy*, 19(3), 159-173.

Gross, D., Garvey, C., Julion, W. A., & Fogg, L. (2007). Preventive parent training with low-income, ethnic minority families of preschoolers. In J.M. Briesmeister & C.E. Schaefer (Eds.) *Handbook of parent training: Helping parents prevent and solve problem behaviors* (3rd ed., pp. 5-24). Hoboken, NJ: John Wiley & Sons, Inc.

Kottman, T. (2011). *Play therapy basics and beyond* (2nd ed.). Alexandria, VA: American Counseling Association.

- Chapter 5, Tracking (pp. 116-118)
- Chapter 6, Restating Content (pp. 124-128)
- Chapter 7, Reflecting Feelings: pp. 137-140
- Chapter 8, Setting Limits: pp. 157-161
- Chapter 9, Returning Responsibility: pp. 170-175
- Chapter 10, Dealing with Questions, pp. 187-188

Monastra, V. J. (2008). *Unlocking the potential of patients with ADHD: A model for clinical practice*. Washington, DC: American Psychological Association.

- Chapter 10. Counseling parents of children and adolescents with ADHD: The neuroeducational parent training program. pp. 183-196

Payne, H. (2018). *Play therapy toys for triad skill training*. Sterling, VA: Divine Mercy University.

Ray, D. C. (2008). Impact of play therapy on parent-child relationship stress at a mental health training setting. *British Journal of Guidance & Counseling*, 36(2), 165-187.

Shrik, S. R., Karver, M. S., & Brown, R. (2011). The alliance in child and adolescent psychotherapy. *Psychotherapy*, 48(1), 17-24.

Webster-Stratton, C., & Herman, K. C. (2008). The impact of parent behavior-management training on depressive symptoms. *Journal of Counseling Psychology*, 55(4), 473-484.

Wolchik, S., Sandler, I., Weiss, L., & Winslow, E. (2007). New beginnings: An empirically-based program to help divorced mothers promote resilience in their children. In J.M. Briesmeister & C.E. Schaefer (Eds.) *Handbook of parent training: Helping parents prevent and solve problem behaviors* (3rd ed., pp. 25-62). Hoboken, NJ: John Wiley & Sons, Inc.

## **Required Media:**

Conroy, J. (Producer). (2017, April 1). *This world, transgender kids: Who knows best*. [Video]. BBC World News. [58:57 min]

Klewicki, L. & Payne, H. (2018). *Challenging situations with adolescents*. [Video]. Sterling, VA: Divine Mercy University (Producer). [18:53 min]

Klewicki, L. & Payne, H. (2018). *Working therapeutically with adolescents*. [Video file]. Sterling, VA: Divine Mercy University. (17:53 min.)

Nordling, W. & Payne, H. (2018). *Challenging situations with children, Parts 1 and 2*. [Video]. Sterling, VA: Divine Mercy University (Producer). [26:39 min]

Nordling, W. & Payne, H. (2018). *Working therapeutically with children*. [Video file]. Sterling, VA: Divine Mercy University. (23:46 min.)

Pearson Publishing (Producer). (n.d.). *BASC-3 overview*. [Video file]. Sterling, VA: Divine Mercy University. (47:42 min.) Retrieved from [https://www.brainshark.com/pearsonassessments/BASC3\\_Oview?&r3fl&nodesktopflash=1](https://www.brainshark.com/pearsonassessments/BASC3_Oview?&r3fl&nodesktopflash=1). NOTE: You will need to enter your email address and school affiliation to access this video.

Payne, H. (2018). *5 levels of assessment for children and adolescents: Part 1*. [Video file]. Sterling, VA: Divine Mercy University (Producer). (12:45 min.)

Payne, H. (2018). *5 levels of assessment for children and adolescents: Part 2*. [Video file]. Sterling, VA: Divine Mercy University (Producer). (14:30 min.)

Payne, H. (2018). *5 levels of assessment for children and adolescents: Part 3*. [Video file]. Sterling, VA: Divine Mercy University (Producer). (25:00 min.)

Payne, H. (2018). *Welcome to the course*. [Video file]. Arlington, VA: Divine Mercy University (Producer). (3:38 min)

Psychotherapy.net, LLC (Producer). (2008). *Adlerian play therapy with Terry Kottman, PhD*. [Video series]. Mill Valley, CA: Psychotherapy.net. (1:50:56)  
Use the Course Reserve to access this resource.

