



Department of Psychology
Psychology 683 – Child Psychotherapy
Fall 2010 – Course Outline

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Course Description and Goals

The overall objective of Psychology 683 is to assist you in acquiring beginning knowledge and skills relevant to theory, research, and practice in child psychotherapy. We will emphasize the knowledge base and major issues underlying child treatment that are a necessary foundation for the ongoing development of practice and clinical research skills. Our main emphasis will be on evidence-based treatment and cognitive-behavioral theories and treatment strategies, with some attention given to other theoretical perspectives and approaches. The seminar will have a theoretical and research emphasis, but the real world of client problems and therapist challenges will be continually considered as we move back and forth between theory and data on the one hand, and clinical applications on the other. An overarching theme of the course will be the tension between science and practice in child psychotherapy, between a commitment to data and an appreciation of the clinical realities that often require therapists to operate in ways that may be weakly supported by scientific evidence.

The course is designed to provide broad coverage of selected topics in the treatment of child disorders. Some of these topics focus on general issues in child psychotherapy (e.g., theoretical models underlying treatments, developmental considerations in child treatment, the therapist-client relationship, treatment outcome effectiveness, culturally-sensitive treatments, and translating research-based interventions into clinical practice). Others will involve a more detailed examination of specific treatment interventions and strategies (e.g., relaxation training, cognitive restructuring, behavioral parent training) for child and adolescents with a variety of specific disorders (anxiety disorders, depression, conduct problems, ADHD, autism, substance abuse, and psychological aspects of health/medical problems).

The course is intended to be part of your ongoing education and training in clinical psychology in which you are expected to play an active role. It is designed to assist you in gaining increasing levels of knowledge, competence, and confidence in the science and practice of psychotherapy with disturbed children and adolescents. Within this broad framework, the following specific objectives will be pursued.

Course Objectives

1. Acquisition of knowledge about **basic conceptual issues** in treatment including current evidence-based theoretical models for the treatment of children and their families, developmental and cultural considerations, and decision-making/problem solving approaches to child psychotherapy.
2. Acquisition of knowledge about **research** in child psychotherapy, evaluating therapy process, evaluating moderating and mediating variables in child psychotherapy, and evaluating the efficacy and effectiveness of child psychotherapy outcomes.
3. Acquisition of knowledge about substantive and practical issues relevant to different child psychotherapy **approaches, techniques, and processes**.
4. Acquisition of knowledge about substantive and practical issues involved in the treatment of specific **populations and problems**, children of different ages, gender, family, ethnic, and cultural backgrounds.
5. Acquisition of knowledge about substantive and practical issues involved in treatments carried out in different **settings** (e.g., community mental health clinics, hospitals, schools, homes, residential treatment facilities).
6. Acquisition of knowledge about **professional issues** relevant to child psychotherapy including relevant ethical and legal issues.
7. Exposure to beginning **clinical skills** in using cognitive-behavioral and other treatment strategies with children and families.

Please note that a practicum has always been a component of Psychology 683. Unfortunately, students will not have the same opportunity in 2010. In previous years professional psychology staff at Alberta Children's Hospital offered practicum placements. Due to a staff shortage at ACH this coming autumn (six maternity leaves and three resignations within the Dept. of Psychology!), Psychology cannot provide any practicum placements. However, I have arranged for exposure experiences wherein each student will observe an ACH psychologist working with a child and/or family. The course will also include demonstrations of actual treatment strategies and interventions.

Class Format

This class will be taught in a seminar format. There are assigned readings, presentations and lectures, clinical seminars, and opportunities to observe clinicians doing psychotherapy with children and families. I hope that there will be lots of discussion and debate. While we will review in detail the conceptual and empirical underpinnings of best practices for major and common childhood behavioral, developmental, and emotional disorders, we will review some of the overarching and conceptual issues in this domain of professional practice. For example: What are the most effective ways of treating youngsters with significant mental health and developmental disorders? How do we know we're helping children and their families? What do we do when we're confronted with really complex children and families with co-morbid

diagnoses who are residing in impoverished environments? How do we transpose laboratory-
efficacy research to children and families seen in community clinics? How should we treat
children who present with problems for which sound outcome research has not yet been
conducted? Should we just treat children, or are there other people in their worlds with whom
we need to have contact? How do we make sense of incredibly complex clinical situations to
develop viable and effective treatment plans?

