

**PSY 6810/7810
Child and Adolescent Therapy Practicum
Fall 2013/Spring 2014**

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Class Hours: Wednesday 1-3 30 (with individual supervision by appointment)
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It is expected that each student has read and thoroughly understands the APA Ethical Guidelines and the clinic manual.

Objective of Course:

The purpose of this course is for students to competently deliver treatment to youth based on theory and empirical evidence. We will take a developmental approach to defining competence. As such, students will be expected to master more complex skills with greater expertise as the year progresses and according to their year in the program. Goals, specific to standing in the program are described below. These expectations are not meant as a substitute for the competencies described and evaluated in the program's practicum evaluation, rather, these are meant to be more specific objectives for this particular course.

Second year students should be able to

- 1 know how to choose an appropriate evidenced based treatment for each client
- 2 know when to seek supervision
- 3 know when to refer (with supervision) to other professionals
- 4 complete all paperwork in a timely manner
- 5 complete intakes in a timely manner (i.e., 1-2 sessions). A complete intake would include (1) a diagnostic evaluation (i.e., you should be able to arrive at an appropriate diagnosis and rule-out related diagnoses), (2) a preliminary case conceptualization based on relevant theory, (3) treatment goals stated in measurable terms, and (4) a preliminary treatment plan derived from theory and research
- 6 provide feedback to clients after completion of the intake. This would include making sure that client understands the treatment plan, and the rationale behind the treatment plan and that there is agreement between the client and therapist on the goals and treatment plan. The student should also know how to handle situations in which reasonable agreement cannot be reached
- 7 track and use outcome data to inform treatment
- 8 set an agenda with a client for a session
- 9 arrive at appropriate homework assignments in consultation with supervision team
- 10 use the literature to come to supervision with ideas for treatment planning
- 11 implement evidence based interventions as appropriate to client problem/goals (e.g., cognitive restructuring, activity scheduling, hierarchy development, exposure sessions, self-monitoring, relaxation exercises, and behavioral

rehearsal) at a beginning level Remember, it is unlikely that you will have the opportunity to practice all of these skills in one semester but you will hopefully be exposed to many of them either through direct experience or through your participation in the supervisory team

In addition to the skills for second year students, third year students should be able to

- 1 arrive at appropriate homework assignments with client based on material presented in the treatment session
- 2 implement evidence based interventions as appropriate to client problem/goals (e g , cognitive restructuring, activity scheduling, hierarchy development, and exposure sessions) at a more advanced level (e g , restructuring of core beliefs as opposed to only automatic thoughts)
- 3 work with client resistance or lack of client motivation in a way that is productive (at a beginning level)
- 4 begin to be able to use unexpected session material (e g , crises) as a way to achieve short and long-terms goals (i e , session goals and treatment goals) rather than allowing these events to result in a “nonproductive” session
- 5 begin to develop plausible treatment plans based on theory and case conceptualization when evidenced based treatments are not available or have failed
- 6 know how to terminate treatment effectively and at an appropriate time (with supervision)

In addition to the skills for third year students, fourth year students should be able to

- 1 work with client resistance or lack of client motivation in a way that is productive (at a more advanced level)
- 2 be able to use unexpected session material (e g , crises) as a way to achieve short and long-terms goals (i e , session goals and treatment goals) rather than allowing these events to result in a “nonproductive” session at a more advanced level
- 3 demonstrate beginning supervisory skills

All students are also expected to develop one or two training goals for themselves and to develop a plan, in consultation with the supervisory team, for meeting these goals Your training goal(s) should be developed to address a skill you know you need to work on An appropriate training goal is one that you could work on with the client(s) you are seeing or expect to see this semester and one that should help you across clients Remember, this goal is about your behavior, not your client’s behavior Examples might include learning to end a session in a way that is productive or how to keep a session “on track” You should come to the second meeting prepared to discuss your goal(s) with the supervisory team

Attendance and Class Preparation Policy:

Attendance and participation is expected We will be functioning as a supervisory *team* This means that you are responsible not only for the clients you are seeing but also for providing meaningful input on the cases being seen by everyone on the practicum team and for using supervision from the instructor and your peers Obviously, this is not possible if you do not attend supervision meetings or if you are not an active participant

Because this is a practicum, class preparation means something different than coming to

class having completed readings. Students are expected to come to each class meeting prepared to

- 1 give a brief (less than 5 minutes) synopsis of each case
- 2 present graphed outcome data for each case
- 3 show videotape of each case. You should be prepared (i.e., have tape cued) to show tape of a point in session where the student experienced a problem (you want feedback) or to a place where you feel that things went well and you want the practicum team to be able to use your experience as a model. You should be prepared for both throughout the course of the semester.
- 4 provide supervisor with a completed supervision log book form

In addition, all paperwork should be completed prior to supervision. This means that progress notes/reports for any session that took place or was scheduled to take place since the last class should be prepared by 10am the morning of class (at the latest). Please note, there should be a note in the file for every contact you have for a case (e.g., if a client no shows, if you or the client cancels/reschedules an appointment, if you speak to the client (or anyone else regarding the client) on the phone).

Progress Notes and Reports:

You are required to complete all other paperwork in accordance with the clinic policies except where the policies in this syllabus are more specific or stringent. Please note that I expect you to add a case conceptualization section to the standard intake report.

Expected Caseloads:

In accordance with the clinic policy

- second year students are expected to carry one therapy case in the fall semester and 2 in the spring. Second year students are also expected to complete 2 assessments/year.
- third and fourth year students are expected to have two face-to-face contact hours per week and to complete 2 assessments/year. [Fourth year students should count cases they are supervising toward their caseload.]

We will use these as guidelines with to be tailored according to each specific situation (e.g., a second year student seeing a client requiring multiple hour exposure sessions may see only one client during this phase of treatment), however, you should use these guidelines to develop appropriate expectations about the number of contact hours you will be expected to have each week. If you are consistently under your contact hours and have no agreement with me ok'ing this, you should expect this to be reflected in your grade for the course.

No Show, Cancellation, and Late Arrival Policy:

You and your client must come to a recognition from the outset that therapeutic progress will be significantly hampered by inconsistent attendance. Moreover, a client's failure to consistently attend sessions effectively robs you of an opportunity for training. Therefore, clients who have two "no shows" in a semester will be terminated from treatment and will need to go back on the clinic wait-list if they wish to continue services. The same is true for clients who consistently (i.e., 3 or more times a semester) cancel.

sessions without rescheduling for the same week. Client's who arrive more than 15 minutes late for a session should be asked to reschedule (and this would count as a cancellation). Exceptions, based on extenuating circumstances, will be made rarely so make sure your client is aware of these policies.

Requirements and Grading:

Your grade will be based on participation, completion of paperwork (quality and timeliness) and your mastery of the goals outlined above. For 4th and 5th year students your grade will also be partially based on the paper described below.

A special note about paperwork/client files. As you know, client files contain personal, protected health-care information. You should take your responsibility in caring for these files very seriously. ALL FILES SHOULD BE STORED IN THE FILE ROOM. NO FILE SHOULD EVER LEAVE THE CLINIC OR BE STORED IN AN OFFICE/LAB. IF AT ANY TIME ONE OF YOUR FILES CANNOT BE FOUND IN THE CLINIC AT THE END OF THE DAY OR IF IT IS DETERMINED THAT YOU HAVE REMOVED A FILE FROM THE CLINIC, YOU WILL RECEIVE AN "F" FOR THIS COURSE.

Individual Supervision:

Individual supervision will be scheduled at the request of the student or supervisor. If I do not request to meet with you for individual supervision and you feel that you need additional supervision it is your responsibility to make me aware of this need.

Individual supervision for 2nd (or in some cases 3rd year) students may be performed by a 4th year student. This student supervisor would then discuss these cases with me during individual supervision.

Emergency Situations:

In an emergency you should first try to get in touch with me. I can be contacted at x4399 (office), 419 843 1428 (home), or 419 283 2316 (cell). If you are unable to get in touch with me after trying to contact me at these numbers (and my office) you should contact the Dr. Levein (x2761). If you are unable to get in touch with me or the clinic director you should then request supervision from other clinical faculty.

Evaluations:

We will complete the clinic practicum evaluation form at the end of each semester. It is your responsibility to arrange a time at the end of the semester to complete and review this evaluation. Remember, these evaluations are formative, they are meant to give you feedback to further your development as a clinician.

I may also ask you at times to obtain feedback from your client(s) using the attached evaluation form. You should ask your client to return this form to Sabrina in a sealed envelope (with my name on the outside). You may also decide to use this form to obtain feedback from your client at any time. Feel free to add questions to obtain additional information (please check with me first to make sure your questions are appropriate, some questions are better asked directly). Remember, these evaluations are to help you advance your skills as a clinician they are not to "catch you" so please remember that this is a tool you can use throughout the year.

Format of Class:

We will start each class updating the group about every case being seen by the team.

(including presentation of outcome data) We will then, as a group, select cases for a more in depth discussion based on client/student needs. In depth discussion might include review of videotapes as well as behavioral rehearsal and other supervision methods. As noted above, individual supervision is available when a student (or I) feels that a case needs to be reviewed in depth but we did not have time to do so in the group meeting.

Additional Requirements for 4th and 5th year students:

Fourth year students are expected to begin to develop supervisory skills specific to supervision, therefore, 4th and 5th year students will be required to

1. complete the following readings

Newman, C. F. (2010). Competency in conducting cognitive-behavioral therapy: Foundational, functional, and supervisory aspects. *Psychotherapy Theory, Research, Practice, and Training, 47*, 12-19.

Pretorius, W. M. (2006). Cognitive behavioural therapy supervision: Recommended practice. *Behavioural and Cognitive Psychotherapy, 34*, 413-420.

Rosenbaum, M. & Ronen, T. (1998). Clinical supervision from the standpoint of cognitive-behavior therapy. *Psychotherapy, 35*, 220-230.

