

**Basic Therapeutic Strategies with Children and Adolescents**  
**18:826:532:01**  
**Fall 2022**

**Course Time, Location, & Instructors**

Wednesday 9:00am – 11:45am  
Room: GSAPP A340

**Instructor:** Sheva Cohen-Weiss, Psy.D.  
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Office Hours: By appointment

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**Course Description**

This course introduces first year graduate students to the therapeutic interview and to basic attending and communication skills that are essential to both the initial visit and the ongoing therapeutic process. Students will demonstrate the knowledge, skills, attitudes, and self-awareness necessary to conduct effective initial therapeutic interviews and ongoing therapeutic interventions. Throughout the course, they will improve upon their use of “micro-counseling” skills as listed in the syllabus. In this course, students will consider multicultural and diversity aspects as they relate to the major concepts of this course. The course will also prepare students for conducting intakes at community-based mental health clinics, including the Center for Psychological Services at Rutgers.

**Competencies Addressed in this Course**

**School Psychology Profession-Wide Competency (SP-PWC) Elements:**

- 2.3:** Conducts self in an ethical manner across professional activities.
- 3.1:** Displays an awareness of how personal bias and cultural history, attitudes, and biases affect understanding and interactions with people different from themselves.
- 3.2:** Demonstrates knowledge of current theoretical and empirical models to support human diversity across core professional roles.
- 3.4:** Works effectively with diverse individuals and groups, including those whose group membership, demographic characteristics, or worldviews are different from or similar to their own.
- 4.1:** Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- 4.2:** Exhibits behaviors that reflect an openness and responsiveness to feedback and supervision.
- 4.3:** Engages in self-reflection and professional and personal growth activities to maintain and improve performance and professional effectiveness.
- 5.2:** Demonstrates skills in producing, comprehending, and integrating oral, nonverbal, and written communications that are informative and well-integrated across a range of situations, populations, and systems.

**5.3:** Demonstrates effective interpersonal skills and the ability to manage challenging interactions effectively and professionally.

**6.4:** Demonstrates current knowledge of diagnostic classification systems, adaptive and maladaptive behaviors, and the impact of client behaviors on functioning.

**7.2:** Identifies and develops evidence-based interventions in classrooms, schools, and other service settings that are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

**7.6:** Establishes and maintains effective relationships with the recipients of psychological services.

### Discipline-Specific Knowledge (DSK)

**Developmental Aspects of Behavior**, including transitions, growth, and development across an individual's life. A coverage limited to one developmental period (e.g., infancy, childhood, adolescence, adulthood, or late life) is not sufficient.

### Learning Objectives

**Students who complete this course will be able to:**

1. Conduct clinical interviews with “mock” clients using a wide range of therapeutic techniques (e.g., establishment of rapport, successful engagement, identification of central concerns, maintenance of focus, exploration of affect, identification of client strengths and specific goals for treatment (SP-PWC Elements 2.3, 3.1, 3.4, 4.1, 5.3, 7.6).
2. Identify personal strengths and areas in need of improvement in clinical interviewing through in-class role plays, feedback, discussions, and self-critique (SP-PWC Elements 4.2, 4.3).
3. Write structured essays, synthesizing reflections on their own clinical interviewing and integrating research and theory on best practices (SP-PWC Elements 3.2, 5.2).
4. Demonstrate knowledge of the DSM-V and child development needs and challenges through oral and written communications (SP-PWC Element 6.4, DSK-Developmental aspects of behavior).

**Students will be assessed on the degree to which they have reached learning objections** through self-critique and formal evaluation of digitally recorded role plays and written assignments.

### Course Texts and Materials

Morrison, J. (2016). *The first interview* (4<sup>th</sup> Ed.). Guilford Publications.

Naar, S. & Suarez, M. (2021). *Motivational interviewing with adolescents and young adults* (2<sup>nd</sup> Ed.). Guilford Publications.

Optional to purchase: McConaughy, S. H. & Whitcomb, S.A. (2022). *Clinical interviews for children and adolescents* (3<sup>rd</sup> Ed.). Guilford Publications.

Additional readings can be found on the Canvas site.

## Course Requirements and Assignments

**Attendance & Participation** (20 points): Arrive on time to class (one tardy permissible). If you need to miss class due to holidays not observed by the university, please reach out to make arrangements for content and activity coverage.

Class participation includes completion of readings. Please demonstrate your understanding of the reading and participate in discussion during every class. *I will expect mindful attention during classes and will often limit or entirely restrict use of electronic devices (e.g., laptops).* Please bring a notebook and writing utensils.

**Demonstration of effort and engagement in dyadic practice and in-class role plays** (4 points).

**Assignment 1** (2 points): First 10 minutes of a role-played *adult* intake with one of your classmates. 1-page journal style reflection.

**Assignment 2** (25 points): First 20 minutes of a role-played *adult* intake, formal paper, and video recording. Demonstration of effort and skill in role play and our assessment of your essay.

**Assignment 3** (2 points): Full 50-minute role-played *adult* intake. 1-2 page journal style reflection.

**Assignment 4** (2 points): First 20 minutes of a role-played *child* intake, 1-2 page journal style reflection.

**Assignment 5** (6 points): In-class group presentations.

**Assignment 6** (43 points): Full 50-minute role-played *parent-child* intake, formal paper, and video recording. Please note that formal writing assignments (#2 & #6) are rigorously graded. This includes an assessment of the quality of formal, professional writing.

*Please submit written assignments at the beginning of class as a hard copy.*

Unless otherwise specified, *please adhere to APA Style (7<sup>th</sup> Edition)* for all writing assignments.

**Determination of Grades:** Grades will be assigned based on attendance and participation, effort and engagement in dyadic practice and in-class role plays, and performance on classroom assignments. Letter grades for this course will follow Rutgers' criteria: 100-90 A; 89-85 B+; 84-80 B; 79-75 C+; 74-70 C; 69-60 D; 59-0 F.

## Classroom Culture

**Respect for Diversity:** It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated. We will aim to develop a “brave space” together where we can grow and learn from one another, given we come to these course topics with diverse viewpoints and lived experiences. I deeply value your suggestions and feedback. Please reach out you feel uncomfortable or uninvited at any point, so that I can foster a more inclusive learning environment.

**Names and Pronouns:** Class rosters are provided to the instructor with students' legal names. I will gladly honor your request to address you by an alternate name or gender pronoun. Please advise me at any time if your name and/or preferred pronouns differ from what is on the roster so that I can make necessary adjustments.

**Statement on Disabilities:** Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where you are officially enrolled, participate in an intake interview, and provide documentation: <https://ods.rutgers.edu/students/documentation-guidelines>. If the documentation supports your request for reasonable accommodations, your campus's disability services office will provide you with a Letter of Accommodations. Please share this letter with your instructors and discuss the accommodations with them as early in your courses as possible. To begin this process, please complete the Registration form on the ODS web site at: <https://webapps.rutgers.edu/student-ods/forms/registration>.

**Statement on Academic Integrity:** The University's academic integrity policy, to which this class will adhere, can be reviewed at: <https://academicintegrity.rutgers.edu>.

**Public Health Policy:** We have a mandatory indoor mask mandate with no eating or drinking during class. I will take periodic breaks so people can step out of the classroom. Also, for ease of scheduling and given the challenge of finding larger spaces to meet, I am open to you conducting role plays via Zoom for assignments.

**I look forward a rich learning experience this semester!**

## Schedule of Topics, Readings, and Assignments

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### Week 1: 9/7

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**Course overview:** Overview of the first interview and integration of clinic intake materials; Establishing a helping relationship; Cultural competence and diversity; OARS: Open-ended questions; Affirmation; Reflections; Summary

**Reading:** Cozolino, L. (2004). *The making of a therapist* (pp. 5-40). W.W. Norton & Company.

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### Week 2: 9/14

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**Therapeutic strategies:**

Attending skills: Demonstration of therapist's interest in the client by eye contact, body posture, and accurate verbal following.

