

**PSY 6810-40/7810-40
Vertical Team
Fall 2017/Spring 2018**

Instructor: Jason C. Levine, PhD
Office: University Hall, Room 5280
Class Hours: Fridays 8:00-9:30 (with weekly individual supervision)
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It is expected that each student has read and thoroughly understands the APA Ethical Guidelines and the UTPC Clinic Handbook.

Prerequisite

PSYCH6390 (Clinical Laboratory)

Objective of Course:

The purpose of this course is for students to competently deliver treatment based on theory and empirical evidence. This course will teach students how to implement skills in 1) assessing and diagnosing adult mental health outpatients, using standardized testing and structured diagnostic interviews, and functional behavioral assessment; and 2) conduct evidence-based treatment using a behavioral/cognitive behavioral orientation. Students will learn how to complete appropriate psychological reports and other required paperwork. This course will involve group and individual supervision.

Course Catalog Description

This first-year practicum course includes observation of and entry-level participation in a practicum team providing supervision of clinical services provided to children, adolescents, and/or adults seen through the University of Toledo Psychology Clinic.

This second-year practicum course includes participation, as a beginning student therapist, in a practicum team providing supervision of clinical services provided to children, adolescents, and/or adults seen through the University of Toledo Clinic.

This third-year practicum course includes participation, as an experienced student therapist, in a practicum team providing supervision of clinical services provided to children, adolescents, and/or adults seen through the University of Toledo Clinic.

This fourth-year practicum course includes participation, as a senior-level student therapist, in a practicum team providing supervision of clinical services provided to children, adolescents, and/or adults seen through the University of Toledo Clinic.

Specific Course Objectives:

First year students should be able to:

1. Upon request, conduct literature searches for treatment outcome studies (e.g., RCTs) for specific disorders or clinical issues.
2. Familiarize themselves with clinical "jargon," and develop a rudimentary understanding of science-based treatment and assessment.

The purpose of this practicum is to provide an introduction to participation in a clinical supervision team. As a first-year student in this practicum course, your role will be largely observational. In this course you will be provided with the opportunity to observe more advanced second-, third-, and fourth-year students (a) present their assessment and/or therapy cases to the supervising psychologist, (b) develop and articulate case conceptualizations of assessment and/or therapy clients, (c) receive feedback and supervision on case conceptualization, assessment, and treatment planning from psychologist and peer supervisors, and (d) incorporate evidence-based assessment and/or therapeutic techniques into their clinical service plans. In an active role, you may be asked to assist the student clinical trainees in conducting literature searches of the evidence base, serving as a clinical confederate to assist in the delivery of clinical services, and other activities as deemed appropriate. The touchstone of this practicum will be the use of empiricism to guide how we approach and work with clients. Practicum meetings will be organized such that a thematic area will be discussed, and the following week the application of some of this material will be presented by the clinical trainees in the course of clinical case supervision. Each meeting will include ample time for clinical trainees to discuss clients and to problem-solve clinical challenges in a group or individual supervision format. This practicum also intends to serve as a supportive environment to express your views and questions regarding psychotherapy, supervision, and consultation, as well as to take time to commit to your professional development as a psychologist.

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 within a timely manner, per Clinic Policies and Procedures.
5. complete intake summaries in a timely manner (i.e., 2-4 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 articulated in cognitive behavioral terms (e.g. concepts of operant and respondent behavior, function vs. form, schemas, core beliefs), (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

- (and supervisor) 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. self-monitor and be conscientious of clinical strengths and weaknesses, and initiate discussion with supervisor during individual and group supervisory contexts.
 12. 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 beginner level.

The purpose of this practicum is to build upon students' knowledge of theory and principles underlying empirically supported treatments. As a second-year student in this practicum course, your role will be to apply the principles underlying empirically supported interventions in the delivery of effective therapeutic services for clients. This goal will be achieved through the reading of empirical literature on a number of topics relevant to the delivery of empirically supported treatments, class discussions and case presentations, the review of audio-visual materials, skills building exercises, and the practical application of gained knowledge through your clinical work. A major emphasis of this practicum will be the use of empiricism to guide clinical decision making. Not only will students be presented with information on empirically-supported treatments, but students will also become familiar with empirically-supported principles and mechanisms that underlie clinical disorders and effective interventions for these disorders.

The touchstone of this practicum will be the use of empiricism to guide how we approach and work with clients. Practicum meetings will be organized such that a thematic area will be discussed, and the following week the application of some of this material will be presented by the clinical trainees in the course of clinical case supervision. Each meeting will include ample time for clinical trainees to discuss clients and to problem-solve clinical challenges in a group or individual supervision format. This practicum also intends to serve as a supportive environment to express your views and questions regarding psychotherapy, supervision, and consultation, as well as to take time to commit to your professional development as a psychologist.

