PSY 6840/7840
Therapy Practicum
Fall 2013/Spring 2014

Instructor: Dr Jason C Levine, PhD
Office: University Hall, Room 1330
Class Hours: Wednesdays 11:00-12 30 (with biweekly individual supervision)
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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) conduct evidence-based treatment using a cognitive-behavioral orientation Students will learn how to complete appropriate psychological reports and other required paperwork This course will involve group and individual supervision

Specific Course Objectives

First year students should be able to
1 practice 1 freeform psychosocial interview with a peer using role-play
2 effectively complete 2 freeform psychosocial interviews (observed and rated by TA) to criterion using micro-counseling techniques to 2 students
3 effectively administer 1 SCID or ADIS interview to criterion (observed and rated by a TA) to 1 of the students
4 write reports on SCID/ADIS and micro interviews with the 2 students

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

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)

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-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 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 5 minutes) 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
6 Submit completed Practicum Supervisor Log Book form

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

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 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

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 timeframes stated in the Psychology Clinic Handbook

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 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 biweekly 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 contact the Dr Seligman (x4399) or the CoDCT, XXXX If you are unable to get in touch with a coDCT 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 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

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 6

S (Information the client has provided you in this session, client's concerns, symptomatology, mitigating factors related to symptoms and motivation, practiced coping skill/technique). Madeline presents with major depressive disorder – mild to moderate, seen for follow-up visit for CBT Client's symptoms include depressed mood, insomnia, loss of appetite, rumination, loss of interest in typically pleasurable activities, irritability. Madeline reported completion of 2/3 scheduled activities, including thought monitoring worksheet and cleaning her bedroom Client reported increased marital conflict with ongoing rumination about her chosen career, which she relates to exacerbated sleep problems (increased rumination at night)

Madeline reported that she has been practicing thought monitoring between sessions and had continued to use the cognitive restructuring skills she had learned. Additionally, she reported increased awareness of her negative ATs and use of CR in response to her ATs, however she noted struggles with feeling "overwhelmed by the barrage of ATs" that occur at night Refined and practiced CR skill in session, scheduled two pleasurable activities over the next week.

O (objectively collected data, observed or self-reported)
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: None reported.
Substance abuse: None reported
Medication use Unchanged. Citalopram 20mg bd
OQ. 80 current, 83 last, 103 initial
Other measure:

A (no new information here; what is going ON and WHY you think it's happening). Client diagnosed with MDD, mild to moderate, primary complaint rumination and insomnia, motivated and showing partial response to CT for depression. Madeline appears to effectively apply cognitive restructuring throughout the day, however she struggles to keep up with high frequency meta-rumination at night which results in sleep difficulties and next day fatigue

P Follow-up session scheduled for next week Homework includes practicing daily CR and thought monitoring, scheduled 2 pleasurable activities (walk in park and phone call to friend Nancy). Continue refining cognitive strategies and begin BA. Next session introduce life areas assessment

Practicum Supervision Log Book

Therapist: Supervision Date:

Supervisor: Type of Supervision:

Client Caseload

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

Brief overview of session activities and content:

Follow-up plan, next supervision session, professional development:

Comments regarding therapist's clinical competency: