

# Sample Child and Adolescent Psychotherapy Syllabus With Embedded Deliberate Practice Exercises

APPENDIX



This appendix provides a sample one-semester, three-unit course dedicated to teaching an introductory course on child therapy, from a pantheoretical lens. This course is appropriate for graduate students (master's and doctoral) at all levels of training, including first-year students who have not yet worked with clients. We present it as a model that can be adopted to a specific program's contexts and needs. For example, instructors may borrow portions of it to use in other courses, practica, didactic training events at externships and internships, workshops, and continuing education for post-graduate therapists.

**Course Title:** Beginning Work With Children, Parents, and Families:  
Theory and Deliberate Practice

## Course Description

This course teaches theory, principles, and core skills of child psychotherapy. It is transtheoretical, in that it covers common factors across different types of child therapy, including psychodynamic, cognitive-behavioral, and family systems approaches to therapy. As a course with both didactic and practicum elements, it will review the theory and research on child therapy, psychotherapy change processes, and applications of transtheoretical approaches, and will foster the use of deliberate practice to enable students to acquire 12 key child therapy skills. Finally, we will explore specific issues that may be addressed in treatment, including mourning and loss, child abuse and neglect, foster care and adoption, substance use, gender and sexual identity, disordered eating, and marital conflicts.

## Course Objectives

Students who complete this course will be able to

1. Describe the core theory, research, and skills of child therapy
2. Describe central principles of attachment, family systems, cognitive behavioral, and psychodynamic theories, and how these apply to understanding the meaning of behavior across the lifespan
3. Apply the principles of deliberate practice for career-long clinical skill development
4. Demonstrate key child therapy skills

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5. Evaluate how they can fit these child therapy skills into their developing therapeutic framework
  6. Employ child therapy with clients from diverse cultural backgrounds
  7. Be playful and emotionally available for their clients as a result of the increased emotional self-awareness and experiential knowledge they gain in the course
  8. Describe evidence-based practice approaches to child therapy
  9. Demonstrate a curious and reflective stance
  10. Maintain an effective balance of (a) emotional openness and authenticity and (b) appropriate personal boundaries

Date	Lecture and Discussion	Skills Lab	Homework (for next class)
Week 1	Introduction—bioecological models	Exercise 1: Communicating Interest and Curiosity	Bronfenbrenner and Evans (2000); Narvaez et al. (2013); Brown (2008)
Week 2	Attachment theory deliberate practice: naming feelings	Exercise 2: Naming Feelings	Bowlby (2012, Chapter 8); Slade (2005); Main et al. (2011); Granqvist et al. (2017)
Week 3	Family systems theories	Exercise 3: Praise and Encouragement	Minuchin et al. (2013, Chapters 1, 2, & 11); Wachtel (2004, Chapter 1); Diamond et al. (1999)
Week 4	Playing in therapy	Exercise 4: Observing and Describing Play	Winnicott (2012, Chapters 3 & 4); Royal (2015); Topel and Lachmann (2008)
Week 5	Working with parents and families	Exercise 5: Empathic Validation	Whitefield and Midgley (2015); Mayes et al. (2012); Kazdin et al. (1997); Novick and Novick (2013)
Week 6	Intergenerational trauma	Exercise 6: Elaborating Play	Fraiberg et al. (2003); Goodman (2013); Vaughans and Harris (2016); Lieberman et al. (2005)
Week 7	Culture and immigration	Exercise 7: Exploring Identity—Multicultural Orientation	<b>**Helpful Handout 1—Intake Form Due**</b> Sparrow (2016); Fleck and Fleck (2013); Tummala-Narra (2004)
Week 8	Psychodynamic approaches	Exercise 8: Self-Disclosure	Hurry (1998, Chapters 1, 2, & 4); Wachtel (2004, Chapters 6 & 7); Malberg (2015)
Week 9	Addressing risk part 1: abuse and neglect, domestic violence, and parental substance use	Exercise 9: Gathering Information About Safety Concerns	<b>**Helpful Handout 2—Describing Therapy to Parents Due**</b> Schilling and Christian (2014); Pietrantonio et al. (2013); Lieberman et al. (2015, pp. 7–44)
Week 10	Behavioral and cognitive behavioral treatment approaches	Exercise 10: Setting Limits	Wachtel (2004, Chapter 8); J. A. Cohen et al. (2010); Miller et al. (2002)
Week 11	Gender, sexuality, and the body	Exercise 11: Talking About Sex	Tishelman et al. (2015); Tasca and Balfour (2014); Silverstein et al. (2002)  <b>Optional Readings:</b> Alvarez (2010); Riley et al. (2011); Eisler et al. (2007); Minuchin et al. (1978); Ordway et al. (2018)
Week 12	Addressing risk part 2: suicidal ideation, self-harm, and adolescent substance use	Exercise 12: Responding to Resistance and Ruptures	Sharp and Fonagy (2015); O'Connor et al. (2014); Deas (2008)
Week 13	Coping with grief and loss	Exercise 13: Annotated Transcript	<b>**Helpful Handout 3—Risk Assessment Form Due**</b> Markin and Zilcha-Mano (2018); Bowlby (1982); Lyons-Ruth et al. (2003)
Week 14	Foster care, adoption, and disruptions in caregiving deliberate practice: rupture repair responsiveness	Exercise 14: Improvised Session	Steele et al. (2003); Dozier and Bernard (2017); P. Cohen et al. (2016)
Week 15	Making treatment decisions—structuring treatment	Reflection on Experience	<b>**Final Papers Due**</b>

