

Clinical Laboratory

The University of Toledo Department of Psychology PSYC 6390/7390-001 (CRN 29407/29408)

Name: Kim L. Gratz, Ph.D.

Email: Kim.Gratz@utoledo.edu

Office Hours: Wednesday and Thursday

11:30am-2pm& by appointment
Office Location: UH 5020A
Instructor Phone: 419-530-2722
Offered: Spring 2018
Class Location: UH 1610

Class Day/Time: Wednesday 2-4:45pm

Credit Hours: 3 credit hours

TAS: Alex Buhk and Linnie Wheeless TA Email: Alex.Buhk@rockets.utoledo.edu

Linnie.Wheeless@utoledo.edu

CATALOG/COURSE DESCRIPTION

Clinical interviewing, diagnostic assessment, case conceptualization and oral presentation of clinical cases. Diagnostic, therapeutic and professional issues are addressed via didactic coursework and practicum work with clients in the Psychology Clinic.

COURSE STATEMENT

The goal of this course is to provide an introduction to the basic clinical skills needed to conduct intake assessments and provide therapy. Foundational clinical skills central to all forms of assessment and therapy will be reviewed and practiced, and basic tenets of professionalism and ethics relevant to clinical psychology will be discussed.

STUDENT LEARNING OUTCOMES

At the end of this course, students will be able to:

- 1) Describe the ethical principles relevant to psychologists
- 2) Discuss basic therapeutic communication and interviewing skills relevant to conducting intakes and providing therapy
- 3) Discuss basic tenets involved in conducting intake assessments, structuring an individual therapy session, terminating treatment, and managing therapy interfering behaviors
- 4) Describe recommended practices for providing culturally competent assessments and therapy
- 5) Describe the core components of a suicide risk assessment
- 6) Apply basic clinical and interviewing skills in the context of intake assessments and therapy sessions
- 7) Use therapeutic communication and validation strategies in response to client verbalizations/statements



8) Generate professionalwritten intake assessment and session notes

PREREQUISITES AND COREQUISITES

Students entering this graduate course will have completed a graduate course in Psychopathology, and will typically have completed and/or be concurrently enrolled in graduate courses in Cognitive and Personality Assessment.

REQUIRED INSTRUCTIONAL MATERIALS (TEXTS AND ANCILLARY MATERIALS)

The following books are recommended:

Wachtel, P. L. (2011). *Therapeutic communication: Knowing what to say when – 2nd edition*. Guilford Press: NY.

Sommers-Flanagan, J. & Sommers-Flanagan, R. (2015). *Clinical Interviewing – Fifth Edition*. Wiley: Hoboken, NH. [ISBN 978-1-119-08423-5]

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

All required readings (chapters and empirical articles) will be provided to students.

UNIVERSITY POLICIES

Academic Accommodations

The University of Toledo is committed to providing equal opportunity and access to the educational experience through the provision of reasonable accommodations. For students who have an accommodations memo from Student Disability Services, it is essential that you correspond with me as soon as possible to discuss your disability-related accommodation needs for this course. For students not registered with Student Disability Services who would like information regarding eligibility for academic accommodations due to barriers associated with a potential disability, please contact the Student Disability Services Office.

Academic Dishonesty

Consistent with University Policy, academic dishonesty will not be tolerated. Students are responsible for knowing what constitutes academic dishonesty. If students are uncertain about what constitutes plagiarism or cheating they should seek the instructor's advice. Examples of academic dishonesty include, but are not limited to: 1) Plagiarizing or representing the words, ideas or information of another person as one's own and not offering proper documentation; 2) Giving or receiving, prior to an examination, any unauthorized information concerning the content of that examination; 3) Referring to or displaying any unauthorized materials inside or outside of the examination room during the course of an examination; 4) Communicating during an examination in any manner with any unauthorized person concerning the examination or any part of it; 5) Giving or receiving substantive aid during the course of an examination; 6) Commencing an examination before the stipulated time or continuing to work on an examination after the announced conclusion of the examination period; 7) Taking, converting, concealing, defacing, damaging or destroying any property related to the preparation or completion of assignments, research or examination;8) Submitting the same written work to fulfill the requirements for more than one course. The full University policy on academic dishonesty may be found at http://www.utoledo.edu/dl/students/dishonesty.html

