

PSY 6/7830

Clinical Practicum III - Child and Adolescent Practicum

The University of Toledo

College of Arts and Letters

Department of Psychology

University Hall 1610 - Friday 10:00am – 12:00pm

Fall 2017

Contact Information

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It is expected that each student has read and thoroughly understands the APA Ethical Guidelines and the clinic manual.

Course Catalog Description

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.

Practicum Overview

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.

Prerequisite

Psychology 6390 (Clinical Laboratory)

Required Readings

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

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

Chorpita, B. F., & Weisz, J. R. (2009). MATCH-ADTC: Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems.

Required Readings (due at the first class meeting)

Chorpita, B. F., & Daleiden, E. L. (2009). Mapping evidence-based treatments for children and adolescents: Application of the distillation and matching model to 615 treatments from 322 randomized trials. *Journal of Consulting and Clinical Psychology, 77*, 3, 566-579.

Chorpita, B. F., Becker, K. & Daleiden, E. L. (2007). Understanding the common elements of evidence-based practice: Misconceptions and clinical examples. *Journal of the American Academy of Child and Adolescent Psychiatry, 46*, 646-652.

Jensen, P. S., Weersing, R., Hoagwood, K. E. & Goldman, E. (2005). What is the evidence for evidence-based treatments? A hard look at our soft underbelly. *Mental Health Services Research, 7*, 53-74.

Required Readings (due at the second class meeting)

Chorpita, B. F., Bernstein, A., & Daleiden, E. L. (2008). Driving with roadmaps and dashboards: Using information resources to structure the decision models in service organizations. *Administration and Policy in Mental Health, 35*, 114-123.

Chorpita, B. F., Daleiden, E., & Weisz, J. R. (2005). Identifying and selecting the common elements of evidence based interventions: A distillation and matching model. *Mental Health Services Research, 7*, 5-20.

Daleiden, E., & Chorpita, B. F. (2005). From data to wisdom: Quality improvement strategies supporting large-scale implementation of evidence-based services. *Child and Adolescent Psychiatric Clinics of North America, 14*, 329-349.

Additional Required Readings (due each week)

Week 3 – *Ethics* – Gola, J. A., Beidas, R. S., Antinoro-Burke, D., Kratz, H. E., & Fingerhut, R. (2016). Ethical considerations in exposure therapy with children. *Cognitive and Behavioral Practice, 23*, 184-193.

Week 4 – *Ethics* - Fried, A., & Fisher, C. B. (2017). Ethical issues in child and adolescent psychotherapy research. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-Based Psychotherapies for Children and Adolescents, Third Edition* (pp. 449-465). New York: Guilford.

Week 5 – *Cultural Competency* – Huey, S. J., & Polo, A. J. (2017). Evidence-based psychotherapies with ethnic minority children and adolescents. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-Based Psychotherapies for Children and Adolescents, Third Edition* (pp. 361-378). New York: Guilford.