I hope all of you will feel comfortable to express your opinions and thoughts about these and
other issues, including disagreeing with any of my ideas. Don't worry – I won't take it
personally!

Required Texts (both are available at the University of Calgary bookstore)

Mash, E.J., & Barkley, R.A. (Eds.). (2006). *Treatment of childhood disorders* (3rd ed.). New York:
Guilford Press.

Weisz, J.R., & Kazdin, A.E. (Eds.). (2010). *Evidence-based psychotherapies for children and
adolescents* (2nd ed.). New York: Guilford Press.

Specific journal articles and readings as assigned (see below).

Evaluation

There are several components to the evaluation:

1. Class presentation #1: 10% of final grade

These presentations will be held on **September 20**. Each of you will sign up for one of the
seven readings identified on p. 6 of this course outline. Presentations should highlight the main
points of the reviewed article/chapter (no need for tons of detail), its strengths and
weaknesses, and propose one "thought question" for class discussion. The student presenting
the paper will lead the discussion. The presentation should include a brief (2 pages maximum)
written handout that describes the major points of the article/chapter. You will have 20
minutes for your presentation, including the discussion.

2. Class presentation #2: 40% of final grade

These presentations will be held in weeks **October 18, 25, November 1, 8, 15, 22, and 29**. Each
student will assume responsibility for acquiring considerable knowledge about specific
evidence-based child treatment techniques for the major domains of child clinical practice:
anxiety disorders; depression; oppositional defiant disorder and conduct disorder; ADHD;
autism spectrum disorders; substance abuse, and pediatric problems. Presentations should be
grounded in the assigned readings and will require additional background research to flesh out
your knowledge of the topic. There are several major components to each presentation.

The **didactic presentation** (maximum 90 minutes) will cover the following domains:

- 1) Brief overview of the clinical problem (e.g., symptoms, incidence, prognosis, co-
morbidities)
- 2) Conceptual model of the evidence-based treatment(s), including the model's view of
possible etiologies for the disorder. Regarding the latter, the emphasis should be on the

link between the theoretical formulation of the disorder and the recommended treatment strategies.

- 3) A description (or demonstration via role play, videos, or information from the clinical work you observed at ACH) of selected techniques for remediating the problem.
- 4) A recommended and realistic strategy for evaluating the child's/family's progress and outcomes in the context of everyday clinical practice.
- 5) A review of the supporting evidence based on the criteria that have been developed for assessing the effectiveness and efficacy of child-based treatments. What is the quality of the research?
- 6) What are some of the unanswered questions about the approach that need to be addressed in the future, and how would you go about answering them?
- 7) Clinical process question: Each student will be asked to address a clinical process issue. These issues will be assigned several weeks prior to the first presentation, that is, October 18.

To facilitate your presentation, please provide each classmate and me with a three page handout and a list of references (maximum five references; none of these should be the same as any of the required readings for the course). The handout should include the major points of your presentation.

The **facilitated class discussion** will follow the didactic portion and will be lead by the student responsible for the presentation. Please designate one of the readings included in the handout as the **assigned reading** for the discussion. Please distribute the reading (or its reference if it's in the Weisz and Kazdin book) to your classmates and me one week prior to your presentation. In order to facilitate the class discussion, prepare several thought questions regarding the reading and presentation.

The presentation will be graded on clarity/organization (20%), accuracy (20%), completeness (as appropriate for the time allotted – 25%), level of interest (20%), and success in engaging others (both during the presentation and via the class discussion – 15%). The grade for the presentation will not be assigned until all presentations are completed.