Resources Related to Sexual or Gender-based Violence and Harassment



The University of Toledo cares greatly about the health and well-being of our students, staff, and faculty, and takes all sexual or gender-based violence and harassment very seriously. If you have experienced sexual assault, sexual harassment, intimate partner violence, and/or stalking and want a confidential place to obtain support and information, please contact the Center for Student Advocacy and Wellness on the main campus in Health and Human Services Room 3017. You can call 419.530.2497 during regular business hours and 419.530.3431 for 24-hour assistance from a trained advocate. In-person, walk-in appointments are also available Monday-Thursday from 8:30 a.m. to 5 p.m. The Center for Student Advocacy and Wellness provides free and confidential advocacy and counseling services to students, faculty and staff. The YWCA H.O.P.E. Center also can be accessed as an off-campus confidential resource at 419.241.7273. Faculty, teaching assistants, and other university employees are mandated reporters of any incidents of sexual or gender-based violence or harassment. Thus, any disclosures of sexual or gender-based violence or harassment on or off campus made to faculty or teaching assistants, or other university employees must be forwarded to the Title IX Coordinator. The Title IX Office will then contact you regarding your rights, your option to participate in the investigation, interim safety measures and/or academic accommodations, and the need to proceed with an investigation (even if none is requested). Your participation in the process is voluntary. You may call 419.530.3152 to file a complaint or visit the following website for more information and resources: http://www.utoledo.edu/title-ix/. Policies relating to Title IX can be found at: http://www.utoledo.edu/title-ix/policies.html.

COURSEEXPECTATIONS AND GUIDELINES

Please arrive to class on time. If you are going to be late or miss a class, please notify me in advance. Please make sure cell phones are turned off (or on vibrate) during class, and please refrain from any online activity or the use of cell phones (including texting) during class.

The primary expectation for this course is that you will participate fully (and willingly) in each class and in all exercises, discussions, and role-plays. This is an experiential learning course in which participation in discussions and exercises is the primary basis for grading. You will be expected to participate actively in all role-playing and other exercises and to practice skills and techniques in class with your peers, TAs, and instructor.

You will also be expected to provide a supervised clinical intake and diagnostic assessment through the University of Toledo Psychology Clinic. You will be expected to perform this intake professionally and to adhere to all APA Ethical Principles. Core principles will be reviewed in class. A copy of the APA Ethical Principles of Psychologists and Code of Conduct (2002/2010) is in the appendix of the Clinical Psychology Doctoral Program Student Handbook and is available on-line athttp://www.apa.org/ethics/code/.

Late assignments will not be accepted unless approved in advance by the instructor, and at the discretion of the instructor.

OVERVEW OF COURSE GRADE ASSIGNMENT

Class Participation (including leading a class discussion and in session exercise): 25%

Active participation in all in-class discussions and exercises is expected. The expectation is that all students will participate actively and fully. Thus, students start with an A for this assignment and have reductions in the grade if they do not participate actively and/or do not contribute to class discussions.

<u>Class discussion facilitator and exercise leader:</u> To obtain teaching and public speaking
experience, each student will lead one weekly discussion of course readings and one mock in
session exercise (relaxation, mindfulness). Assignments will be made the first day of class.

Weekly reflection papers (including feared clinical scenario and response write up): 20%



These papers are intended to promote engagement with the weekly readings and thoughtful reflection about how these readings apply to anticipated assessment and treatment experiences, as well as how the perspectives and topics represented in these readings align or conflict with students' initial views and expectations when beginning this course. These papers are expected to be 1-2 pages (no more than 3 pages and no less than 1 page), double-spaced, 12-pt font, 1-inch margins. All weekly reflection papers are due by 10am on the day of class (Wednesday), and should be emailed to the instructor.