Empathy and focusing on affect: Build the relationship; Stimulate self-exploration by the client; Provide support; Focus attention

Paraphrasing: A therapist statement that mirrors the client's statement in exact or similar wording.

Reflection of Feeling: The essence of the client's feelings, either stated or implied, as expressed by the therapist.

Summarizing: A brief review of the main points discussed in the session to ensure continuity in a focused direction

Probing: A therapist's response that directs the client's attention inward to help both parties examine issues

**Upcoming Assignments 1 & 2 Explained:** Conduct out-of-class role plays. Assignment 1 = 10 minutes (Due 9/28). Assignment 2 = first 20 minutes of an intake; you will need to videorecord the role play and write a critique (Due 10/12).

**Reading:**

1. Morrison text: Introduction and chapters 1-7.
  2. Fisher, S. (2020). Cultural humility as a form of social justice: Promising practices for global school psychology training. *School Psychology International* 41(1), 53–66. (on Canvas)
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### Week 3: 9/21

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**Dynamic structure of the interview and obtaining a social history**

Use of Gates: Using natural, implied, referred, and spontaneous gates to allow for a natural flow of dialogue in the session.

**Please complete Assignment 1 this week:** Conduct the first 10 minutes of a role-played *adult* intake with one of your classmates on zoom or in person. 1-page journal style reflection due next week.

**Reading:**

1. Morrison text (Chapters 8 and 10)
  2. Shea, S. C. (1998). Dynamic structure of the interview. In S. C. Shea (Ed.). *Psychiatric interviewing: The art of understanding* (2<sup>nd</sup> Ed., chapter 2, pp. 57–143). Saunders. **Focus on pages 114-131** in “Shea Dynamic pt. 2” (on Canvas)
  3. Hass, M. R. & Abdou, A. S. (2019). Culturally responsive interviewing practices. *Contemporary School Psychology*, 23(1), 47-56. <https://link.springer.com/article/10.1007/s40688-018-0204-z>
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**Week 4: 9/28**

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**Assessing suicidal and homicidal ideation**

Review how to administer the C-SSRS (Columbia-Suicide Severity Rating Scale)

Identify risk factors for suicide ideation and completion.

Examine differential rates of ideation/completion among diverse groups

**ASSIGNMENT 1 DUE:** 1-2 page journal style reflection

**Upcoming Assignment 2 explained again.**

**Reading and online training:**

1. 40-minute training online: C-SSRS (Columbia-Suicide Severity Rating Scale): On Canvas
2. Espelage, D. L., Boyd, R. C., Renshaw, T. L., & Jimerson, S. R. (2022). Addressing youth suicide through school-based prevention and postvention: Contemporary scholarship advancing science, practice, and policy. *School Psychology Review*, 51(3), 257-265.
3. Joiner, T. E., Walker, R. L., Rudd, M. D., & Jobes, D. A. (1999). Scientizing and routinizing the assessment of suicidality in outpatient practice. *Professional Psychology: Research and Practice*, 30(5), 447-453.
4. McConaughy, S. H. & Whitcomb, S.A. (2022). *Clinical interviews for children and adolescents* (3<sup>rd</sup> Ed.). Guilford Publications. Read: Chapter 8: Assessing risk for suicide (on Canvas)
5. Shea, S.C. (2009). Suicide Assessment Parts 1 & 2: Uncovering suicide intent using the CASE approach. *Psychiatric Times*, 26(12) 1-26.

Recommended readings: Please choose 2

- *Changing Characteristics of African American Suicide* (2019)
- *C-SSRS Supporting Evidence* (2017)
- *Getting a Handle on Self-Harm* (2019)
- *Internet Resources for School Psychologists* (2020)
- *The potential iatrogenic effects of psychiatric hospitalization for suicidal behavior* (2021)
- *Mental health, substance use, and suicidal ideation during the COVID-19 pandemic* (2020)
- *Association of suicide prevention interventions with subsequent suicide attempts...* (2020)
- *School-Based suicide prevention: A framework for evidence-based practice* (2018)
- *School risk and protective factors of suicide: A cultural model...* (2021)
- *Understanding protective factors for suicidality and depression among U.S. sexual and gender minority adolescents...* (2021)
- *Patterns of warning signs among adolescents who contemplate suicide...* (2022)
- *Suicidality and exposure to school-based violence among... Asian American and Pacific Islander adolescents* (2022)
- *Returning to school following hospitalization for suicide-related behaviors: Recognizing student voices* (2022)