- Week 6 - *Cultural Competency* - Pumariega, A. J., Rothe, E., Mian, A., Carlisle, L., Toppelberg, C., Harris, T., . . . & Smith, J. (2013). Practice parameter for cultural competence in child and adolescent psychiatric practice. *Journal of the American Academy of Child & Adolescent Psychiatry, 52*, 1101-1115.
- Week 7 – *Assessment* – De Los Reyes, A., Augenstein, T. M., & Aldao, A. (2017). Assessment issues in child and adolescent psychotherapy. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-Based Psychotherapies for Children and Adolescents, Third Edition* (pp. 537-554). New York: Guilford.
- Week 8 – *Alliance* - Langer, D. A., McLeod, B. D., & Weisz, J. R. (2011). Do treatment manuals undermine youth-therapist alliance in community clinical practice? *Journal of Consulting and Clinical Psychology, 79*, 427-432. doi: 10.1037/a0023821
- Week 9 – *Developmental Psychopathology* – Cicchetti, D., & Toth, S. L. (2017). Using the science of developmental psychopathology to inform child and adolescent psychotherapy. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-Based Psychotherapies for Children and Adolescents, Third Edition* (pp. 484-500). New York: Guilford.
- Week 10 – *Individualizing Treatment* – Ng, M. Y., & Weisz, J. R. (2017). Personalizing evidence-based psychotherapy for children and adolescents in clinical care. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-Based Psychotherapies for Children and Adolescents, Third Edition* (pp. 501-519). New York: Guilford.
- Week 11 – *Supervision* – Friedberg, R. D. (2015). Where’s the beef? Concrete elements when supervising cognitive-behavioral therapy with youth. *Journal of the American Academy of Child & Adolescent Psychiatry, 54*, 527-531.
- Bearman, S. K., Schneiderman, R. L., & Zoloth, E. (2016). Building an evidence base for effective supervision practices: An analogue experiment of supervision to increase EBT efficacy. *Administration and Policy in Mental Health and Mental Health Services Research*. doi: 10.1007/s10488-016-0723-8
- Week 12 – *Supervision* – Leffler, J. M., Jackson, Y., West, A. E., McCarty, C. A., & Atkins, M. S. (2013). Training in evidence-based practice across the professional continuum. *Professional Psychology: Research and Practice, 44*, 20-28.
- Week 13 – *Psychological Consultation* – Nadeem, E., Gleacher, A., Pimentel, S., Hill, L. C., McHugh, M., & Hoagwood, K. E. (2013). The role of consultation calls for clinic supervisors in supporting large-scale dissemination of evidence-based treatments for children. *Administration and Policy in Mental Health and Mental Health Services Research, 40*, 530-540.
- Al-khatib, B., & Norris, S. (2015). A family consultation service: Single session intervention to build the mental health and wellbeing of children and their families. *Educational & Child Psychology, 32*, 7-20.
- Week 14 – *Psychological Consultation* – Lee, M. Y., Hsu, K. S., Liu, C., Greene, G. J., Fraser, J. S., Grove, D., . . . & Scott, P. (2016). Treatment efficacy of Integrative Family and Systems Treatment (I-FAST) with and without consultation: The role of model training in the sustainability of evidence-based family treatments. *Administration and Policy in Mental Health and Mental Health Services Research, 43*, 579-591.
- Fallucco, E. M., Blackmore, E. R., Bejarano, C. M., Kozikowski, C. B., Cuffe, S., Landy, R., & Glowinski, A. (2016). Collaborative care: A pilot study of a child psychiatry outpatient consultation model for primary care providers. *Journal of Behavioral Health Services & Research*. doi: 10.1007/s11414-016-9513-z
- Funderburk, B., Chaffin, M., Bard, E., Shanley, J., Bard, D., & Berliner, L. (2015). Comparing client outcomes for two evidence-based treatment consultation strategies. *Journal of Clinical Child and Adolescent Psychology, 44*, 730-741.

Week 15 – *Future Directions* – Weisz, J. R., & Kazdin, A. E. (2017). The present and future of evidence-based psychotherapies for children and adolescents. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-Based Psychotherapies for Children and Adolescents, Third Edition* (pp. 577-596). New York: Guilford.

Required Course Materials:

- PracticeWise Student Subscription ([www. Practicewise.com](http://www.Practicewise.com)) – instructions provided below and in class
 - PracticeWise Evidence-Based Services (PWEBS) Application
 - Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)
 - Practitioner Guides
 - Clinical Dashboards

General Practicum Course Goals

By the end of the semester, it is expected that you will achieve the following goals:

By the end of the semester, it is expected that you will achieve the following goals:

- An awareness of ethical considerations regarding the practice and content of psychotherapy
- An understanding of the importance of diversity and individual differences when working with clients
- The ability to develop and present thorough case conceptualizations that can guide the development and delivery of effective cognitive-behavioral interventions
- Knowledge of empirically supported principles and mechanisms that underlie clinical disorders and effective interventions for these disorders
- An understanding of principles underlying effective supervision and consultation, as well as supervision issues specific to empirically supported interventions

