



**TYNDALE**

• SEMINARY •

## Course Syllabus

**FALL 2019  
CHILD AND ADOLESCENT THERAPY  
COUN 0688**

**SEPTEMBER 11 – DECEMBER 4  
WEDNESDAYS, 2:15 – 5:05PM**

**INSTRUCTOR: HELEN NOH, PH.D**  
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Office Hours: By Appointment

Access course material at <http://classes.tyndale.ca/>  
Course emails will be sent to your @MyTyndale.ca e-mail account only.  
[Learn how to access and forward emails to your personal account.](#)

The mission of Tyndale Seminary is to provide Christ-centred graduate theological education for leaders in the church and society whose lives are marked by intellectual maturity, spiritual vigour and moral integrity, and whose witness will faithfully engage culture with the Gospel.

### **I. COURSE DESCRIPTION**

Provides students with the theoretical knowledge and clinical skills necessary in the assessment and treatment of children and adolescents. Focus will be on clinical practice, diagnostic skills, play and art therapy, family systems interventions, and cognitive behavioral interventions. A review of issues and diagnoses unique to children and adolescents will be examined. Effective, evidence based clinical interventions for children and adolescents will be demonstrated and practiced. Ethical and legal issues in counseling minors will be examined.

*Prerequisites: COUN0574, COUN0674 and COUN0677*

### **II. LEARNING OUTCOMES**

At the end of the course, students will be able to:

- Distinguish the major approaches to psychotherapy with children and adolescents
- Demonstrate competence in the assessment and clinical treatment of commonly encountered childhood and adolescent mental health issues
- Utilize empirically validated interventions that are effective in treating childhood and adolescent disorders and clinical issues
- Examine commonly encountered mental health issues in children and adolescents, including relevant childhood psychopathologies (DSM-V)
- Identify ethical standards and guidelines involved in working clinically with minors
- Present a therapeutic model of counseling children and adolescents that critically and congruently integrates biblical and psychological paradigms in the process of assessment and treatment

### III. COURSE REQUIREMENTS

#### A. REQUIRED READING

Landreth, G. (2012). *Play therapy: The art of the relationship*. New York: Taylor and Francis Books, Inc.

Shapiro, J.P. (2015). *Child and adolescent therapy: Science and art*. New Jersey: John Wiley & Sons, Inc.

#### B. SUPPLEMENTARY / RECOMMENDED READING:

Friedberg, R. D. & McClure, J. M. (2015). *Clinical practice of cognitive therapy with children and adolescents*. New York: The Guilford Press.

#### C. ASSIGNMENTS AND GRADING

##### 1. Video and Reading Reflections: 20% of final grade (4 @ 5% each).

Students will be required to watch four videos throughout the semester and submit a one page single spaced (or two page double spaced) reflection that integrates thoughtful engagement of the video content with the required readings for the class. Each reflection will be worth 5% of the total grade. Small group discussion times will be given throughout the semester to share these reflections with others. Please note the due dates for each of the video reflections on the course schedule. Detailed instructions will be given in class.

##### 2. Developmental Framework Paper: 15% of final grade

Students will be required to integrate the Developmental Framework lecture material to gain a deeper understanding of how these domains of development impact spiritual development and formation of children and adolescents. Drawing upon current research articles and theories on spiritual development, the paper will also require students to demonstrate how

this understanding could be applied into clinical context when working with children and adolescents. Detailed instructions will be given in class.