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**Week 5: 10/7 (Zoom)**

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**Building motivation for change:** 1. Rolling with resistance; 2. Simple reflection; 3. Amplified reflection, 4. Double sided reflection, 5. Shifting focus, 6. Reframing, 7. Agreeing with a twist.

OARS and Fundamental Approach (Collaboration; Evocation/Suggestion; Autonomy/Self Rule); 8. Reflections on cultural and diversity in motivational interviewing

**Reading:**

1. Naar, S. & Suarez, M. (2021) text (Chapters 1-4)
  2. Miller, W. R. & Rose, G. S. (2009). Toward of theory of Motivational Interviewing. *American Psychologist*, 64(6), 527-537.
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**Week 6: 10/12**

**Motivational interviewing (MI) continued:** Increasing engagement: Express empathy, Develop discrepancy, Avoid argumentation and direct confrontation, Roll with resistance, Support self-efficacy and optimism, Common problems in conveying empathy. Reflections on culturally responsive approaches to MT

**ASSIGNMENT 2 DUE:** Paper and link to your video.

**Upcoming Assignment 3 explained:** Please conduct a mock full intake outside of class. You will need to schedule at least 50 minutes for each full adult intake. Please pair with someone new in the class. We provide the case and the paperwork on Canvas. Turn in a 1-2 page journal style reflection write up on the intake by 10/20.

**Reading:**

1. Naar, S. & Suarez, M. (2021) text (Chapters 5, 6, 7, 8, 19)
2. Venner, K. L., Feldstein, S. W., & Tafoya, N. (2006). *Native American motivational interviewing: Weaving Native American and Western practices.* (on Canvas)

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**Week 7: 10/19**

**Interviewing a Child, Part 1;** Using play to engage a child; Using feeling charts

Negotiating parent/teacher/child confidentiality; Addressing abuse/neglect, Reflections on cultural humility and working with children.

**Mid-semester Course Evaluation**

**Reading:**

1. McConaughy, S. H. (2022) text (Chapters 1-3)
2. Mufson, L. Dorta K. P., Moreau D., & Weissman, M. M. (2004). *Interpersonal psychotherapy for depressed adolescents* (2<sup>nd</sup> Ed.). Guilford Press (Read Chapter 5, Conducting Session 1 in IPT-A)
3. Proctor, S. L., Williams, B. Scheer, T., & Li. K. (2017). *Intersectionality and school psychology: Implications for practice*, 46(4), 1–19.

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**Week 8: 10/26**

**Interviewing a Child Part 2, and Cultural Competence**

**Reading:**

1. Ecklund, K., & Johnson, W. B. (2007). Toward cultural competence in child intake assessments. *Professional Psychology: Research & Practice*, 38(4), 356-362.
2. DiAngelo, R. (2011). White fragility. *International Journal of Critical Pedagogy*, 3(3), 54-70.
3. Quas, J. & Lyon, T. D. (2019). Questioning unaccompanied immigrant children: Lessons from developmental science on forensic interviewing. *SRCD: Child Evidence Brief*.

**Recommended:**

Hammond, Z. (2015). Culturally responsive teaching and the brain: *Promoting authentic engagement and rigor among culturally and linguistically diverse students.* Corwin/Sage. (Read pages 21-69)

American Psychological Association. (2017). *Multicultural guidelines: An ecological approach to context, identity, and intersectionality.* <http://www.apa.org/about/policy/multicultural-guidelines.pdf>

**ASSIGNMENT 3 DUE:** 1-2 page journal reflection on the full adult intake.

**Upcoming Assignment 4 explained:** Conduct the first 20 minutes of a role-played *child* intake, 1-2 page journal style reflection due 11/3.

