Section 001

PSY 6840/7840
Cognitive Behavior Therapy Practicum
Fall 2012/Spring 2013

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Class Hours: Thursdays 9-11:30 (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 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 2) conducting evidence-based treatment using a cognitive-behavioral psychotherapy orientation. Students will learn how to complete appropriate psychological reports and other required paperwork. This course will involve group supervision.

Specific Course Objectives:

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 beginner level.

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 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).

In addition to the skills for third year students, fourth 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-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. 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

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 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. 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 5 minutes) synopsis of each case.
2. Present outcome data for each case.
3. 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.
4. 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. The SOAP format can be added to the clinic process notes under "Summary of Contact and Disposition".

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.

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.]

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 you 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 supervision assignment

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 215.317.0133 (cell). If you are unable to get in touch with me you should contact the Dr. Levine (x2761). If you are unable to get in touch with the clinic director or me you should then request supervision from other clinical faculty. Finally calling 911 is an option.

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. 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

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 6
S Madeline reported that she had not been doing any monitoring over the break, but that she had continued to use the cognitive restructuring skills she had learned. Additionally, she reported that her social activity has increased significantly.

She reported an incident in which she had been given an unfavorable review by a co-worker. She indicated that, although this would have upset her in the past, she has a positive reaction to the evaluation (viewing it as an opportunity for improvement, noting areas she had already begun to work on). Additionally, she indicated that she no longer felt that her work needed to be perfect or that she needed to please everyone. Reinforced her implementation of cognitive restructuring skills, noting the positive results in terms of mood changes and increased social activity. Applied cognitive restructuring skills to the thoughts Madeline is currently having that are interfering with self-monitoring.

Madeline indicated that her maternal grandmother died over the break.

O Madeline apologized several times throughout the session and on occasion went back to explain her statements. When questioned by the therapist about this Madeline stated that she may be doing this to ensure that others do not think poorly of her. She indicated that she was unsure as to why she repeatedly apologizes or explains herself, that others have commented to her regarding this issue, and that this is something she feels she would like to address in therapy.

Madeline's mood appeared appropriate to the discussion. She was quiet when speaking of her grandmother, but her reactions seemed consistent with a normal grieving process.

A Madeline appears to be able to apply more realistic expectations to specific behaviors (such as her work performance) but still is having difficulty generalizing this. As a result, her daily mood seems to have improved but underlying issues with self-esteem/self-worth are still troublesome for Madeline.

P Madeline was asked to note the circumstances in which she needlessly apologizes or explains her behavior. Review with Madeline the situations in which she is apologizing. Attempt to identify the cognitive distortions that give rise to this behavior and guide her in using the skills that she as already developed to address these distortions.

TREATMENT PLAN

Client: John Smith
Therapist: Laura Seligman
Date: January 1, 2004

Treatment Goal (defined in operational terms)**:** Reduce panic attacks from 3/week to 0.

Conceptualization: Although initially uncued, John's panic attacks are now triggered by driving. He has developed agoraphobic avoidance that is negatively reinforced by the cessation of the physiological sxs of panic and the reduction in the affective experience of anxiety. In addition, John believes that the panic attacks are signs that he is going crazy. He believes that going crazy while driving will result in his losing control of the car and/pr perhaps intentionally hurting others. Although the agoraphobic avoidance also serves to address this fear, John also attempts to avoid the physical experience of the panic attacks themselves in order to avoid the negative consequence. John's wife may be inadvertently positively reinforcing John's avoidance behavior by providing attention and assistance contingent on the attacks. This may serve a function in the marriage as John reports that his symptoms have in some ways brought the couple closer together.

Treatment Plan: 1) Intereoceptive exposure to panic sxs (most salient is tachychardia and feeling of suffocation) to address avoidance of panic sxs, 2) Develop hierarchy involving driving situations (e.g., sitting in car, driving with therapist, driving with wife, driving alone) to address agoraphobic avoidance, 3) Furhter assessment/ psychoeducation with couple to address the function the panic may serve for the couple and to enlist wife's help in treatment (i.e., providing attention/assistance for attempts at addressing sxs vs. expressing sxs).

Possible Obstacles: Closeness that has developed between John and his wife may make them reluctant to address sxs or improvements may lead to strain in marriage. Will need to discuss with both John and wife and have them develop goals in this area (perhaps to work on something else together) and complete problem-solving activities to arrive at a plan to reach these goals.