3. Term Paper: 40% of the final grade

Each student will write a major paper (25 pages maximum not including references) on an approved topic in child psychotherapy. I will meet with each of you individually before November 1, 2010 to discuss your interest and the focus of the paper and to approve the topic. The topic must be different from that of the class presentation and different from your own research area. Papers must adhere to APA style (5th ed.). Term papers are due on Friday, **December 10, 2010 at 4:00pm** via email to: john.pearce@albertahealthservices.ca

4. Class participation: 10% of the final grade

This mark will be based on your completion of all assigned readings, your class comments and questions that indicate that you have read and reflected upon the readings, and your active participation during class discussions and presentations.

Grading Scale

A+	96-100%	B+	80-84%	C+	67-71%	D+	54-58%
A	90-95%	B	76-79%	C	63-66%	D	50-53%
A-	85-89%	B-	72-75%	C-	59-62%	F	0-49%

As stated in the University Calendar, it is at the instructor’s discretion to round off either upward or downward to determine a final grade when the average of term work and final examinations is between two letter grades.

To determine final letter grades, final percentage grades will be rounded up or down to the nearest whole percentage (e.g., 89.5% will be rounded up to 90% = A but 89.4% will be rounded down to 89% = A-).

Important dates

[Fall 2010]

Date	
M Sep 13	Lecture begins.
F Sep 24	Last day to drop a course with tuition refund.
T Sep 28	Last day for registration/change of registration.
M Oct 11	Thanksgiving Day. No lectures. University closed.
R Nov 11	Remembrance Day. No lectures.
Nov 11-14	Reading days. No lectures.
F Dec 10	Lecture ends.

Date	Topic/Activity/Readings/Due Date
M Sep 13	<p>Introduction to the course and overview of evidence-based psychotherapies for children and adolescents</p> <p>Required readings Chorpita, B.F., Daldeiden, E.L., & Weisz, J.R. (2005). Identifying and selecting the common elements of evidence based interventions: A distillation and matching model. <i>Mental Health Services Research, 7</i>, 5-20.</p> <p>Mash, E.J. (2006). Treatment of child and family disturbance: A cognitive-behavioral systems perspective. In Mash & Barkley, pp. 3-64.</p> <p>Weisz, J.R., Jensen-Doss, A., & Hawley, K.M. (2006). Evidence-based youth psychotherapies versus usual clinical care. <i>American Psychologist, 61</i>, 671-689.</p>
M Sep 20	Models of child treatment, developmental considerations and process issues