### Format of Class

This course is a combination of lecture, class discussion, and small group skills labs (deliberate practice) sessions, and application of the topics and themes in the form of response papers, "helpful handouts," and literature review papers.

*Skills Labs:* Skills labs are for practicing child therapy skills using the exercises in this book. The exercises use therapy simulations (role-plays) with the following goals:

1. Build trainees' skill and confidence for using child therapy skills with real clients
2. Provide a safe space for experimenting with different therapeutic interventions, without fear of making mistakes
3. Provide plenty of opportunity to explore and "try on" different styles of therapy so that trainees can ultimately discover their own personal, unique therapy style

### Course Requirements

*Required Readings:* Will be posted online and must be completed before class to engage in discussion about the material. The required readings are listed at the end of the syllables along with supplemental reading that we recommend adding to your personal library.

*Assignments:*

Assignment	Due date	Points
Helpful handouts	As scheduled	30 (10 each)
Canvas responses to weekly readings (seven total)	As desired	14 (2 each)
Final project	Week 14	30
Deliberate practice	Weekly	15
Participation in class discussion	Weekly	11

### Small Group Deliberate Practice Exercises

Deliberate practice is a form of training that is similar to the way you would practice the skills involved in a sport or playing a musical instrument. For example, if you are a professional sports player, you do not just play in games on the weekend. Outside of when you are playing in games, you practice. That practice includes repetitive drills that help you strengthen specific skills that you will then use in the game.

Throughout this course, you will be required to complete weekly practice exercises in pairs (45 minutes) outside of class. You will receive a packet with an exercise for each week. The exercises include a description of the skill you will be working on, three criteria for evaluating yourself on the skill, and a set of client prompts that you will respond to to practice the skill. In each of these sessions, you will play the therapist and practice the skill for 15 minutes, and your partner will play the therapist and practice for 15 minutes.

Just like practice for a sport, the focus of these sessions is not on thinking or talking about the skill, it's on doing it! The repeated rehearsal does the training here. If you are having a hard time, figure out what's getting you stuck, get help from your partner, and give it another go. There are two components that will be submitted to obtain credit for deliberate practice exercises:

1. Video recording of group deliberate practice exercises
2. Weekly submission of the Diary Form postexercise

Review of the videos and Diary Forms is not evaluative. Videos will be reviewed by the professor or the TA to ensure that you are following the appropriate procedures for practicing—rehearsing repeatedly, without getting into lengthy discussions about theory (that's for class time) and evaluating the level of difficulty. Similarly, a check of Diary Cards is done to track your progress through your own self-assessment and is not evaluative of your therapy skills. One point will be received for each exercise you complete.

