



Psychology 683

Child Psychotherapy

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Course Description and Goals

The overall of the course 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 psychotherapy, with a focus on evidence-based treatments. An overarching theme 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 supported weakly by scientific evidence.

The course is designed to provide broad coverage of selected topics in the treatment of childhood disorders. Some topics focus on general issues in child psychotherapy (e.g., theoretical models underlying treatments, developmental considerations in child treatment, the therapist-client relationship, treatment effectiveness outcome, culturally-sensitive treatment, and translating research-based interventions into clinical practice). Others will introduce you to specific treatment approaches and techniques for common childhood disorders.

Within this broad framework, the course will pursue the following objectives:

1. Acquisition of knowledge about **basic conceptual** issues in child psychotherapy;
2. Acquisition of knowledge about **research** in child psychotherapy
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;**
5. Acquisition of knowledge about substantive and practical issues involved in treatments carried out in different **settings;**
6. Exposure to beginning **clinical skills** with children and families.

A practicum has been a component of Psychology 683 in the past but students did not have the same opportunity in 2010 and 2011 due to a shortage of supervising psychologists at Alberta Children's

Hospital. At the time I prepared this course outline (August 2012) the situation remains essentially the same at ACH and the practicum may remain observational in nature. I will confirm this in our first class.

Class Format

This class will be taught in a seminar format. There are assigned readings, student presentations, lectures and demonstrations by the instructor and other clinical psychologists and, I hope, opportunities to observe clinicians doing psychotherapy with children and families. You are expected to complete all assigned readings, attend all classes, and participate actively in class discussions; indeed, I hope there will be lots of lively discussion and debate.

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

Kendall, P.C. (Ed.). (2012). *Child and adolescent therapy: Cognitive-behavioral procedures*. (4th 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. Please note that the grade for each of the following components will not be assigned until all presentations in any one component are complete.

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

These presentations will be held on **September 24**. Each of you will sign up for one of the six readings identified on pp. 5-6 of the 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. Please send the thought questions via email to the other students and myself by **Sunday, September 23, 12:00pm** so we can give it some reflection before the next day’s class. 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 you will facilitate.

2. Class presentation #2: 35% of final grade

These presentations will be held on **October 22 & 29, November 5, 19, & 26, and December 3**. Each student will assume responsibility for acquiring considerable knowledge about specific evidence-based child treatment techniques for one of the following common mental health or developmental problems: anxiety; depression; oppositional defiant disorder/conduct disorder; ADHD; pediatric (health) problems, and autism spectrum disorders. Presentations should be grounded in the assigned readings and will

require additional background research to flesh out your knowledge of the topic. An excellent (and encyclopedic!) reference text is: Mash, E.J., & Barkley, R.A. (Eds.). (2006). *Treatment of childhood disorders* (3rd ed.). New York: Guilford Press.

The duration of the didactic portion of your presentation will be a maximum of 90 minutes and 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 the disorder's etiology. The emphasis should be placed on the link between the theoretical formulation of the disorder and the recommended treatment strategies. In other words, how does the treatment follow from the model's conceptualization of the disorder?
3. Description (or demonstration via role play, videos, or information from clinical work you observe 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 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 unanswered questions about the approach that need to be addressed in the future and how would you go about answering them (including further outcome studies)?

Following the didactic portion of the presentation you will have 15 minutes to facilitate a class discussion based on a reading pertinent to your topic. You are responsible for choosing the reading, distributing it to the other students and myself a week before the date of your presentation, and develop a thought question or two for discussion. The reading can be a chapter in one of the two required texts (Kendall, 2012; Weisz & Kazdin, 2010) as long it's not one of the required readings for that particular topic. The thought question(s) should be distributed along with the reading.

The presentation will be graded on clarity/organization (20%), accuracy (20%), completeness (20%), level of interest (20%), and choice of the designated reading and success in facilitating an active discussion (20%).

3. Class presentation #3: 10% of final grade

Each of you will be asked to respond to a clinical process question. The topics will be assigned on October 1. In the 30 minutes allotted to each presentation, you will provide a summary of the scientific and scholarly literature, its strengths and weaknesses, and its clinical applicability, along with a 3-page (maximum) handout. A fourth page can include a **maximum** of 5 references. These presentations will be held on the following dates: **October 22 & 29, November 5, 19, & 26, and December 3**

4. Term paper: 35% of the final grade

Each student will write a major paper (25 pages maximum not including references) on an approved topic in child psychotherapy. Please contact me by October 30 at the latest so that we can discuss your interest and the focus of the paper and to approve the topic. The topic must be different than the class

presentation (#3 above) and your own research area. Papers must adhere to APA style (5th ed.). Term papers are due on **Friday, December 7, 2012 at 4:00pm** via email to: john.pearce@albertahealthservices.ca

5. 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 indicated that you have read and reflected upon the readings and the thought questions, 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%

To determine final letter grades, final percentage grades will be rounded 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

Date	
M Sep 9	Fall Term Lecture begins.
F Sep 21	Last day to drop a course with tuition refund.
M Sep 24	Last day for registration/change of registration.
Nov 10-13	Reading days. No lecture.
M Nov 11	Remembrance Day. University Closed
F Dec 7	Lecture ends.