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 at a more advanced level (e.g., restructuring of core beliefs as opposed to only automatic thoughts, exploit common factors of psychotherapy while effectively delivering specific techniques).
3. work with client resistance or lack of client motivation in a way that is productive (at a beginner 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).

The purpose of this practicum is to continue to build upon students' knowledge of theory and principles underlying empirically supported treatments. As a third-year student in this practicum course, your role will be to apply the principles underlying empirically supported interventions in the delivery of effective therapeutic services for clients. This goal will be achieved through the reading of empirical literature on a number of topics relevant to the delivery of empirically supported treatments, class discussions and case presentations, the review of audio-visual materials, skills building exercises, and the practical application of gained knowledge through your clinical work. A major emphasis of this practicum will be the use of empiricism to guide clinical decision making. Not only will students be presented with information on empirically-supported treatments, but students will also become familiar with empirically-supported principles and mechanisms that underlie clinical disorders and effective interventions for these disorders.

An additional focus of this course will be on supervision and consultation skills. Specifically, third-year students enrolled in this course will read selected empirical articles on psychological supervision and consultation and will receive instruction from the faculty supervisor in these domains. Students will be expected to become familiar with models of supervision and consultation and to be able to discuss these models in the context of their own clinical work.

The touchstone of this practicum will be the use of empiricism to guide how we approach and work with clients. Practicum meetings will be organized such that a thematic area will be discussed, and the following week the application of some of this material will be presented by the clinical trainees in the course of clinical case supervision. Each meeting will include ample time for clinical trainees to discuss clients and to problem-solve clinical challenges in a group or individual supervision format. This practicum also intends to serve as a supportive environment to express your views and questions regarding psychotherapy, supervision, and consultation, as well as to take time to commit to your professional development as a psychologist.

In addition to the skills for third year students, fourth and fifth year students should:

1. be able to 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-term 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. complete the following readings:
 - a. Newman, C. F. (2010). Competency in conducting cognitive-behavioral therapy: Foundational, functional, and supervisory aspects. *Psychotherapy Theory, Research, Practice, and Training*, 47, 12-19.
 - b. Pretorius, W. M. (2006). Cognitive behavioural therapy supervision:

Recommended practice. *Behavioural and Cognitive Psychotherapy*, 34, 413-420.

- c. Rosenabum, M. & Ronen, T. (1998). Clinical supervision from the standpoint of cognitive-behavior therapy. *Psychotherapy*, 35, 220-230.
4. prepare a 1-page handout describing strategies for providing cognitive behavioral therapy supervision due November 7th.
5. demonstrate beginning supervisory skills

The purpose of this practicum is to continue to build upon your knowledge of the theory and principles underlying empirically supported treatments. As a fourth-year student in this practicum course, your role will be to not only apply the principles underlying empirically supported interventions in the delivery of effective therapeutic services for clients, but also to acquire basic skills in the provision of clinical supervision. A major emphasis of this practicum will be using previously acquired skills in the application and delivery of empirically supported treatments to provide clinical supervision to junior students with respect to their clinical case conceptualizations and treatment plans.

Each practicum meeting will include time for you to provide clinical supervision to second- and third-year clinical trainees and to in turn receive feedback from the course instructor with respect to your own development of supervisory skills. This practicum also intends to serve as a supportive environment to express your views and questions regarding psychotherapy, supervision, and consultation, as well as to take time to commit to your professional development as a psychologist.

Training Goals:

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 required. If you are unable to attend a supervision meeting than you are required to email me in advance. Please do not arrive late to meetings.

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. Supervision will involve diagnostic and assessment supervision of patient intakes, staffing of new cases, and other case presentations, as well as treatment supervision for discussing ongoing treatment cases, and review of audiotaped or videotaped patient sessions.

Students are expected to come to each class meeting prepared to:

1. Give a brief (less than 1 minute) synopsis of each case.

2. Prioritize your cases based on need for supervision.
3. Present outcome data for each case.
4. **Show a 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.
5. Submit paperwork

Progress Notes and Reports:

SOAP note format is required for all sessions. You may not have a firm plan when you write the note (and we may change the plan after supervision) but you are expected to attempt to write a brief plan on your own.

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 prior to class. 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).

You are required to complete all other paperwork (e.g. treatment summaries) in accordance with the clinic policies and timelines set by the supervisor/course instructor.

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 three "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.

Expected Caseloads:

- Second year students are expected to have 2 direct clinical contact hours per week. Third and fourth year students are expected to have 1-2 direct clinical contact hours per week. Fourth year students should count cases they are supervising toward their caseload.