Toward the end of the semester (Week 14), trainees will participate in a deliberate practice in which they do a practice session using the annotated transcript in Exercise 13 or a mock practice session in which the "client" adopts one of the client profiles listed in Exercise 14 or plays themselves as the client. In contrast to highly structured and repetitive deliberate practice exercises, these are unstructured and improvised role-play therapy sessions.

Like a jazz rehearsal, mock sessions let trainees practice the art and science of putting psychotherapy skills together in a way that is helpful to clients. Practice sessions let trainees

1. Practice using psychotherapy skills responsively.
2. Experiment with clinical decision-making in an unscripted context.
3. Discover their personal therapeutic style.
4. Build endurance for working with real clients.

### **Reading Reflections**

A short paragraph (less than one page) reflecting on your reactions and ideas about the readings for class that week, due by 8 p.m. on Wednesday before class. Reflections could be on passages that struck you, questions that came to mind, something the article helped you to understand better, or your own relevant experiences. You are responsible for submitting seven of these throughout the course of the semester. Your responses may involve one of the articles or make links between articles but must be directly grappling with issues raised in the readings.

### **Helpful Handouts**

You will soon find yourself providing therapy with children, parents, and families. Very likely, the settings in which you work will have their own systems for intakes and risk assessment and safety planning. Depending on the treatments you are providing, you will discuss with supervisors how to orient families to psychotherapy.

The material in this course will cover clinical theories and techniques in a broad way. To connect these concepts with clinical practice, you will be asked to draw on the course materials, as well as other resources and your own experience, to develop "Helpful Handouts," similar to what you might receive from a supervisor.

You will submit three Helpful Handouts over the course of the semester.

- Helpful Handout 1—Clinical Intake Form: an outline of the questions you would ask in an initial assessment with a parent and child who present for therapy.
- Helpful Handout 2—Describing Therapy to Parents: a written description of how you would explain therapy to parents and their children, including your understanding of the tasks and how change occurs. Can be written from the orientation of your choice.
- Helpful Handout 3—Risk Assessment: a set of questions that you would use to guide you in asking about different categories of risk and probing further.

You are free to draw on any materials you wish for these, but the handout you submit must be your own original version, with an attached reference list indicating where you got ideas and content.

### **Final Paper**

For this assignment, you will choose two child or family treatment approaches that are designed for the same presenting problem or patient population and write a 10-page paper (not including references) in American Psychological Association (APA) Style comparing and contrasting the interventions in terms of theoretical background and orientation, conceptualization of the symptom or patient, clinical approach, and empirical evidence base.

### **Class Participation**

Active participation is essential to this learning environment. The quality and quantity of participation in discussion of assigned readings related material will contribute to the course grade.

A note on virtual class participation: All students are strongly urged to turn their cameras on and keep them on during course time to show engagement and to promote participation. However, it is understood that this is a time for flexibility and that each of us has different at-home responsibilities and restrictions. That being said, if you opt not to turn on your camera during a given class, verbal participation is highly encouraged for me to gain a sense of your engagement in weekly material and topics.

Please reach out to me if there are any issues with access to technology that will prohibit your participation in coursework this semester so that a solution can be found.

**A note about respect for diversity:** Much of what we consider science aims to be objective but is in many ways subjective. The field of psychology has been built on theories and ideas developed by people, often from a narrow set of cultural backgrounds and identities, who received support and funding from various institutions and systems.

I have attempted to include in this syllabus readings that will focus discussion on systemic oppression and social justice in the context of psychodynamic psychotherapy, including the application of psychodynamic theory and techniques with diverse populations. I have also made an effort to include voices of authors from diverse identities and backgrounds. However, I acknowledge that it is possible that there may be both overt and covert biases in the material due to the lens with which it was written. Integrating a diverse set of experiences is important for a more comprehensive understanding of science. Please contact me or submit anonymous feedback on course evaluations if you have any suggestions to improve the quality of the course materials.