	<p>Required reading Holmbeck, G.N., Devine, K.A., & Bruno, E.F. (2010). Developmental issues and considerations in research and practice. In Weisz & Kazdin, pp. 28-39.</p> <p>To be presented in class (each student will present one of the following articles or chapters):</p> <ol style="list-style-type: none"> 1) Dishion, T.J., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. <i>American Psychologist</i>, 54, 755-764. 2) Grave, J., & Blissett, J. (2004). Is cognitive behavior therapy developmentally appropriate for young children? A critical review of the evidence. <i>Clinical Psychology Review</i>, 24, 399-420. 3) Green, J. (2006). The therapeutic alliance – A significant but neglected variable in child mental health treatment studies. <i>Journal of Child Psychology and Psychiatry</i>, 47, 425-435. 4) Huey, S.J., & Polo, A.J. (2010). Assessing the effects of evidence-based psychotherapies with ethnic minority youths. In Weisz & Kazdin, pp. 451-465. 5) Karver, M.S., Handelsman, J.B., Fields, S., & Bickman, L. (2006). Meta-analysis of therapeutic relationship variables in youth and family therapy: The evidence for different relationship variables in the child and adolescent treatment outcome literature. <i>Clinical Psychology Review</i>, 26, 50-65. 6) Kendall, P.C., & Beidas, R.S. (2007). Smoothing the trail for dissemination of evidence-based practices for youth: Flexibility within fidelity. <i>Professional Psychology: Research and Practice</i>, 38, 13-20. 7) Robbins, M.S., Horigian, V., Szapocznik, J., & Ucha, J. (2010). Treating Hispanic youths using brief strategic family therapy. In Weisz & Kazdin, pp. 375-390.
F Sep 24	Last day to drop a course with tuition refund.
M Sep 27	<p>Clinical seminar: Relaxation training procedures with children: desensitization, exposure, and cognitive restructuring. Dr. Sally During</p> <p>Required reading Chorpita, B.F., & Southam-Gerow, M.A. (2006). Fears and anxieties. In Mash & Barkley, pp. 271-335.</p>
T Sep 28	Last day for registration/change of Regis
M Oct 4	<p>Clinical Seminar: Psychotherapy with maltreated children. Dr. John Pearce</p> <p>Required readings Amaya-Jackson, L., & DeRosa, R.R. (2007). Treatment considerations for clinicians in applying evidence-based practice to complex presentations in child trauma. <i>Journal of Traumatic Stress</i>, 20, 379-390.</p> <p>Cohen, J.A., Mannarino, A.P., & Deblinger, E. (2010). Trauma-focused cognitive-behavioral therapy for traumatized children. In Weisz & Kazdin, pp. 295-311.</p>

	<p>Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). (2004). <i>Child physical and sexual abuse: Guidelines for treatment (Revised Report: April 26, 2004)</i>. Charleston, SC: National Crime Victims Research and Treatment Centre. Document may be downloaded electronically at: http://www.musc.edu/cvc/</p>
M Oct 11	Thanksgiving Day. No lecture. University closed.
M Oct 18	<p>Treatment of Anxiety Disorders</p> <p>Required readings Franklin, M.E., Freeman, J., & March, J.S. (2010). Treating pediatric obsessive-compulsive disorder using exposure-based cognitive-behavioral therapy. In Weisz & Kendall, pp. 80-92.</p> <p>Kendall, P.C., Furr, J.M., & Podell, J.L. (2010). Child-focused treatment of anxiety. In Weisz & Kendall, pp. 45-60.</p> <p>Reading assigned by student presenter: To be determined</p>
M Oct 25	<p>Treatment of Depression</p> <p>Required reading Stark, K.D., Sander, J., Hauser, M., Simpson, J., Schnoebelen, S., Glenn, R., & Molnar, J. (2006). Depressive disorders during childhood and adolescence. In Mash & Barkley, pp. 336-407.</p> <p>Reading assigned by student presenter: To be determined</p>
M Nov 1	<p>Treatment of Oppositional Defiant Disorder and Conduct Disorder</p> <p>Required reading McMahon, R.J., Wells, K.C., Kotler, J.S. (2006). Conduct problems. In Mash & Barkley, pp. 137-268.</p> <p>Reading assigned by student presenter: To be determined</p>
M Nov 8	<p>Treatment of Attention-Deficit/Hyperactivity Disorder</p> <p>Required reading. Smith, B.H., Barkley, R.A., & Shapiro, C.J. (2006). Attention-deficit/hyperactivity disorder. In Mash & Barkley, pp. 65-136.</p> <p>Reading assigned by student presenter: To be determined</p>
M Nov 15	<p>Treatment of Autism</p> <p>Required reading Newsom, C., & Hovanitz, C. (2006). Autistic spectrum disorders. In Mash & Barkley, pp. 455-511.</p> <p>Reading assigned by student presenter: To be determined</p>