Date	Topic/Activity/Readings/Due Date (revise and add columns & rows as necessary)
M Sep 10	<p>Introduction to the course: History of child psychotherapy and major theoretical models Dr. John Pearce</p> <p>Required readings Axline, V. (1947). Play therapy. In V. Axline, <i>Play therapy</i> (pp. 9-50). New York: Ballantine Books. *</p> <p>Chethik, M. (1989). General characteristics of the child patient. In M. Chethik, <i>Techniques of child therapy: Psychodynamic strategies</i> (pp. 5-27). New York: Guilford Press. *</p> <p>Kendall, P.C. (2012). Guiding theory for therapy with children and adolescents. In Kendall (2012), pp. 3-24.</p>

	<p>Shirk, S.R., & Russell, R.L. (1996). Formulation-guided child psychotherapy: Case studies. In S.R. Shirk & R.L. Russell, <i>Change processes in child psychotherapy</i> ("The Case of Chris", pp. 312-319). New York: Guilford Press. *</p> <p>* Dr. Pearce will distribute copies of these readings and guidelines for their critical review in mid-August.</p>
M Sep 17	<p>Overview of evidence-based psychotherapies for children and adolescents Dr. John Pearce</p> <p>Required readings</p> <p>Chorpita, B.F., Daleiden, 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>Dishion, T.J., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. <i>American Psychologist, 54</i>, 755-764.</p> <p>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, 38</i>, 13-20.</p> <p>Ollendick, T.H., & King, N.J. (2012). Evidence-based treatments for children and adolescents: Issue and commentary. In Kendall (2012), pp. 499-519.</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>
F Sep 21	Last day to drop a course with no W grade and tuition refund.
M Sep 24	<p>Last day for add or swap courses.</p> <p>What makes treatment work? Dr. John Pearce & students</p> <p>Required reading</p> <p>Shirk, S., Jungbluth, N., & Karver, M. (2012). Change processes and active components. In Kendall (2012), pp. 471-498.</p> <p>Assigned readings (each student will present one article, but everyone should read all)</p> <p>Creed, T.A., & Kendall, P.C. (2005). Therapist alliance-building behavior within a cognitive-behavioral treatment for anxiety in youth. <i>Journal of Consulting and Clinical Psychology, 73</i>, 498-505.</p> <p>Grave, J., & Blissett, J. (2004). Is cognitive behavior therapy developmentally appropriate for young children? A critical review of the evidence. <i>Clinical Psychology Review, 24</i>, 399-420.</p> <p>Holmbeck, G.N., Devine, K.A., & Bruno, E.F. (2010). Developmental issues and considerations in research and practice. In Weisz & Kazdin (2010), pp.28-39.</p> <p>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</p>

	<p>relationship variables in the child and adolescent treatment outcome literature. <i>Clinical Psychology Review</i>, 26, 50-65.</p> <p>Kazdin, A.E., Marciano, P.L., & Whitley, M.K. (2005). The therapeutic alliance in cognitive-behavioral treatment of children referred for oppositional, aggressive, and antisocial behavior. <i>Journal of Consulting and Clinical Psychology</i>, 73, 726-730.</p> <p>Langer, D.A., McLeod, B.D., Weisz, J.R. (2011). Do treatment manuals undermine youth-therapist alliance in community clinical practice? <i>Journal of Consulting and Clinical Psychology</i>, 79, 427-432.</p>
M Oct 1	<p>Clinical seminar: Psychotherapy for maltreated children Dr. John Pearce</p> <p>Required readings</p> <p>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 (2010), 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> <p>Terr, L.C. (2003). "Wild child": How three principles of healing organized 12 years of psychotherapy. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i>, 42, 1401-1409.</p>
M Oct 8	Thanksgiving Day. No lecture. University closed.
M Oct 15	<p>Clinical seminar: Relaxation training procedures with children: Desensitization, exposure, and cognitive restructuring Dr. Sally During, guest presenter</p> <p>Required reading</p> <p>Chorpita, B.F., & Southam-Gerow, M.A. (2006). Fears and anxieties. In E.J. Mash & R.A. Barkley (Eds.), <i>Treatment of childhood disorders</i> (3rd ed.) (pp. 271-335). New York: Guilford Press.</p>
M Oct 22	<p>Treatment of Anxiety Disorders (student presenter TBA)</p> <p>Required readings</p> <p>Franklin, M.E., Freeman, J., & March, J.S. (2010). Treating pediatric obsessive-compulsive disorder using exposure-based cognitive-behavioral therapy. In Weisz & Kazdin (2010), pp. 80-92.</p> <p>Kendall, P.C. (2012). Anxiety disorders in youth. In Kendall (2012), pp. 143-189.</p> <p>Plus, 1 reading assigned by student – TBA</p> <p>Clinical Process Issue #1 (student presenter TBA)</p>
M Oct 29	<p>Treatment of Depression (student presenter TBA)</p> <p>Required readings</p> <p>Stark, K.D., Streusand, W., Arora, P., Patel, P. (2012). Childhood depression: The ACTION</p>