Furthermore, I would like to create a learning environment for students that supports a diversity of perspectives and experiences and honors your identities. I believe trust and respect are central for creating spaces where there can be open discussion, mutual learning, and growth. It is expected that some of the material in this course may evoke strong emotions; please be respectful of others' emotions and mindful of your own.

I am always in the process of learning about diverse perspectives and identities. Please let me know if something said or done in the classroom, by either myself or other students, is particularly troubling or causes discomfort or offense. Although our intention may not be to cause discomfort or offense, the impact of what happens

throughout the course is not to be ignored and is something that I consider to be very important and deserving of attention. If and when this occurs, please consider one of the following ways to address what you experienced and, I hope, somewhat alleviate distress:

- Discuss the situation privately with me. I am always open to listening to students' experiences and want to work with students to find acceptable ways to process and address the issue.
- Discuss the situation with the class. Chances are there is at least one other student in the class who had a similar response to the material or statements made. Discussion enhances the ability for all class participants to have a fuller understanding of context and impact of course material and class discussions.
- Notify me of the issue through another source, such as your academic advisor, a trusted faculty member, or a peer. If for any reason you do not feel comfortable discussing the issue directly with me, I encourage you to seek out another, more comfortable avenue to address the issue. If you are not sure of who to speak with, [insert names] are two faculty members who I will look to for feedback on my course.

### **Vulnerability, Privacy, Confidentiality, and Boundaries**

This course is aimed at developing therapy skills, self-awareness, and interaction skills in an experiential framework and as relevant to clinical work. Doing child psychotherapy requires balancing emotional vulnerability and openness and simultaneously maintaining appropriate personal boundaries. We will explore and practice this balance as part of learning to deliver child therapy together.

Furthermore, working with children and parents can bring up memories of our own childhoods, our parents, and experiences with children and parents that we know. This course is not psychotherapy or a substitute for psychotherapy. Students should interact at a level of self-disclosure that is personally comfortable and helpful to their own learning. Although becoming aware of internal emotional and psychological processes is necessary for a therapist's development, it is not necessary to reveal all that information to the trainer. It is important for students to sense their own level of safety and privacy. Students are not evaluated on the level of material that they choose to reveal in the class.

### **Revealing Information About Self**

In accordance with the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2017), students are not required to disclose personal information. It is, however, recommended to disclose personal material, within comfortable limits, to learn the most from the exercises. Because this class is about developing both interpersonal and child psychotherapy competence, following are some important points so that students are fully informed as they make choices to self-disclose:

- Professional activities are affected by personal experiences, beliefs, and values, and these things have a bearing on students' professional functioning.
- Behaviors are influenced by personal experiences, beliefs, and values. Students may be asked to reflect on this in the specifically defined context of encouraging the growth of professional competence for the work environment only.



### Student Evaluation

Final grades will be calculated based on the following grading scale:

A = 94.0–100.0	B+ = 87.0–89.9	C+ = 77.0–79.9
A– = 90.0–93.9	B = 83.0–86.9	C = 73.0–76.9
	B– = 80.0–82.9	C– = 70.0–72.9

### Required Readings

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- Goodman, R. D. (2013). The transgenerational trauma and resilience genogram. *Counselling Psychology Quarterly*, 26(3–4), 386–405. <https://doi.org/10.1080/09515070.2013.820172>
- Granqvist, P., Sroufe, L. A., Dozier, M., Hesse, E., Steele, M., van IJzendoorn, M., Solomon, J., Schuengel, C., Fearon, P., Bakermans-Kranenburg, M., Steele, H., Cassidy, J., Carlson, E., Madigan, S., Jacobvitz, D., Foster, S., Behrens, K., Rifkin-Graboi, A., Gribneau, N., . . . Duschinsky, R. (2017). Disorganized attachment in infancy: A review of the phenomenon and its implications for clinicians and policy-makers. *Attachment & Human Development*, 19(6), 534–558. <https://doi.org/10.1080/14616734.2017.1354040>
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### Supplemental Readings

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