#### CNE 591 CHILD AND ADOLESCENT COUNSELING

CNE 591 is a required course for students in the LPC track and an elective course for student in the School counseling track

## **College of Education**

# Department of Educational Leadership & Counseling

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Text/Readings: Required:

Erk, Robert. R. (2004). Counseling treatment for children and adolescents with DSM-

IV-TR disorders. Upper Saddle River, NJ: Pearson Education.

Jongsma, A., Peterson, L., and McInnis, W. (2003). The adolescent psychotherapy

treatment planner. New York: John Wiley & Sons, Inc.

Course Description: The course is designed to assist students in training to identify mental health disorders that affect children and adolescents and write treatment plans that are based on developmentally appropriate cognitive, social, and emotional theories. This course is designed to meet course objectives as well as the professional standards specified by the Council for Accreditation on Counseling & Related Educational Programs (CACREP), State Board for Educator Certification – Standards for School Counselor Certification (SCEC), and National Council for Accreditation of Teacher Education (NCATE.) The curricula for this course include (1) knowledge of the literature of the discipline and (2) ongoing student engagement in research related to professional practice. CNE 591 Child and Adolescent Counseling. This course is designed to help students develop approaches for putting counseling theories into practice in helping children and adolescents who are experiencing difficulties in their developmental, personal and social growth. Prerequisites: CNE 534.

Standards Matrix: Upon successful completion of this course, students will be able to:

Objectives/Learning Outcomes	Activities (* indicates field-based activity)	Performance Assessment	Standards:  • State Standards = SB  • Specialty Organization Standards = CA  • National Standards = NC
Identify, discuss,	Read assigned materials	Participation in class	SB <u>I 5-8; II 3, 8; III 1,</u>
and assess mental	Research various mental health disorders	discussion	3; IV 2; V3; VI 2, 3;
health disorders that	affecting children and adolescents	Present research of	CA 2 a-f; 5;, 7 h; 8e
primarily affect		various mental health	A 7-11; B 2-3; C1a; C2
children and		disorders	d-f
adolescents.			NC 1, 2, 4
Identify, discuss,	Read assigned materials	Discuss readings	SB <u>I 5-8; II 3, 8; III 1,</u>
and assess how	Present cultural considerations in case study	Written case study	3; IV 2; V3; VI 2,3
cultural			CA 2 a-f; 5f; 7h; 8e; A
considerations may			7-11; B 2-3; C1 a;

affect the			C2 d-f
interpretation of			NC 1, 2, 4
mental health			
disorders.		70	CD 1.5 0 H 5 0 TT 1
Identify, discuss, and assess behaviors	Read assigned materials	Discuss readings	SB <u>15-8; II 3, 8; III 1,</u>
and assess behaviors associated with	Research specific mental health disorders and common behavioral symptoms	Written case study	3; IV 2; V3; VI 2,3 CA 2 a-f; 5f; 7h; 8e; A
specific mental	Identify behaviors common to disorders		7-11; B 2-3; C1 a;
health disorders.	presented in case study		C2 d-f
			NC 1, 2, 4
Develop case studies	Research various mental health disorders	Discuss readings	SB <u>I 5-8; II 3, 8; III 1,</u>
that illustrate a	Prepare and present case studies	Written case study	3; IV 2; V3; VI 2,3
variety of mental health disorders.			CA 2 a-f; 5f; 7h; 8e; A 7-11; B 2-3; C1 a;
ilcalul disorders.			C2 d-f
			NC 1, 2, 4
Develop treatment	How to develop treatment plans	Present treatment plans	SB <u>I 5-8; II 3, 8; III 1,</u>
plans based on DSM-IV-TR	How to assess needs and determine short- and-long term goals		3; IV 2; V3; VI 2,3
diagnostic criteria	and-long term goals		CA 2 a-f; 5f; 7h; 8e; A 7-11; B 2-3; C1 a;
that define behaviors			C2 d-f
and short-and-long			NC 1, 2, 4
term goals.			
Develop treatment	Prepare treatment plans	.Present treatment plans	SB <u>I 5-8; II 3, 8; III 1,</u>
plans that provide	Identify appropriate interventions	Tresent treatment plans	3; IV 2; V3; VI 2,3
interventions from a			CA 2 a-f; 5f; 7h; 8e; A
variety of theoretical			7-11; B 2-3; C1 a;
approaches for use			C2 d-f
in individual, group, and family			NC 1, 2, 4
counseling.			
Conduct effective	Demonstration of directive and nondirective	Demonstrate interview	SB <u>I 5-8; II 3, 8; III 1,</u>
interviews of a child	interview skills	skills by interviewing a	3; IV 2; V3; VI 2,3
or adolescent and		child or adolescent and	CA 2 a-f; 5f; 7h; 8e; A
the parent/guardian.		their parent or guardian	7-11; B 2-3; C1 a; C2 d-f
			NC 1, 2, 4
Apply legal and	Read ethical standards for ACA	Discuss ethical	SB I 5-8; II 3, 8; III 1,
ethical	Read ethical standards for ASCA	dilemma scenarios	3; IV 2; V3; VI 2,3
considerations to		Demonstrate ethical	CA 2 a-f; 5f; 7h; 8e; A
counseling with		decision making skills	7-11; B 2-3; C1 a;
children and			C2 d-f NC 1, 2, 4
adolescents.	XX 1 11 C		110 1, 2, 4

