

**CLINICAL PLACEMENT I – CHILD THERAPY TRACK**  
**PY 920**  
**Fall 2006**

*Instructors:* Sharon Green-Hennessy, Ph.D. and Bernice Conklin-Powers, Psy.D.  
*Office:* 222-C Beatty Hall  
*Phone:* (410) 617-2641  
*E-mail:* sgreenhennessy@loyola.edu

*Clinic Hours:* TH 10:30AM – 7:00PM  
W – at school as needed

**Course Objectives:**

To gain experience and proficiency in the treatment of children and adolescents with psychiatric disorders. Students are expected to develop skills in case conceptualization, clinical technique, assessment, and case management specific to this population. The unique theoretical and pragmatic aspects of working with children and adolescents with emotional and behavioral disorders will be emphasized.

**General Overview of Course Requirements:**

*Caseload* - Externs are expected to carry 3-5 therapy cases. Additionally, they will be required to participate in school-based interventions provided at our target school (St. Pius X). School based interventions will include but not be limited to observation, meeting with staff, psycho-educational interventions, classroom primary prevention services, etc.

*Supervision* – Each student will attend one hour of individual supervision each week. Additionally, students are required to attend weekly group supervision on Thursdays 12:30PM – 2:00PM. **At each individual supervision session, externs should bring their completed case notes for the supervisor to review and sign.**

*Case Management and Preparation* – Child and adolescent therapy often requires case management (e.g., communicating with schools and parents; coordinating with social service agencies, attending IEP meetings, etc). Externs will be expected to participate in such activities as their cases requires, even if such participation falls outside of their standard clinic hours. Additionally, throughout the year students will need to prepare for their cases and/or school-based interventions. Externs are expected to devote adequate time to planning and preparation.

*Documentation and Clinic Procedures* - Externs are expected to fully familiarize themselves with the clinic operating manuals and adhere to the requirements of those manuals. This would include completing all case related paperwork in a timely manner.

### **Readings:**

The following readings are helpful background readings for this placement. You may be required to complete these or other at various points during the semester.

Bromfield, R. (1999). *Doing child and adolescent psychotherapy: The ways and whys*. Northvale, NJ: Jason Aronson, Inc. (**Chps entitled “The Not-So-Magic of Therapy: How Therapy Works”, “Do Fence Me In: The Bounds and Limits”, and “Pushing the Envelope: On Giving, Telling, and Other Exceptions”**)

Knell, S. M. (1998). Cognitive-behavioral play therapy. *Journal of Clinical Child Psychology, 27*, 28-33.

Landreth, G. L. (2002). Therapeutic limit setting in the play therapy relationship. *Professional Psychology: Research and Practice, 33*, 529-535.

Malawista, K. L. (2004). Rescue fantasies in child therapy: Countertransference/transference enactments. *Child and Adolescent Social Work Journal, 21*, 373-386.

Napier, A. Y., & Whitaker, C. A. (1978). *The family crucible*. New York: Harper & Row. (**Chps entitled, “Initiative” and “The Basic Conflict”**)

Nevas, D. B., & Farber, B. A. (2001). Parents' attitudes toward their child's therapist and therapy. *Professional Psychology: Research and Practice, 32*, 165-170.

Neill, T. K., Holloway, E. L., Kaak, H. O. (2006). A systems approach to supervision of child psychotherapy. In T. K. Neill (Ed.), *Helping others help children: Clinical supervision of child psychotherapy* (pp. 7 – 33). Washington, DC: American Psychological Association.

O'Connor, K. J. (2000). *The play therapy primer* (2<sup>nd</sup> ed.). New York: Wiley. (**Chapter 8 “Beginning Treatment”**)

Rappaport, N., & Chubinsky, P. (2000). The meaning of psychotropic medications for children, adolescents, and their families. *Journal of the American Academy of Child and Adolescent Psychiatry, 39*, 1198-1200.

Sarles, R. M. (1994). Transference-countertransference issues with adolescents: Personal reflections. *American Journal of Psychotherapy, 48*, 64-74.

Schowalter, J. E. (1985). Countertransference in work with children: Review of a neglected concept. *Journal of the American Academy of Child Psychiatry, 25*, 40-45.