Specific Course Objectives: The purpose of this practicum course is for students to develop the requisite skill set to competently deliver treatment to youth based on theory and empirical evidence. Accordingly, this course will emphasize the practical application of evidence-based practices for youth. This course will be centered around the use of empiricism and how we use empirical methods to effectively guide our approach to working with children and adolescents. This course will teach students how to implement skills in (1) assessing and diagnosing child and adolescent outpatients using standardized child- and parent-report measures and semi-structured diagnostic interviews, and (2) conducting evidence-based treatment using a cognitive-behavioral psychotherapy orientation. More specifically, students will learn how to access the empirical literature to arrive at a best-practices treatment plan and how to appropriately evaluate and select Level 1 or Level 2 treatment options for their specific client and diagnostic presentation. Students will learn how to complete the appropriate psychological reports and other required paperwork.

General Practicum Learning Outcomes

Based on these practicum goals, the desired learning outcomes include:

- Explain readings and didactic material in terms of how they inform clinical practice
- Analyze case load and identify areas where learned material may be applied and practiced
- Identify inherent human limitations and recognize opportunities to grow as a clinical psychologist
- Engage in group supervision by making an effort to contribute to the development of your fellow trainee
- Demonstrate a receptiveness to think flexibly and inclusively, and to receive feedback

Specific course learning outcomes: 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.

1. Demonstrate an awareness of the ethical considerations specific to the practice of psychotherapy with child and adolescent populations
2. Demonstrate an understanding of the importance of diversity and individual differences when working with child and adolescent clients
3. Know how to use the PWEBS database to choose an appropriate evidence-based Level 1 or Level 2 treatment for each client
4. Know when to seek supervision
5. Know when to refer (with supervision) to other professionals
6. Complete all paperwork in a timely manner (this includes chart notes and assessment reports)
7. Complete intakes in a timely manner (i.e., 1-2 sessions). A complete intake will 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 functionally-based case conceptualization based on relevant theory, (3) treatment goals stated in measurable terms, and (4) a preliminary treatment plan derived from theory and research
8. Provide feedback to clients after completion of the intake assessment. This will include making sure that the client understands the treatment plan and the rationale behind the treatment plan and that there is agreement between the client and the therapist on the goals and the treatment plan. The student should also know how to handle situations in which reasonable agreement cannot be reached
9. Use clinical dashboards to track and use outcome data to inform the treatment plan
10. Set an agenda with the client for each session
11. Arrive at appropriate homework assignments in consultation with the supervision team and the MATCH manual
12. Use the literature, MATCH, and PWEBS to come to supervision with ideas for treatment planning
13. 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.
14. Demonstrate an entry-level knowledge of supervision practices in cognitive behavior therapy as applied to children and adolescents
15. Demonstrate an entry-level knowledge of issues relevant to psychology consultation as it pertains to child and adolescent clients
16. *Arrive at appropriate homework assignments with the client based on material presented in the treatment session*
17. *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).*
18. *Work with client resistance or lack of client motivation in a way that is productive (at a beginning level)*
19. *Begin to 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*
20. *Begin to develop plausible treatment plans based on theory and case conceptualization when evidence-based treatment are not available or have failed*
21. *Know how to terminate treatment effectively and at an appropriate time (with supervision)*

Individualized Course Objectives:

All students are 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 in the context of the semester. Your training

goal(s) should be developed to address a skill you know you need to build upon. 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 multiple client/problem presentations. Remember, this goal is about your behavior, not your client's behavior. Examples might include learning how to end a session in a way that is productive, how to keep a session "on track", or how to deal with unexpected developments in the course of treatment. Students are expected to generate two to three potential goals during the first week of the semester. These can be discussed with the course instructor individually. Students should come to the second meeting of the semester prepared to discuss their goal(s) with the supervisory team. When one or two goals are selected for the semester, they should be tracked (using the clinical dashboard) for each week of the semester, with updates provided to the team at the mid- and end-semester points. At the end of the semester, you will be asked, in the context of an individual supervision session with the course instructor, to reflect on the goals you set at the beginning of the semester. You will be asked to discuss the progress you have made toward your goals, identify areas for continued improvement after the conclusion of the semester, and reflect more generally about the skills that you have obtained during the semester.