**Upcoming Assignment 6 explained:** Conduct a 50 minute mock initial interview with an advanced graduate student and videotape it. You will write an extensive commentary on the interview which includes transcribed sections of the interview. Contact a more advanced graduate student to partner with you for this final assignment. (Set up interview any time after Nov 3<sup>rd</sup> class)

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**Week 9: 11/2**

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**Interviewing with caregivers and understanding/handling “resistance”**

Innovations to engage families early in treatment; addressing healthy cultural mistrust, and mental health stigma in diverse communities.

**Assignment 5 explained:** Group presentation (case conceptualization, treatment goals, and example session)

**Assignment 6 explained again:** Distribute handouts to give for final role play (due 12/7).

**Reading:**

1. Morrison, J. (2016) Text (Chapters 16-17)
2. Cozolino, L. (2004). *The making of a therapist*. Norton & Company. (Chapter 8)
3. McKay, M. et al. (2004). Integrating evidence-based engagement interventions into “real world” child mental health settings. *Brief Treatment and Crisis Interventions* 4(2), 177-186.

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**Week 10: 11/9**

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**Developing Treatment Goals, Report Writing, and Telepsychology**

Case conceptualization (for Assignment 5)

**Reading:**

1. Morrison, J. (2016) Text (Chapter 20, Appendix C)
2. Shea, S. C. (1998). *Psychiatric interviewing: The art of understanding* (2<sup>nd</sup> Ed.). Saunders. (Appendix III: The written document: Effective strategies)
3. APA Guidelines for the Practice of Telepsychology:  
<https://www.apa.org/practice/guidelines/telepsychology>
4. American Telemedicine Association’s (ATA): <https://www.americantelemed.org/resource/why-telemedicine/> and training resources: <https://www.thenationalcouncil.org/integrated-health-coe/resources/>
5. Setting up your service provision space <https://www.theraplatform.com/blog/255/how-to-set-up-your-office-for-teletherapy-sessions>

**ASSIGNMENT 4 DUE:** 1-2 page journal style reflection on child intake due.

**Assignment 6 update:** Feel free to start conducting role plays after this class.

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**Week 11: 11/16**

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**Varying approaches to treatment- Trauma-focused CBT, ARC, & EMDR; guest speaker**

**Meet with your group about Assignment 5.** Case conceptualization (for Assignment 5)

**Reading:**

1. Deblinger E. & Heflin, A. H. (1996). *Treating sexually abused children and their nonoffending parents*. Sage Publications. (Read: Child intervention: Therapeutic components; pp. 49-112).
  2. Dr. Shapiro’s blog [Eye movement desensitization and reprocessing](#), (EMDR): “Evidence of E.M.D. R.”
  3. Eight phases of EMDR treatment: <https://www.emdria.org/about-emdr-therapy/experiencing-emdr-therapy/>
  4. ARC Manual: Chapter 3 (optional: chapters 1-2)
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**Week 12: 11/23**

**Varying approaches to treatment – Introduction to play therapy, school-based groups, and “alliance”** Goal setting: (1) Collaboration, (2) Achievable goals, (3) Measurable goals, (4) Distinguishing goals versus interventions to achieve the goals

**Meet with your group about Assignment 5. (Goal setting)**

**Reading:**

1. Landreth, G. L. (2002). *Play therapy: The art of the relationship*, chapter 5 (pp. 59-94) and chapter 15 (pp. 321-350). Taylor & Francis Group.
2. Kot, S. & Tyndall-Lind, A. (2005). Intensive play therapy with child witnesses of domestic violence. (pp. 31-49). In L. A. Reddy, Files-Hall, T. M. & Schaefer, C. E. (Eds.). *Empirically based play interventions for children*. American Psychological Association.
3. Lochman, J.E., Dishion, T.J., Powell, N.P., Boxmeyer, C.L., Qu, L., & Sallee, M. (2015). Evidence-based preventive intervention for preadolescent aggressive children: One-year outcomes following randomization to group versus individual delivery. *Journal of Consulting and Clinical Psychology*, 83(4), 728-735.
4. Chu, B. C., Suveg, C., Creed, T. A., & Kendall, P. C. (2010). Involvement shifts, alliance ruptures, and managing engagement over therapy. In D. Castro-Blanco & M. S. Karver (Eds.), *Elusive alliance: Treatment engagement strategies with high-risk adolescents* (pp. 95-121). American Psychological Association