## **Grading:**

Students will be graded on the following areas:

### **Basic Work Requirements/Work Products (20% of grade)**

This includes:

- Adhering to procedures as outlined in the clinic operating manual(s).
- Fulfilling scheduled clinical duties, which include but are not limited to conducting therapy sessions, providing case management, completing observations, participating in supervision, communicating with clients, etc.
- Making oneself regularly available for scheduling clients.
- **Addressing pressing clinical issues in the time-frame befitting their urgency, which at times may mean extending beyond the externs scheduled hours at the clinic.**
- Completing case paperwork in a timely, thoughtful, and accurate manner (i.e., progress notes, treatment plans, treatment summaries, correspondence, reports, etc). **Please note: All correspondence requires a supervisors' signature.**
- Timely and accurate completion of clinic administrative paperwork (i.e., logs, schedules, forms, etc).

### **Supervision (20%)**

This includes:

- Attends all scheduled supervision.
- In addition to regularly scheduled supervision, seeks additional supervision whenever necessary and makes oneself available for impromptu supervision when clinically necessary.
- **Informs supervisor of all relevant clinical issues and does so in a timely manner consistent with their clinical urgency.**
- Is prepared for each supervision session (i.e., has completed progress notes for supervisor to sign, has completed background preparation if asked, has completed relevant background reading, etc.)
- Tapes and reviews sessions as required.
- Actively and appropriately participates in supervision. This would include but not be limited to being prepared to discuss and process their cases, soliciting and integrating feedback, providing constructive feedback in group supervision, be willing to explore their own biases and issues to the extent it is relevant to their effective provision of services, being able to take responsibility for one's errors, etc.

### **Conceptual Knowledge (20%)**

This includes:

- Developing case conceptualizations and treatment strategies that are increasingly comprehensive and sophisticated over the course of the semester.
- Being open to integrating alternative conceptualization or treatment strategies as processed in supervision.

### Intervention and Therapy Skills (20%)

- Become familiar with relevant background information necessary to serve effectively in one's role with a given client (i.e., theory, technique, tests, developmental issues, medical issues, system issues, etc).
- Engaging in adequate preparation for all clinical encounters (e.g., background preparation, planning, gleaming information from prior sessions/interventions, etc)
- Improvement in skills, strategies, and techniques over the course of the semester.

### Professional Ethics/Professionalism (20%)

This includes:

- Recognizing ethical issues (i.e., boundary violations, custody issues, abuse, HIPAA, confidentiality, etc) and seeking appropriate consultation/supervision regarding such issues.
- Acting in accordance with APA ethical code and legal requirements.
- Acting in a professional manner at all times (timeliness, attention to scheduling, adherence to the dress code, etc).
- Acting in a responsible, professional, and respectful manner in all clinic interactions (with patients, parents, outside agencies, or other staff).
- Share resources with other clinic staff appropriately and considerately (i.e., play therapy materials, rooms, etc).

A  $\geq$  92

A- = 90, 91

B+ = 89, 88

B = 82-87

B- = 81, 80

C+ = 79, 78 *Note: grades of C+ or below are considered failing*

C = 72-77

F  $\leq$  71

### **Extra Credit:**

Extra credit is not available in this class.

### **Attendance:**

Regular class attendance is expected. Failure to be available to complete your clinical or supervisory requirements will result in a lowered course grade and if the problem is pervasive could result in a Professional Assessment Review and dismissal from the clinic.

**Make-up Policy:**

Students are expected to be at the clinic at the required times, except in circumstances such as the following:

- hospitalization or illness whose symptomatology has been documented and judged by the instructor as to prevent sufficient test preparation or your ability to sit for the test
- a death or serious illness in the family
- court appearances

Documentation must be provided by a health official (e.g., a physician) in the case of illness; an immediate family member in the case of death or serious illness in the family; and official paperwork in the case of court dates.

**In such circumstances, students must notify their clients in advance and attempt to reschedule their sessions. Additionally, they must notify their supervisors in advance.**

**Student Disabilities:**

To request academic accommodations due to a disability, please contact the Disability Support Services Office at (410) 617-2062. If you have a letter from Disability Support Services or the Center for Academic Support Services indicating that you have a disability requiring academic accommodations, please present the letter to the instructor so that accommodations can be made that you might need in this class.

**Honor Code/Plagiarism:**

All students of the College are expected to understand the meaning of the Loyola College Honor code. Ignorance of the Code is not a valid reason for committing an act of academic dishonesty. The following constitute violations of the Code and are defined in the *Community Standards Handbook*: cheating, lying, forgery, plagiarism, and the failure to report a violation.