2. Write a 5-7 page paper describing your view on competence in supervision and how you put this view into practice during your supervision experiences over the course of the semester (due November 1st)
3. Meet with supervisor for supervision of supervision
4. Take on a leadership role in the supervisory team

Intake Procedures

- You will be assigned cases by me, in accordance with clinic policy
- On the day you are assigned the case, you should ask Sabrina to schedule the client for two, 2 hour sessions (approximately 1 week apart). You should give Sabrina a preferred time and a backup time for each session. Make sure that you schedule these sessions with the idea that you will need to obtain supervision before meeting with the client for each appointment.
- A draft of your intake report and a treatment plan should be turned in to me no later than two days after you complete the intake. (Please not add a case conceptualization section to the standard clinic intake report)
- You should schedule a feedback/treatment planning session at your second intake session, making sure to allow for enough time to get feedback on your intake report and treatment plan.
- You should develop your treatment plan using the practice elements found at the PracticeWise website. More specifically, you want to use PWEBS – Youth Treatments to search for evidence based treatment elements. Your treatment plan should be based “Level 1 –Best Support” elements or you should provide a rationale for why you deviated from this standard.

Using PracticeWise

- 1 Go to www.practicewise.com and register for an individual account
- 2 Sign in to your individual accounts
- 4 Enter RSVP Code SeligmanUT2013
- 5 You will be able to use the system at a discount

Steps for students to purchase discounted subscriptions

1. Students sign in to their individual accounts.
2. Students look below and find the service they wish to subscribe to and click on the name of the service to go to the subscription page
3. Students choose the subscription plan that they would like to purchase and click the Subscribe link.
4. Students pay for the subscription with either a credit card or a PayPal account through the PayPal system.
5. After completing a purchase, students may access the services through the My Services menu.

At the present time, the following package is available for students:

PracticeWise Full Access for Students

\$86.00 for six (6) months of service

\$110.00 for twelve (12) months of service

EVALUATION FORM

1. Do you understand your treatment plan and why your therapist has recommended this treatment plan?
2. Did the therapist explain to you what you were going to do in the session and why?

Were you encouraged to ask questions and, if so, were they answered to your satisfaction?

3. Do you feel like you accomplished something in session today (moved toward your treatment goals)?
4. Do you feel comfortable with your therapist?

What does he/she do to make you feel comfortable?

What could he/she do to make you feel more comfortable?

5. Is your the therapist professional? Do you trust this person with your healthcare needs? (please give examples of professional or nonprofessional behavior)
6. What other information do you think is important for the therapist to know?
7. What, if anything are you supposed to do before your next session.

Belief Recording Form

Old Belief	New Belief
<p>Number and write in the old belief. Next to the belief indicate the current strength of the belief as a percentage, in parentheses.</p> <p>Example:</p> <p><i>1 If I am not the best at my job, I am a failure (35%)</i></p>	<p>Number and write in the new belief. Next to the belief indicate the current strength of the belief as a percentage, in parentheses.</p> <p>Example:</p> <p><i>1 I am still successful if I am good at my job - I don't need to always be the best to be a success. Also, things I do outside of work contribute to me being successful (85%)</i></p>

Types of Cognitive Distortions

- 1 Arbitrary Inference - Drawing a specific conclusion without supporting evidence, or even in the face of contradictory evidence
- 2 Selective Abstraction – Focusing solely on a detail that is taken out of context, at the expense of other information (e.g., the one criticism in a positive review)
- 3 Overgeneralization – Abstracting a general rule from one or a few isolated incidents and then broadly applying the rule to other situations
- 4 Magnification – Seeing something as far more significant than it really is
- 5 Minimization - Seeing something as far less significant than it really is
- 6 Personalization – Attributing external events to oneself without evidence of a causal connection
- 7 Dichotomous Thinking – Categorizing experiences in one of two extremes, such as complete success or total failure
- 8 Discounting – inability to accept praise
- 9 Catastrophizing – Thinking in terms of the worst possible outcome

Common Schemas

- 1 In order to be happy, I must be successful
- 2 In order to be happy, I must be accepted by all people all of the time
- 3 In order to be happy, I must have a husband (wife)
- 4 My worth depends on what others think of me
- 5 I cannot work therefore I am inadequate
- 6 I've made a mistake, therefore I am inept
- 7 If someone disagrees with me he doesn't like me

CBT Practicum Supervision Log Book

Therapist:

Supervision Date:

Type of Supervision:

Client caseload:

Clinical activity (e.g. client contact during past week):

Brief record of content of discussions:

Treatment Plan

Client Name(s): _____ Date: _____

For Minors Parent(s)' Name(s) _____

For each client goal, problem, and/or diagnosis, state the proposed treatment plan. The treatment plan must include measurable goals, spelled out in specific, behavioral terms. Please list the interventions in the order in which they will be delivered.

You may write your treatment plan in list form, or use the following grid (which contains an example):

Problems	Goals and how goal will be assessed	Plan (with possible obstacles in parentheses)	Level of support	Approx. No. Of Sessions
1.	a.			
2	a			

I understand the above treatment plan I agree with the goals specified and also with the procedures proposed to assist in the attainment of these goals

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Mother - CPRS and Side Effect Data