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**Week 13: 11/30**

**Varying approaches to treatment – Introduction to interpersonal therapy (IPT) and Emotionally Focused Therapy (EFT); guest speaker**

**Meet with your group about Assignment 5. (Case Conceptualization and Goal setting completion)**

**Note:** Assignment 6 role plays should be **completed** by now.

**Reading:** Mufson, L., Dorta, K. P., Moreau, D., & Weisman, M. M. (2004). *Interpersonal psychotherapy for depressed adolescents*. Guilford Publications. (Chapters 1-9, pp. 1-109)

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**Week 14: 12/7**

**Varying approaches to treatment – dialectical behavior therapy (DBT); guest speaker**

**ASSIGNMENT 6 DUE**

Debrief on the role plays

**Meet with your group about Assignment 5. (Plan Role play)**

**Reading:**

1. Groves, S., Backer, H. S., van den Bosch, W., & Miller, A. (2012). Dialectical behaviour therapy with adolescents. *Child and Adolescent Mental Health*, 17(2), 65–75.
2. Rizvi, S. L., Steffel, L. M., & Carson-Wong, A. (2013). An overview of dialectical behavior therapy for professional psychologists. *Professional Psychology: Research and Practice*. 44(2), 73–80.
3. YouTube short videos from Dr. Shireen Rizvi <https://www.youtube.com/watch?v=seKJvjCIT4w>

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**Week 15: 12/14**

**Summary and Review of class topics**

**Assignment 5, Student presentations Groups 1, 2, & 3 (20-30 minutes per group)**

**Restorative Practices (community-building circle)**

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## Assignment Sections/Requirements

### **Assignment 2: The first 20 minutes of the first interview**

#### **The 20 minutes must include the following:**

- a) Initiating the interview (confidentiality statement, mention video cameras, introduce the intake using the protocol, orient them to the intake process)
- b) “Free speech” and exploration of the presenting problem(s): “What brings you to therapy?”
- c) History of present illness (questions 2-8 on intake protocol)
- d) Review additional clinic paperwork and ask about any issues that need greater inquiry (e.g., a recent traumatic event, a chronic illness).
- e) Ending the interview. (Wrap up the interview with good closure)

#### **You will videorecord the 20 minutes. The history of the present illness should include:**

Present episode, Describe symptoms, Consequence of illness, Onset and sequences of symptoms, Stressors, Previous episodes, Previous treatment

Watch and re-watch your 20 minutes. Take notes as you watch. (just for your reference, take a look at Morrison’s Appendix E- assessing your interview).

**Please cite at least 3 of the readings throughout your paper.** You can cite them each multiple times if you wish. Use APA style citation rules and add a reference page. Carefully follow APA rules for citations.

#### **Then, write up the following sections using the headers below:**

##### **I. Introduction:**

Start with an introduction paragraph, foreshadowing what you will cover in the paper. This is a formal introductory paragraph (not journal style).

##### **II. Attending:**

Write one paragraph on your eye contact, physical movements, note taking and body language. (~1 paragraph).

##### **III. Questioning:**

Write about your use of *open and closed* questions (could, what, how). Specifically, reflect on your use of open questions or closed questions in the five minutes of the “free speech” section (after the introduction). Describe the strengths and weaknesses of your questioning and how it may have built or impeded rapport. Feel free to use ellipses (...) to cut out words that are not relevant to your example.

Include **two–three** transcribed excerpts of dialogue and use this to write about your use of questions.

Example Format:

Client:

Clinician: Question

Client:

*Feel free to use ellipses (...) to cut out words that are not relevant to your example.*

**IV. Empathy and Affect**

Describe how you showed empathy and helped the client clarify their experience/emotions.