Psychotherapy.net, LLC (Producer). (2008). *Person-centered child therapy with Anin Utigaard, MFT, REAT*. [Video series]. Mill Valley, CA: Psychotherapy.net. (1:51:50)  
Use the Course Reserve to access this resource.

Psychotherapy.net, LLC (Producer). (2008). *Cognitive-behavioral child therapy with Bruce Masak, PhD*. [Video series]. Mill Valley, CA: Psychotherapy.net. (1:48:28)

Psychotherapy.net, LLC (Producer). (2008). *Object relations child therapy with David Scharff, MD*. [Video series]. Mill Valley, CA: Psychotherapy.net. (1:52:05)

Use the Course Reserves to access this resource.

Psychotherapy.net, LLC (Producer). (2008). *Narrative therapy with children with Stephen Madigan, PhD*. [Video series]. Mill Valley, CA: Psychotherapy.net. (1:43:50)

Use the Course Reserves to access this resource.

Psychotherapy.net, LLC (Producer). (2008). *Solution-focused child therapy with John J. Murphy, PhD* [Video series]. Mill Valley, CA: Psychotherapy.net. (1:56:14)

Use the Course Reserves to access this resource.

Psychotherapy.net, LLC (Producer). (2008). *Adlerian parent consultation with Jon Carlson, PsyD, EdD* [Video series]. Mill Valley, CA: Psychotherapy.net. (1:57:29)

Psychotherapy.net, LLC (Producer). (2008). *Adolescent family therapy with Janet Sasson Edgette, PsyD*. [Video series]. Mill Valley, CA: Psychotherapy.net. (1:59:01)

Psychotherapy.net, LLC (Producer). (2008). *Psychotherapy with medically ill children with Gerald Koocher, PhD*. [Video series]. Mill Valley, CA: Psychotherapy.net. (1:46:07)

Psychotherapy.net, LLC (Producer). (2008). *Gestalt therapy with children with Violet Oaklander, PhD* [Video series]. Mill Valley, CA: Psychotherapy.net. (1:47:06)

Psychotherapy.net, LLC (Producer). (2008). *Reality therapy with children with Robert Wubbolding, EdD* [Video series]. Mill Valley, CA: Psychotherapy.net. (1:41:22)

### **Optional Resources**

Curtis, R. (2017, Apr 17). *Play therapy with explanation of techniques*. [Video file]. (8:04 min). (Provided in the Module 5 resources.)

Davies, D. (2010). *Child development: A practitioner's guide*. New York: Guilford.

Dulcan, M. K. (2016). *Dulcan's textbook of child and adolescent psychiatry* (2nd ed.). Arlington, VA: American Psychiatric Association Publishing. E-book available through the DMU Library

- Chapter 40. Parent Counseling, Psychoeducation, and Parent Support Groups
- Chapter 41. Behavioral Parent Training
- Chapter 42. Family-Based Assessment and Treatment

Edwards, N. A., Sullivan, J. M., Meany-Walen, K., & Kantor, K. R. (2010). Child parent relationship training: Parents' perceptions of process and outcome. *International Journal of Play Therapy, 19*(3), 159-173. (Provided in the Module 4 resources.)

Eichel, S. (n.d.). About child & adolescent therapy, family therapy, play therapy. Retrieved from [http://www.dreichel.com/child\\_therapy.htm](http://www.dreichel.com/child_therapy.htm)

Landreth, G. & Bratton, S. (1999). Play therapy. EDO-CG-99-1: ERIC Digests. (Provided in the Module 2 resources.)

McConaughy, S. H. (2013). *Clinical interviews for children and adolescents: Assessment to intervention*. New York: The Guilford Press.

Schroeder, Carolyn S. and Smith-Boydston, Julianne M. (2017). *Assessment and treatment of childhood problems: A clinician's guide* (3rd ed.). New York, NY: The Guilford Press.

Wickstrom, A. (n.d.). Six creative ways to explain play therapy to parents. (Provided in the Module 2 resources.)

Wright, J. (n.d.). Play therapy introduction. Middleton, WI: The Center for Play Therapy, LLC. (Provided in the Module 2 resources.)

Yasenik, L. (n.d.). An introduction for parents to play therapy. Calgary, AB: Lorrie Yasenik (Provided in the Module 2 resources.)

Zentner, M., & Bates, J. E. (2008). Child Temperament: An Integrative Review of Concepts, Research Programs, and Measures. *International Journal of Developmental Science*, 2(1-2), 7-37.