### **3. Major Research Project and Class Presentation: 40% of final grade**

Students will write a 10-12 page research paper on a commonly encountered child or adolescent clinical issue or disorder (topics will be given in class). The paper will be worth 35% of final grade and must include the following:

- Description and Prevalence of the issue being presented
- Potential diagnostic criteria or symptoms of the presenting issue
  - A summary of the DSMV criteria is not sufficient
  - Please include other sources of research that provides complexity and depth to the presenting issue or disorder
- Proposed etiology of the presenting problem as presented in the research
  - provide your own critical analysis of why these etiologies may be significant or which ones might be more significant to your particular age group
- Application of course material on the Developmental Framework of Children and Adolescents and how this knowledge must be integrated when understanding the issue or disorder – examples of questions that you can use to answer:
  - What are some important developmental issues that we must keep in mind when working with this particular disorder or topic?
  - How might a particular developmental stage impact this issue differently than if the child/teen was in a different developmental stage?
- One or two Evidence-based interventions that have been empirically shown to be effective as treatment for the issue, including application with course material:
  - How might a developmental framework inform the best type of intervention for this particular presenting issue?
  - How might you integrate play therapy into the evidenced-based interventions in developmentally appropriate ways?
- Critical reflection and discussion of spiritual development and resources in the assessment and treatment process of counseling children and/or adolescents with the presenting issue

Students will also prepare a 3 page summary to be presented to the class (or small group) that will be worth 5% of the total grade and must include the following:

- Description and prevalence of the presenting issue
- Potential diagnostic criteria or symptoms of the presenting issue
- Proposed etiology of the presenting issue
- Succinct summary of the evidenced based interventions for treatment, including tangible and concrete clinical tools
  
- PLEASE NOTE: the purpose of this presentation is to help other students in the class gain working knowledge of the presenting issue as well as a strong model of intervention. Students will be marked on the creativity, clarity, and content of the

presentation. The presentation will be 20 minutes in length with 5 minutes for questions and discussion.

#### 4. **“Clinical” Interview Paper:** 30% of final grade

Students will spend one hour with a child OR early adolescent (age 5 to 12) during the first half of the semester.

This exercise is for skill development and not for research purposes. No data or names of individuals will be used for research. Correct ethical guidelines for minors will be followed such as meeting in a public space, with parental permission with a full explanation of what it is for and that the interview will be used in a paper with no use of names.

In preparation for the “clinical” interview, the student will put together a “play therapy kit” including items such as paper, pens, crayons, puppets, play dough, games, dollhouse colorforms, small toys, paints, magazines, scissors, paste, small box, colored paper, games, and other age appropriate items presented throughout the lectures. The items in the “play therapy kit” will be utilized in the interview to help build rapport with the child or adolescent, to gain relevant information, and to assess its usefulness as a therapeutic tool when counseling children.

As well, students will utilize other “developmentally appropriate” items such as cognitive behavioral tools, to gain relevant information and to assess its usefulness as therapeutic tools.

Students will then write a 8-10 page summary for the experience, including the following information:

- Family and “client” history (current living arrangements, position in the family, family background and brief genogram)
- Observation and explanation of specific developmental stages and behaviors of the child and adolescent (drawing from lectures 1-3)
- Utilization of the “play therapy kit” and “cognitive behavioral tools” and the child or adolescent’s reaction to the various “nonclinical” interactions
- The paper will include the following sections:
  - SECTION I: Developmental Framework (10 points out of 30)
    - What developmental stages, tasks, abilities, limitations did you see in the child during the interaction (draw upon the physical, cognitive, social, emotional, moral, spiritual domains from lectures 1-3 to support your answers)?
    - What are some of the limitations and the strengths of the particular age group of the “client”?
    - What are some of your strengths and limitations in engaging with the particular age group of the “client”
  - SECTION II: Application of the Tools (15 points out of 30)
    - Briefly describe the rationale behind CCPT and/or CBT and how this guided your engagement with the child and/or adolescent.

- Discuss how you attempted to establish a connection with the child/adolescent, including specific examples of how you utilized the “play therapy kit.” Were these tools helpful? What were some of your rationales for utilizing the items that you did? What was the outcome on building the therapeutic connection? were some of the challenges you experience?
  - Describe how you utilized the “cognitive behavioral tools” and was it helpful? What were some of the significant responses from the child/adolescent? How did these influence the process of the interview?
  - PLEASE PROVIDE TANGIBLE EXAMPLES of specific phrases, skills, tools that you utilized during the session; the influence that it had on the process and relationship; and your reflections on what you believe worked well, did not work well, and what you might have done differently.
- SECTION III: Reflections (5 points out of 30)
    - What might be some potential areas of countertransference in working with children and/or adolescents?
    - What are some areas of growth that you see in yourself in working with children and/or adolescents?