Provide examples of your use of the following: verbal and nonverbal encouragements (including reassurance), paraphrases, reflection of feelings, and summarization. Provide specific examples of each.

Describe how you elicited feelings and give examples. Include examples of your expression of empathy. For example, describe how you reflected feelings, picked up emotional cues, and followed up for details related to the client's emotional experience. (~3-5 paragraphs)

**V. Dynamic structure**

Describe the "dynamic structure of the interview" when you gathered the history of the present illness. Use Shea's terminology about 'gating.' You should mention at least two different types of gates and provide examples when appropriate (~1-2 paragraphs).

**VI. Conclusion**

Conclude with a summary of strengths and weaknesses of your interview. Describe what you think were strengths of your interviewing and areas you could improve upon. (~1 paragraph)

**Turn in the following:**

- a) **Your write up** (12 pt. font, 1 inch margins; **6 and 8 pages double spaced**, not including a cover page and reference list. Include page numbers, and staple the paper). Please **double space** the paper, but you can single space the sample dialogue sections. Please use headers in the final write up. Please use APA style in-text citations and reference list. Please include your first name and last name in the file name of your Word document (no PDFs please)
- b) **a link to your video** (via Canvas as a *Zoom recording*). Please include your first name and last name in the file name of your video clip.

Please write in a formal manner—not a conversational manner. This is a professional sample of your writing, and your professional writing will be assessed in your grade. Read for all typos and grammar errors. Please staple the paper and use single sided when you print. Please indicate what time marker on the video reflects the actual start of the video.

**Final Assignment (Assignment 6)**

You will be conducting a mock first interview with a parent and his or her child for a total of 50 minutes. Each of these roles (i.e., parent and child) will be played by an advanced graduate student. Please meet with the parent for the first 30-35 minutes. Spend the last 15 or so minutes with the child. Your role play partner will be provided with detailed case notes. You will receive an initial intake summary of the case.

**Conducting the interviews**

You will video-record the 50 minutes in the clinic which needs to **include the following:**

With the parent, meet for 30-35 minutes. Try to cover the following:

- a) Initiating the interview (confidentiality, and clinic intake intro)
- b) “Free speech” and exploration of the presenting problem(s)
- c) History of present illness
- d) Explore a range of symptoms to help direct you toward a diagnosis
- e) Risk assessment
- f) Personal and social history (trauma, medical issues, educational issues, previous treatment).  
*If you are running out of time, you may not get to all of this! That is ok. Please leave time for the child portion of the interview.)*
- g) Ending the interview

With the child, meet for 10-15 minutes. Try to cover, but be flexible:

- a) Initiating the interview (confidentiality)
- b) Rapport-building (e.g., what do you like to do in free time)
- c) “Free speech” and exploration of the presenting problem(s)
- d) History of present illness
- e) Ending the interview

### More detail on conducting the interviews

- a) The history of the present illness should include: Present episode, Describe symptoms, Consequence of illness, Onset and sequences of symptoms, Stressors, Previous episodes, Previous treatment.
- b) Use the GSAPP clinic’s parent intake protocol. But, also review McConaughy’s chapters on child interviewing, Motivational Interviewing techniques, and other tips from our readings. Please remember to ask about culture/group affiliations that might be important to consider.
- c) Please try to include 5 minutes for free speech at the start of the parent *and* child interview. Focus on active listening and *not* on the protocol or note-taking.
- d) Make sure to go over terms of confidentiality with both parent and child.
- e) Please work on areas which were noted as ‘areas for improvement’ in your last assignment. Make note of these areas in the write up.

### Please include the following sections to your write up

#### Part 1. Initial Intake Summary (note that length suggestions are *only* suggestions)

- Demographic Information (~2-3 sentences)
- Reason for Referral: presenting problem (~1 paragraph)
- History of Problem: Include duration, severity, previous attempts at intervention (~1 paragraph)
- Tentative DSM-V Diagnoses:

#### Part 2. The Interview Process

- I. **Formal introduction to your essay**
- II. **Offer an overview summary of the strengths and weaknesses of your interview with the parent and with the child.** Describe what you think were strengths of your interviewing and areas of improvement for your future work. (2 paragraphs).