	<p>treatment program. In Kendall (2012), pp. 190-233.</p> <p>Weersing, V.R., & Brent. D.A. (2010). Treating depression in adolescents using individual cognitive-behavioral therapy. In Weisz & Kazdin (2010), pp. 126-139.</p> <p>Plus, 1 reading assigned by student – TBA</p> <p>Clinical Process Issue #2 (student presenter TBA)</p>
M Nov 5	<p>Treatment of Oppositional Defiant Disorder and Conduct Disorder (student presenter TBA)</p> <p>Required readings</p> <p>Lochman, J.E., Powell, N., Whidby, J.M., & FitzGerald, D.P. (2012). Aggression in children. In Kendall (2012), pp. 27-60.</p> <p>Zisser, A., & Eyberg, S.M. (2010). Parent-child interaction therapy and the treatment of disruptive behavior disorders. In Weisz & Kazdin (2010), pp. 179-193.</p> <p>Plus, 1 reading assigned by student – TBA</p> <p>Clinical Process Issue #3 (student presenter TBA)</p>
F Nov 9	Reading days. No lecture.
M Nov 12	Remembrance Day (Observed). University Closed
M Nov 19	<p>Treatment of Attention-Deficit/Hyperactivity Disorder (student presenter TBA)</p> <p>Required readings</p> <p>Miller, M., & Hinshaw, S.P (2012). Attention-Deficit/Hyperactivity Disorder. In Kendall (2012), pp. 61-91.</p> <p>Pelham, W.E., Gnagy, E.M., Greiner, A.R., Waschbusch, D.A., Fabiano, G.A., & Burrows-MacLean. L. (2010). Summer treatment programs for attention-deficit/hyperactivity disorder. In Weisz & Kazdin (2010), pp. 277-292.</p> <p>Plus, 1 reading assigned by student – TBA</p> <p>Clinical Process Issue #4 (student presenter TBA)</p>
M Nov 26	<p>Treatment of Pediatric Problems (student presenter TBA)</p> <p>Required reading - TBA</p> <p>Plus, 1 reading assigned by student – TBA</p> <p>Clinical Process Issue #5 (student presenter TBA)</p>
M Dec 3	<p>Treatment of Autism Spectrum Disorders (student presenter TBA)</p> <p>Required readings</p> <p>Smith, T. (2010). Early and intensive behavioral intervention in autism. In Weisz & Kazdin (2010), pp. 312-327.</p> <p>Plus, 1 reading assigned by student - TBA</p> <p>Clinical Process Issue #6 (student presenter TBA)</p>
F Dec 7	<p>Fall Term Lectures End. Term paper due by 4:00pm via email: john.pearce@albertahealthservices.ca</p>
Dec 10-19	Fall Term Exam Period

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

Students who miss a term test due to a valid and documented official University reason (illness, domestic affliction, or religious conviction) have 48 hours to contact AND schedule a makeup test with the instructor. The onus is on the student to have a makeup test approved and scheduled within 48 hours, or the makeup test option is forfeited. The same process applies to missed makeup tests. At the instructor's discretion, the makeup test may differ significantly in form and/or content from the missed test. However, the makeup test cannot differ in weight (% of final grade) from the missed test. Except in extenuating circumstances (a documented official University medical excuse), a makeup test must be written within 2 weeks of the missed test. Absence from a final exam, and deferral of a final exam, are

handled by Enrolment Services (see http://www.ucalgary.ca/registrar/deferred_final). Students absent from a final exam must notify the instructor within 48 hours and must then apply for an official deferred final exam no later than the deadline indicated in the Examinations Schedule.

Freedom of Information and Protection of Privacy (FOIP) Act

The FOIP legislation disallows the practice of having student's retrieve tests and assignments from a public place. Therefore, tests and assignments may be returned to students during class/lab, or during office hours, or via the Department Office (Admin 275), or will be made available only for viewing during exam review sessions scheduled by the Department. Tests and assignments will be shredded after one year. Instructors should take care to not link students' names with their grades, UCIDs, or other FOIP-sensitive information.

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.

Student Ombudsman's Office

The Office of the Student Ombuds provides independent, impartial and confidential support for students who require assistance and advice in addressing issues and concerns related to their academic careers. The office can be reached at 403-220-6420 or ombuds@ucalgary.ca (<http://www.su.ucalgary.ca/services/student-services/student-rights.html>).

Safewalk

The safewalk program provides volunteers to walk students safely to their destination anywhere on campus. This service is free and available 24 hrs/day, 365 days a year. Call 403-220-5333.

Important Dates

The last day to drop this course with no "W" notation and **still receive a tuition fee refund is September 21, 2012**. Last day for registration/change of registration is **September 24, 2012**. The last day to withdraw from this course is **December 7, 2012**.