#### **D. EQUITY OF ACCESS**

Students with permanent or temporary disabilities who need academic accommodations must [contact](#) the [Accessibility Services](#) at the [Centre for Academic Excellence](#) to [register](#) and discuss their specific needs. *New students* must self-identify and register with the Accessibility Office at the beginning of the semester or as early as possible to access appropriate services. *Current students* must renew their plans as early as possible to have active accommodations in place.

#### **E. SUMMARY OF ASSIGNMENTS AND GRADING**

Evaluation is based upon the completion of the following assignments:

Video/Reading Logs and Small Group Discussion	20 %
Developmental Framework Paper	15 %
“Clinical Interview” Paper	30 %
Major Research Paper and Presentation	35 %
Total Grade	100 %

#### **F. GENERAL GUIDELINES FOR THE SUBMISSION OF WRITTEN WORK**

1. Your work should demonstrate the following characteristics:

All written work must be computer generated and turned in on time. Late assignments will be lowered one letter grade for each week they are late. All papers should be APA style, typed, double spaced, and include a title page, with Running Head and Author's Note. Experiential papers may be written in first person and do not need a works cited page.

### **Academic Integrity**

Integrity in academic work is required of all our students. Academic dishonesty is any breach of this integrity, and includes such practices as cheating (the use of unauthorized material on tests and examinations), submitting the same work for different classes without permission of the instructors; using false information (including false references to secondary sources) in an assignment; improper or unacknowledged collaboration with other students, and plagiarism. Tyndale University College & Seminary takes seriously its responsibility to uphold academic integrity, and to penalize academic dishonesty.

Students are encouraged to consult [writing resources](#).

Students should also consult the current [Academic Calendar](#) for academic policies on Academic Honesty, Gender Inclusive Language in Written Assignments, Late Papers and Extensions, Return of Assignments, and Grading System.

### **Research Ethics**

All course-based assignments involving human participants requires ethical review and approval by the [Tyndale Research Ethics Board \(REB\)](#). Check with the Seminary Office (Room B302; [aa@tyndale.ca](mailto:aa@tyndale.ca)) before proceeding.

## **G. COURSE EVALUATION**

Tyndale Seminary values quality in the courses it offers its students. End-of-course evaluations provide valuable student feedback and are one of the ways that Tyndale Seminary works towards maintaining and improving the quality of courses and the student's learning experience. Student involvement in this process is critical to enhance the general quality of teaching and learning.

Before the end of the course, students will receive a MyTyndale email with a link to the online course evaluation. The link can also be found in the left column on the course page. The evaluation period is 2 weeks; after the evaluation period has ended, it cannot be reopened.

Course Evaluation results will not be disclosed to the instructor before final grades in the course have been submitted and processed. Student names will be kept confidential and the instructor will only see the aggregated results of the class.