M Nov 22	<p>Treatment of Substance Abuse</p> <p>Required reading MacPherson, Frissell, K., Brown, S.A., & Myers, M.G. (2006). Adolescent substance use problems. In Mash & Barkley, pp. 731-777.</p> <p>Reading assigned by student presenter: To be determined</p>
M Nov 29	<p>Treatment of Pediatric Problems</p> <p>Required reading: To be determined Reading assigned by student presenter: To be determined</p>
M Dec 6	<p>Discussion of students' observations of therapy sessions at ACH Each student will briefly review (maximum 15 minutes) his or her observations of the therapy session at ACH. Details re the content of this review will be provided later.</p> <p>Summing Up: What did we learn from this course? What did we find interesting? What do we, as clinical psychologists, need to do to ensure children and adolescents receive the best mental health treatment?</p> <p>Required readings Chorpita, B.F., & Daleiden, E.L. (2010). Building evidence-based systems in children's mental health. In Weisz & Kazdin, pp. 482-499.</p> <p>Weisz, J.R., & Kazdin, A.E. (2010). The present and future of evidence-based psychotherapies for children and adolescents. In Weisz & Kazdin, pp. 557-572.</p>
F Dec 10	<p>Lecture ends. Last day to withdraw. Term paper due by 4:00pm via email: john.pearce@albertahealthservices.ca</p>

Reappraisal of Grades

A student who feels that a piece of graded term work (e.g., term paper, essay, test) has been unfairly graded, may have the work re-graded as follows. The student shall discuss the work with the instructor within 15 days of being notified about the mark or of the item's return to the class. If not satisfied, the student shall immediately take the matter to the Head of the department offering the course, who will arrange for a reassessment of the work within the next 15 days. The reappraisal of term work may cause the grade to be raised, lowered, or to remain the same. If the student is not satisfied with the decision and wishes to appeal, the student shall address a letter of appeal to the Dean of the faculty offering the course within 15 days of the unfavourable decision. In the letter, the student must clearly and fully state the decision being appealed, the grounds for appeal, and the remedies being sought, along with any special circumstances that warrant an appeal of the reappraisal. The student should include as much written documentation as possible.

Plagiarism and Other Academic Misconduct

Intellectual honesty is the cornerstone of the development and acquisition of knowledge and

requires that the contribution of others be acknowledged. Consequently, plagiarism or cheating on any assignment is regarded as an extremely serious academic offense. Plagiarism involves submitting or presenting work in a course as if it were the student's own work done expressly for that particular course when, in fact, it is not. Students should examine sections of the University Calendar that present a Statement of Intellectual Honesty and definitions and penalties associated with Plagiarism/Cheating/Other Academic Misconduct.

Academic Accommodation

It is the student's responsibility to request academic accommodations. If you are a student with a documented disability who may require academic accommodation and have not registered with the Disability Resource Centre, please contact their office at 403-220-8237. Students who have not registered with the Disability Resource Centre are not eligible for formal academic accommodation. You are also required to discuss your needs with your instructor no later than 14 days after the start of this course.

Absence From A Test/Exam

Makeup tests/exams are NOT an option without an official University medical excuse (see the University Calendar). A completed Physician/Counselor Statement will be required to confirm absence from a test/exam for health reasons; the student will be required to pay any cost associated with this Statement. Students who miss a test/exam have 48 hours to contact the instructor and to schedule a makeup test/exam. Students who do not schedule a makeup test/exam with the instructor within this 48-hour period forfeit the right to a makeup test/exam. At the instructor's discretion, a makeup test/exam may differ significantly (in form and/or content) from a regularly scheduled test/exam. Except in extenuating circumstances (documented by an official University medical excuse), a makeup test/exam must be written within 2 weeks of the missed test/exam.

Evacuation Assembly Point

In case of an emergency evacuation during class, students must gather at the designated assembly point nearest to the classroom. The list of assembly points is found at <http://www.ucalgary.ca/emergencyplan/assemblypoints>. Please check this website and note the nearest assembly point for this course.

Important Dates

The last day to drop this course and **still receive a tuition fee refund** is **Sep 24, 2010**. Last day for registration/change of registration is **Sep 28th, 2010**. The last day to withdraw from this course is **Dec 10, 2010**.