Requirements and Grading:

Your grade will be based on participation, completion of paperwork (quality and timeliness) and your mastery of the goals outlined above.

Progress notes will be completed within 24 hours of an associated appointment. Clinical contacts (e.g. telephone contacts) require a note to be entered into the client's chart, and this note should be completed the same day of the contact. Intake Summaries, Treatment Plans, Quarterly Summaries, and Termination/Transfer Summaries are to be completed within the following times: 1 week after last intake session; 1 week after last intake session; every ¼ calendar year from initial intake; 1

week from last session.

The first time you do not comply with these timeframes you will receive a verbal and written warning. After the first infraction, each and every infraction will result in a half-letter grade reduction.

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 PAPER DOCUMENTS SHOULD BE STORED IN THE WORKROOM. 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 weekly. It is your responsibility to make me aware of any additional need for supervision.

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 419.290.8489(cell). If the emergency is occurring in real-time in the Clinic, immediately notify the Clinic Manager. If you are unable to get in touch with me you should then request supervision from other clinical faculty. Finally, calling 911 is an option.

Policy Statement on Non-Discrimination on the basis of Disability (ADA)

The University is an equal opportunity educational institution. Please read [The University's Policy Statement on Nondiscrimination on the Basis of Disability Americans with Disability Act Compliance](#).

Academic Accommodations

The University of Toledo is committed to providing equal access to education for all students. If you have a documented disability or you believe you have a disability and would like information regarding academic accommodations/adjustments in this course please contact the [Student Disability Services Office](#).

Evaluations:

We will complete the clinic practicum evaluation form at the end of the summer session that you are enrolled in. 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. This form should be returned directly to me in a sealed envelope. You may also decide to use this form to obtain feedback from your client at any time.

Required readings

Please note that this is not an exhaustive list of readings for this course. Additional readings will be assigned depending on clinical issues that arise with clients, questions about specific topics, or student interest in gaining additional knowledge on specific behavior therapies. Electronic or hard copies will be provided to students.

Asnaani, A., & Hofmann, S. G. (2012). Collaboration in multicultural therapy: Establishing a strong therapeutic alliance across cultural lines. *Journal of clinical psychology, 68*(2), 187-197.

Note: This syllabus may be appended at any time by the instructor if necessary. Students are responsible for any changes made.

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.

EXAMPLE OF A SOAP NOTE

Client: Madeline
Date: January XX, XXXX

Session 1

S Madeline (26yo F) presents for initial visit for depression. PT sx include: low mood, anhedonia, irritability, hypersomnia, psychomotor retardation, fatigue, and rumination. PT reported that symptoms began approx. 8 months ago following relocation out of state for work, with gradual increasing severity, along with ongoing stressors (work stress, relationship stress). Rumination, fatigue, and anhedonia are PT's primary sx complaint; and attempted coping includes distraction, frequent naps, social isolation from significant other has proven maladaptive per PT report. PT reports no past/current psychological or medical complaints or Tx for presenting issue.

Treatment Interventions Used: Supportive Psychotherapy

O

Orientation & Cognition: Oriented x3. Thought processes normal and appropriate to situation.
Mood, Affect: mildly depressed, affect appropriate to situation.
Appearance: Normal.
Harm to self or others: Denied SI/HI.
Substance abuse: Not assessed.
Medication use: diphenhydramine 25mg. qhs prn

A Client diagnosed with Major Depressive Disorder - moderate, primary complaint rumination and fatigue, with very limited effective coping repertoire. PT would benefit from CBT for depression, emphasizing CT and BA components, consider adjunctive SSRI. PT motivated for CBT treatment.

P

1. Follow-up: weekly sessions of time-limited CBT, emphasize CT and BA
2. Medication Plan: consider SSRI, provide psychoeducation
3. Behavioral Plan: review handout on CBT & come to session 2 with questions; self monitoring form of NATs

Jason Levine 8/18/2017 11:24 AM

Comment [1]: Session #

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Comment [2]: First visit or follow-up visit for chief complaint/diagnosis/problem

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Comment [3]: Symptoms and chief complaint

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Comment [4]: Timeline of symptoms with co-occurring stressors

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Comment [5]: target symptoms and coping strategies and their effect.

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Comment [6]: 3-6 sentences max

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Comment [7]: What is going on and WHY you think it is happening. Integrates S and O and presents where treatment should proceed and tied into patient motivation.

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Comment [8]: State disorder or impression, target symptoms, and why symptoms persist.

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Comment [9]: Identify empirically-supported treatment or evidence-based treatment approach.