## **IV. COURSE SCHEDULE, CONTENT AND REQUIRED READINGS**

<b>Week/Date</b>	<b>Lecture Topic</b>	<b>Readings</b>	<b>Assignment DUE DATES</b>
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1 Sept 11	Developmental Framework of Child and Adolescent Therapy & Psychopathology	Landreth: 2-4	
2 Sept 18	Developmental Framework – Brain and Cognitive Development	Landreth: 5-8	
3 Sept 25	Developmental Framework – Emotional & Psychosocial Development	Landreth: 9-11	
4 Oct 2	Play Therapy – Therapeutic Fundamentals	Landreth: 12-13 Shapiro 1	<b>DEVELOPMENTAL FRAMEWORK PAPER DUE</b>
5 Oct 9	Play Therapy – Skills and Intervention Tools	Landreth:14-17	<b>VIDEO REFLECTION #1 DUE</b> (“PERSON-CENTERED CHILD THERAPY”)
6 Oct 16	Behavior & Cognitive Therapy – Therapeutic Fundamentals	Shapiro: 2 Friedberg: 1-6 (Recommended)	<b>VIDEO REFLECTION #2 DUE</b> (“COGNITIVE-BEHAVIORAL PLAY THERAPY WITH CHILDREN”)
Oct 23	<b>SEMINARY READING BREAK – NO CLASS</b>		
7 Oct 30	Behavior & Cognitive Therapy – Skills and Intervention Tools	Shapiro: 3-4 Friedberg: 7-10 (Recommended)	<b>RESEARCH PROJECT DUE</b>
8 Nov 6	Solution-Focused Therapy Skills and Intervention Tools	Shapiro: 5-6	<b>VIDEO REFLECTION #3 DUE</b> (“SOLUTION-FOCUSED CHILD THERAPY”)
9 Nov 13	Family and Group Therapy Skills and Intervention Tools	Shapiro 7-9	<b>VIDEO REFLECTION #4 DUE</b> (“ADOLESCENT FAMILY THERAPY”)
10 Nov 20	Internalizing Disorders in children & adolescents	Shapiro 13-14	<b>GROUP PRESENTATION</b>
11 Nov 27	Externalizing Disorders in children and adolescents	<b>Shapiro 10-12</b>	<b>“CLINICAL” INTERVIEW DUE</b>  <b>GROUP PRESENTATION</b>
12 Dec 4	Stress & Trauma in children and adolescents  Developing Resilience through Counselling	Shapiro 15	<b>GROUP PRESENTATION</b>

## V. SELECTED BIBLIOGRAPHY

(Tyndale Library supports this course with [e-journals and e-books](#). See the [Library FAQ page](#).)

Beauchaine, T. P., & Hinshaw, S. P. (2008). *Child and adolescent psychopathology*. New Jersey: John Wiley & Sons, Inc.

Brems, C. (2008). *A comprehensive guide to child psychotherapy and counseling (3<sup>rd</sup> Ed.)* Long Grove, IL: Waveland Press, Inc.

Bromfield, R. (2007). *Doing child & adolescent psychotherapy: Adapting psychodynamic treatment to contemporary practice (2<sup>nd</sup> Ed.)*. New Jersey: John Wiley & Sons, Inc.

Carr, A. (2006). *The handbook of child and adolescent clinical psychology (2<sup>nd</sup> Ed.)*. New York: Routledge.

Cattanach, A. (2008). *Narrative approaches in play with children*. Philadelphia, PA: Jessica Kingsley Publishers.

Dobson, K. S. (2010). *Handbook of cognitive-behavioral therapies (3<sup>rd</sup> Ed.)*. New York: The Guilford Press.

Drewes, A. A. (2009). *Blending play therapy with cognitive behavioral therapy*. New Jersey: Wiley & Sons, Inc.

Edgette, J.S. (2006). *Adolescent therapy that really works*. New York: Norton.

Friedberg, R. D., & McClure, J. M. (2002). *Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts*. New York: The Guilford Press.

Kendall, P. C. (2006). *Child and adolescent therapy: Cognitive-behavioral procedures (3<sup>rd</sup> Ed.)*. New York: The Guilford Press.

McConaughy, S. H. (2005). *Clinical interviews for children and adolescents: Assessment to Intervention*. New York: Guilford Press.

Rapp-Paglicci, L.A., Dulmus, C. N., & Wodarski, J. S. (2004). *Handbook of preventative interventions for children and adolescents*. New Jersey: John Wiley & Sons, Inc.

Reinecke, M. A., Dattilio, F. M., & Freeman, A. (2003). *Cognitive therapy with children and adolescents: A casebook for clinical practice (2<sup>nd</sup> Ed.)*. New York: The Guilford Press.

Siegel, D.J. (2001). *The developing mind: How relationships and the brain interact to shape who we are*. New York: The Guilford Press.

Thompson, C. L., & Henderson, D.A. (2007). *Counseling children (7<sup>th</sup> Ed)*. Pacific Grove, CA: Brooks-Cole.