Please provide the recording time of 5 minutes or so when you believe you did your best and the recording time of 5 minutes during a moment when you feel you might have done better. (example: 12:05-17:00).

**III. Describe the “dynamic structure of the interview.”** Address these three areas:

- a. *Flow:* How were your transitions from section to section? Did you summarize and move to the next section in a logical manner? Did you indicate to the client when you were moving to the next section?
- b. *Gates:* Use Shea’s terminology about ‘gating.’ Provide examples of at least two types of Shea’s gates (suggested: 2-3 paragraphs). Use this type of format in single space and comment on your examples:  
Client:  
Clinician:  
Client:  
*Feel free to use ellipses (...) to cut out words that are not relevant to your example.*
- c. *Coverage:* Did you gather the necessary information? Did you cover the domains of inquiry? What do you think you covered well and what do you think you might need in greater depth? How did you manage the time?

*Please reference 1-2 readings (APA style).*

**IV. Describe how you showed empathy and helped the client(s) clarify their experience/emotions.** Describe the strengths and weaknesses of how you showed empathy and elicited emotions and how it built or impeded rapport.

Describe how you elicited feelings and give examples. Specifically, provide examples of your use of the following: 1) verbal and nonverbal encouragements (including reassurance), 2) paraphrases, 3) reflection of feelings, and 4) summarization. You may also include examples of your expression of sympathy and empathy, how you reflected feelings, picked up emotional cues, and followed up for details related to the client’s emotional experience. If applicable, offer some examples of how you WISH you had asked demonstrated empathy or elicited emotions.

Provide **3-4** specific examples of how you elicited and followed up on emotions. (possible length = 3-5 paragraphs). Please integrate some excerpts from both the parent and child. Use this format:

Client:

Clinician:

Client:

*Feel free to use ellipses (...) to cut out words that are not relevant to your example.*

*Please reference 2-3 readings (APA style).*

**V. Risk Assessment.** Please reflect on your risk assessment with the parent. (~1 paragraph). How was your adherence to the structured instrument? What feelings did it elicit for you and the client?

- VI. Motivational interviewing with adolescents.** Please reflect on your use of MI strategies with the teen. What types of strategies did you use? Looking back, which MI strategies do you wish you might have used?
- VII. Considerations of culture/diversity.** Describe one to two aspects of your identity that should be considered in your clinical encounters, more generally. What issues might arise with clients who share these characteristics or differ in these characteristics?

What dynamics could have been present with your role play client(s) in this assignment as relates to race/ethnicity, culture, immigration status, sexuality, religion, social class, stigma related to mental health, racism/structural inequality, ability or disability status, language, social justice etc. Do not limit your reflections to the discussion about culture/group affiliation in the interview protocol. Think more deeply about how your presentation may or may not have impacted rapport building. You may need to speculate here if issues did not explicitly arise. Try to be specific and not too general (e.g., too general = “it is important to interview from a stance of cultural humility.” (~1-2 paragraphs)

*Please reference 1-2 readings (APA style).*

- VIII. Conclusion** (~1 paragraph)

#### **Expectations for your writing**

Please use headers in the final write up. Write in a formal manner—not a conversational manner. This is a professional sample of your writing, and your professional writing will be assessed in your grade. Read for all typos and grammar errors.

Turn in a) your write up (Word document, 12 pt font, 1 inch margins, double spaced), and b) the clip via *Zoom recording*. Please include your first name and last name in the file name of your Word document (no PDFs please). I anticipate the write up will be between **10 and 15 pages** (please include page numbers and please do not go beyond 15 pages). Points will be deducted for two or more APA style errors. And, points will be deducted if your paper is longer than 15 pages. Please **double space** the paper, with 1 inch margins. (Note that you can single space the sample dialogue sections). Please include a reference list (not included in page count). A title page is also APA style, and does not count toward the page limit.

**Best wishes on the assignment!**