Web address for state standards:

Web address for specialty organization standards:

CACREP: http://www.counseling.org/cacrep/2001standards700.htm

SBEC: Standards for the School Counselor Certificate:

 $\frac{http://info.sos.state.tx.us/pub/plsql/readtac\$ext.TacPage?sl=R\&app=9\&p\_dir=\&p\_rloc=\&p\_tloc}{NCATE: $\frac{http://www.ncate.org}{}$ 

Course Format: This course will include lectures, discussion, case study presentations, power point presentation, video viewing, role-play activities and small group work.

**Course Content:** Review major mental health disorders typically diagnoses in childhood and adolescence. Behavioral symptoms and behavior interventions will be discussed. Case studies will be presented based on DSM-IV-TR diagnosis and will include developmentally appropriate treatment plans with short-and-long term goals for individual, group, and/or family clients.

## **Counseling Program Attendance Policy:**

Regular and punctual class attendance by each student is expected. The following represents the attendance policy for all courses in the Counseling Program:

- A call (or e-mail) to the professor is expected.
- After the first absence, a drop of one letter grade will occur unless the student writes a letter to the Counseling Faculty explaining the extenuating circumstances, with doctor's excuse or other documentation attached. The Faculty will then discuss the letter in a meeting and decide if the letter grade drop will occur or if the student is excused from that action.
- An automatic drop of a letter grade will occur for each subsequent absence.

## **Disability Statement:**

Students with a disability that affects their academic performance are expected to arrange for a conference with the instructor in order that appropriate strategies can be considered to ensure that participation and achievement opportunities are not impaired. The physically impaired may contact the Director of the Counseling Center as chair of the Committee for Continuing Assistance for Disabled Students by telephone (extension 1720).

## Students are referred to the following link for University policy and procedures:

http://www.shsu.edu/syllabus/

## **Course Requirements:**

1. Students will work independently and in groups to develop treatment plans for the case studies provided in class. The <u>treatment plans</u> are to be developmentally appropriate for identified client(s) and must include the following:

Refer to Chapter 10 (Erk) for treatment plan guidelines. Treatment plan must include the following:

Statement of the problem(s)

Prioritized list

Treatment Goals and Plan

Short-term goals

Long-term goals

Cultural specific interventions (when applicable)

Recommendations to parents, teachers, and others

Consideration of ethical and legal perspectives for the client(s)

Considerations of developmental perspectives (cognitive, social, emotional)

Diagnosis based on DSM-IV-TR criteria

Pharmacological considerations (when applicable)

Specific therapeutic techniques/interventions

## 2. Students will do a presentation/paper:

a. Prepare a <u>case study</u> based on selected disorders usually first diagnosed in infancy, childhood, or adolescence. The case study presentation should include the following headings/info: Scenario of client (infant, child, or adolescent) include a discussion of major symptoms/behaviors Cultural considerations (ethnicity, language, nationality, gender)

Family Considerations (parent-child, sibling, extended family relationships)

Pharmacological considerations

Academic achievement (IQ measures, grades, criterion tests, etc. – as applicable)

Social considerations (SES, free and reduced lunch programs, parent occupation)

Personal considerations (intrapersonal, interpersonal, stressors and coping mechanisms)

- b. <u>Create a treatment plan</u> for the child or adolescent in your case study. Use the criteria in item 1 above. Be sure to Introduce or Demonstrate a Specific therapeutic techniques/interventions in your presentation. You can have a separate handout if you like for students with the instructions and rational for your technique.
- c. A written research paper of the selected disorder must be submitted on the date of the oral presentation. The written paper will present a discussion of current research of the disorder. Include history and prevalence of the disorder, diagnostic criteria, symptoms of the disorder, assessment and diagnostic tools or frequently used screenings for evaluation, prevention and intervention treatment modalities, medications as treatment including side effects/risks of medications, therapeutic approach appropriate for this disorder, and implications for parents/family and clinicians. Paper must be prepared using APA format, SHSU writing standards, 5 to 8 pages in length (this length does not include the case study or treatment plan) with 8 current references (please limit web references to 3).
  - d. Students will present a 30 to 40 minute power point presentation highlighting the case study.
- 3. Student will demonstrate interviewing skills while interviewing a child/adolescent and parent or guardian. Guidelines for conducting a directive and nondirective interview will be provided.
- 4. Midterm and final examinations.