Client Clinical Dashboards:

To understand and appreciate the use of data in the context of the provision of psychotherapy, you will be expected to complete a clinical dashboard for each client in your caseload. Using the clinical dashboard resource in PracticeWise requires the use of MS Excel. Instructions on how to complete the dashboard, select targets for tracking, and applying the interventions will be reviewed in group supervision. Completing the clinical dashboard for each client requires taking weekly progress ratings (or more frequently if deemed clinically appropriate) on the target(s) and selecting relevant intervention practices to track over time.

Using the clinical dashboards to track client progress and inform treatment planning involves multiple clinical competencies: (1) defining the target behavior and treatment objectives, (2) selecting appropriate measures and monitoring progress continuously, and (3) planning for treatment by selecting and implementing various interventions derived from the evidence base.

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 (from the clinical dashboard) for each case
3. show a video clip of each case. You should be prepared (i.e., have your video cued) to show video of a point in session where you 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.

An additional expectation with respect to class preparation is that you have completed all chart notes and reports relevant to the case in Titanium *prior to* the group supervision time. There should be a note in each client's electronic chart for every contact that you had for that case since the previous supervision meeting (e.g., no shows, cancelations, phone calls).

Expected Caseloads:

Third year students are expected to carry one therapy case at any given time and to complete an average of one assessment each week. Students should expect an average of 4 direct contact hours each week in the context of this practicum.

The above guidelines will be tailored according to each specific situation; however, you should use these guidelines to develop appropriate expectations about the number of contact hours you will be expected to have each week.

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. Clients who arrive more than 15 minutes late for a session should be expected to 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.

Grading

The grading of this practicum will be based on the extent to which the learning outcomes have been achieved. The modalities that will be used to achieve an estimate of the learning outcomes will include:

1. Participation, in particular participation in the form of group supervision,
2. Ongoing case presentations, in particular those that demonstrate integration of practicum material, and
3. A written final exam to assess comprehension of course content surrounding supervision and consultation.

This practicum will be graded on a pass/fail basis. Outright failure in modality (1), (2), or (3) will result in a failing grade.

Supervision

This course will involve both group and individual supervision. Supervision will be provided such that students receive, at a minimum, 1 hour of face-to-face supervision for every 10 hours of clinical activities per week. Of this minimum 1 hour of supervision per week, at least 30 minutes will be acquired in the context of face-to-face individual supervision provided by the course instructor who is a licensed psychologist. The remaining minimum supervision time will occur in the context of group supervision in which all students enrolled in this course will participate.

Individual Supervision:

As noted above, individual supervision will be provided at the rate of a minimum of 30 minutes for each 10 hours of clinical activity per week. Your individual supervision time will be scheduled independently with the course instructor. If you feel that you need additional supervision beyond the 30 minutes of individual and additional group supervision each week, it is your responsibility to communicate this need to the course instructor and to schedule a time to meet for supervision accordingly.

Group Supervision:

As noted above, the remainder of the required 1 hour of face-to-face supervision time required for each 10 hours of clinical activity per week will be fulfilled in the context of a group supervision meeting. In the context of the group supervision meeting, all students will participate in the discussion of ongoing cases, as described above.

Emergency Situations:

In an emergency, you should first try to get in touch with me. I can be contacted at x2771 (office) or 419 329 1700 (cell). If you are unable to get in touch with me after trying to contact me at these numbers you should contact

the interim clinic director, Dr. Mezo (x4399; cell: 419 329 1703). If you are unable to get in touch with me or the interim clinic director, you should then request supervision from an other core clinical faculty member. Finally, calling 911 is an option.

Evaluations:

We will complete the Clinical Psychology Program Clinical Competencies Evaluation for Practicum or Externship form (see Appendix O of the Handbook of the Clinical Psychology Program) at the end of each semester. It is your responsibility to arrange a time at the end of the semester to review this evaluation with your supervisor. Remember, these evaluations are formative, they are meant to give you feedback to further your development as a clinician.

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 the video clips as well as behavioral rehearsal and other supervision methods. As noted above, individual supervision is available when a student (or the course instructor) feels that a case needs to be reviewed in depth but we did not have time to do so in the group meeting.

Using PracticeWise:

1. Go to www.practicewise.com and register for an individual student account.
2. Sign into your individual account.
3. Click on the Manage Services link at the My Account section of the home page.
4. Enter RSVP code: FrancisUT2016
5. You will be able to purchase a year-long PracticeWise subscription at a student discount rate.

Steps for students to purchase discounted subscriptions:

1. Sign into your individual account
2. Navigate to the Store menu > Browse Services
3. From the Student Subscriptions menu, choose "Full Access for Students"
4. Pay for the subscription (as you would purchase an online textbook)
5. After completing a purchase you may access the subscription purchased through the My Services menu.

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

PracticeWise Full Access: \$91.00 for a 6-month subscription

\$116.00 for a 12-month subscription

Promoting an Effective Learning Environment: To ensure an effective learning environment for all, please turn off your cell phones at the beginning of class. Please do not use your phones or any other devices to surf the internet, send text messages, or check email during class. Please do not conduct private conversations with classmates during group supervision or discussion. To convey respect toward your classmates and instructor, please be sure to arrive to the group supervision meeting on time. If you are unable to attend group supervision for a documented emergency, please notify me as soon as possible and provide documentation upon return to class. If you miss any group supervision meetings, it is your responsibility to contact the instructor to schedule additional supervision time for that week.

Professional Conduct: At my discretion and the discretion of the Director of Clinical Training, a student who commits one or more serious professional or ethical errors, mistakes, omissions, or violations may be removed from the course and receive a failing grade for this course. In addition, depending on the seriousness of the error, omission, or violation, the student may also face sanctions from the clinical program faculty.

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](#).

Practicum Expectations

- Students will attend group and individual supervision. If a student is not able to make a meeting, the student will schedule a meeting with the supervisor to complete weekly supervision. If the supervisor is unable to attend group or individual supervision meetings, either the supervisor will reschedule the meeting or another supervisor will be identified to provide coverage.
- Students will come to each group and individual supervision meeting prepared to discuss clients, present relevant audio-visual material, and discuss readings.
- Students will demonstrate a commitment to providing competent client care.

Course Schedule

Week	Reading to be completed prior to class	Topic
1	Chorpita & Daleiden, 2009; Chorpita, Becker, & Daleiden, 2007; Jensen, Weersing, Hoagwood, & Goldman, 2005	Syllabus and practicum introduction Using MATCH and PWEBS
2	Chorpita, Bernstein, & Daleiden, 2008; Chorpita, Daleiden, & Weisz, 2005; Daleiden & Chorpita, 2005	Empirically-supported principles Common Elements Approach
3	Gola, Beidas, Antinoro-Burke, Kratz, & Fingerhut, 2016	Ethics
4	Fried & Fisher, 2017	Ethics
5	Huey & Polo, 2017	Cultural competency
6	Pumariega, Rothe, Mian, Carlisle, Toppelberg, Harris . . . & Smith, 2013	Cultural competency
7	De Los Reyes, Augenstein, & Aldao, 2017	Assessment
8	Langer, McLeod, & Weisz, 2011	Alliance
9	Cicchetti & Toth, 2017	Developmental Psychopathology
10	Ng & Weisz, 2017	Individualizing Treatment

11	Friedberg, 2015 Bearman, Schneiderman, & Zoloth, 2016	Supervision
12	Leffler, Jackson, West, McCarty, & Atkins, 2013	Supervision
13	Nadeem, Gleacher, Pimentel, Hill, McHugh, & Hoagwood, 2013 Al-khatib & Norris, 2015	Psychological consultation Student presentations
14	Lee, Hsu, Liu, Greene, Fraser, Grove, . . . & Scott, 2016 Fallucco, Blackmore, Bejarano, Kozikowksi, Cuffe, Landy, & Glowinski, 2016 Funderburk, Chaffin, Bard, Shanley, Bard, & Berliner, 2015	Psychological consultation Student presentations
15	Weisz & Kazdin, 2017	Future Directions Student presentations