#### **Evaluation:**

Treatment Plans (4 – 25 pts. each)	100 points
Case Study (written 100, treatment plan 25, oral 25)	150 points
Interviewing Skills	50 points
Exams (midterm and final – 100 pts. each)	200 points
Preparation and participation in class	10 points
TOTAL POINTS	510 points

Grade Determination: A = 510 - 459 B = 458 - 408 C = 407 - 357 F = below 357

### Schedule of Classes: READ CHAPTERS AS ASSIGNED IN THE SYLLABUS

July 8 Introduction to course, course requirements and textbooks

How do we characterize the etiology of mental health disorders?

Chapter 1 – Assessment and Diagnosis: The Developmental Perspective and Its Implications Chapter 2 – Understanding the Development of Psychopathology in Children and Adolescents

July 10 Chapter 10 – Treatment Planning Guidelines for Children and Adolescents

Chapter 11 – Case Studies in Treatment Planning

**Treatment Plan #1 Due - In Class** 

Projective interventions/techniques

July 15 Presentation by Michael Maxwell (Suicide Prevention/Assessment)

Interviewing Children and Adolescents

Interview of Child/Adolescent and Parent/Guardian Due - In Class

July 17	Presentation by Kristin and Rebecca	
	Chapter 3 – Adjustment Disorders in Children and A	Adolescents
	Case study: Adjustment Disorders (	1)
	Mental Retardation (	2)
	Chapter 4 – Attention-Deficit/Hyperactivity Disorde	er in Children and Adolescents
	Case study: Learning Disabilities (	3)
	ADHD (	4)

July 22	Midterm Exam-Due	
	Treatment Plan #2 Due - Home Assignment	
	Chapter 5 – Disruptive Behavior Disorders	
	Case study: Disruptive Behavior Disorders	
	- Conduct Disorder (5)	
	- Oppositional Defiant (6)	
	Chapter 6 – Anxiety Disorders in Children and Adolescents	
	Anxiety Disorders	
	- Phobia (7)	
	- Obsessive-Compulsive (8)	
	1 (/	
July 24	Presentation by Michael Maxwell (Phobia)	
	Chapter 7 – Mood Disorders in Children and Adolescents	
	Case study: Mood Disorder	
	- Major Depressive Disorder/ Dysthymic Disorder (9)	
	- Bioplar Disorder/Cyclothymic Disorder (10)	
	- Tic Disorders (11)	
July 29	Chapter 8 – Substance-Related Disorder	
	Case study: Substance-Related Disorder (12)	
	Feeding and Elimination Disorders of Infancy	
	and Early Childhood (13)	
	Treatment Plan #3 Due – In Class	
July 31	Case study: Elimination Disorders (14)	
oury or	Chapter 9 – Adolescents and Eating Disorders	
	Eating Disorders (15)	
	Treatment Plan #4 Due – Home Assignment	
	Treatment I am ii I Due Trome 115515milent	
August 5	Topics: Pervasive Developmental Disorders	
8	Communication Disorders	
	Other Disorders of Infancy, Childhood, and Adolescence (not	
	Separation Anxiety Disorder)	
	Case study: Autism (16)	
	Asperger's Disorder (17)	
	Communication Disorders (18)	
August 7	Final Exam	
rugust /	Other Disorders of Infancy, Childhood, and Adolescence	
	(not Separation Anxiety Disorder) (19)	
	Sexual abuse of child (20)	
	Sexual abuse of clinic (20)	

# • Suggested Readings:

- o American Psychological Association. (2003). *Ethical Principles of Psychologists and Code of Conduct*. Washington, DC: Author.
- o American Counseling Association. (1995). *Code of ethics and standards of practice*. Alexandria, VA: Author.
- o American School Counselor Association (1998). *Ethical standards for school counselors*. Alexandria, VA:ASCA
- o American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders*. (4th Ed). Washington, DC: Author.
- o Carlson, J. & Lewis, J. (2002). *Counseling the adolescent*. Denver, CO: Love Publishing Co.
- o Hall. T., Kaduson, H. & Schaefer, C. (2002). Fifteen Effective Play Therapy techniques. *Professional Psychology: Research and Practice*. *33*, pp. 515-522.
- o Landreth, G. (2002). Therapeutic limit setting in the play therapy relationship. *Professional Psychology: Research and Practice*, *33*, pp.529-535.
- O'Connor, K. (2002) The value and use of interpretation in play therapy. *Professional Psychology: Research and Practice, 33,* 523-528.
- o Wagner, William (2003). *Counseling, psychology, and children*. Upper Saddle River: NJ: Merrill/Prentice Hall.

## Here are some of my favorite, enjoyable readings to get you started.

Pelzer, D. J. (1995). A child called "it." Deerfield Beach, FL: Health Communications.

Pipher, M. B. (2001). Reviving Ophelia. New York: Ballantine.

Axline, V. M. (1967). Dibs in search of self. New York: Ballantine.

Garbarino, J. (1999). Lost boys: Why our sons turn out violent and how we can save them. New York: Free Press.

Kaysen, S. (1994). Girl, interrupted. New York: Vintage.