• Feared clinical scenario and planned response write up – pre and post course:During the first week of the course, students will be asked to write a brief description (1-2 pages) of a feared clinical scenario, their level of distress when anticipating this scenario (SUDS from 0-100), the perceived likelihood of this scenario (0-100), and their assessment of the most effective therapeutic response to this scenario (as well as how they believe they would respond, if different from their identified most effective response). They will then revisit this paper during the last week of the course and modify it as needed based on what they learned during the course. The pre-course paper is due by 10am, January 24; the post-course paper is due by 10am April 24. Both papers should be emailed to the instructor.

Mock therapy session: 20%

Conduct a 30-min videotaped therapy session with one of the TAs, with an emphasis on effective communication and use of basic clinical skills. Student therapist behavior overall and in response to specific verbalizations of the TAs will be evaluated. This is due by 5pm on March 8. Instructions for submitting this assignment will be provided at a later date.

Note writing: 15%

After reviewing a tape of a mock therapy session in class, students will write a session note capturing that session. There is no page-length restriction or recommendation for this assignment; students should write whatever they believe is the most effective session note. This note will be written immediately after viewing the therapy session, during the same class, and handed into the TAs before class ends. This assignment will be completed on April 11.

Written intake assessment report: 20%

An intake assessment will be conducted in conjunction with PSYC 6340/7340. Assignments for 6/7340 will be determined by the instructor of that course. For the purposes of this course, students are expected to prepare a written intake assessment report. This is due by 5pm on April 20, and should be emailed to the instructor.



COURSE SCHEDULE

Note: Readings for each week are listed below.

Week	Date	Topic/Activity	Related
			SLO(s)
1	Jan 17	Introduction/expectations/clinic policies and procedures	
		Activities: review and discussion of past clinical experiences, identification	
		of areas of concern; student goals for course	
2	Jan 24	Professionalism and ethics	1
		Activities: Student-led discussion; TA presentation of clinical ethical	
		dilemmas with discussion	
3	Jan 31	Therapeutic communication and basic clinical skills – Part 1	2
		Activities: Student-led discussion	
4	Feb 7	Therapeutic communication and basic clinical skills – Part 2	2,6,7
		Activities: Student-led discussion; role-plays: responding effectively to	
		client statements	
5	Feb 14	Therapeutic communication and basic clinical skills – Part 3	2
		Activities: Student-led discussion; introduction to leading in session	
		exercises	
6	Feb 21	Boundaries, limits, and self-disclosure	1,2,7
		Activities: Student-led exercise; student-led discussion; role plays:	
		validating client verbal behaviors	
7	Feb 28	Conducting intake assessments – Part 1	3
		Activities: Student-led exercise	
8	March 7	Spring Break	
	NA= l= 4.4	Conducting intellegence and a Part 2	1.2
9	March 14	Conducting intake assessments – Part 2	1,3
		Activities: Student-led exercise	
10	March 21	Cultural competence in assessment and treatment	4
		Activities: Student-led exercise; student-led discussion	
12	March 28	Suicide risk assessment and treatment of suicidal patients – Part 1	5
		Activities: Student-led exercise	0.0-
	April 4	Individual therapy basics	3,6,7
		Activities: Student-led exercise; role-plays: responding to suicidal	
		verbalizations	
13	April 11	Activity: Watch a taped therapy session and write up a session note in	8
	A . :140	class	+-
14	April 18	Suicide risk assessment and treatment of suicidal patients – Part 2	5
		Activities: Student-led exercise; student-led discussion	
15	April 25	Managing therapy interfering behaviors	3
		Activities: Wrap up, review, final questions	



Week 1: Clinic policies

University of Toledo Psychology Clinic Handbook

Week 2: Professionalism and ethics

APA Ethical Principles of Psychologists and Code of Conduct - Appendix A of Clinical Program Handbook

Knapp, S., Handelsman, M.M., Gottlieb, M.C., & VandeCreek, L.D. (2013). The dark side of professional ethics. *Professional Psychology: Research & Practice*, 44(6), 371-377.

Tjeltveit, A., & Gottlieb, M. (2010). Avoiding the road to ethical disaster: Overcoming vulnerabilities and developing resilience. *Psychotherapy: Theory, Research, Practice, Training, 47,* 98-110.

Hartl, T.L., et al. (2007). Clients' sexually inappropriate behaviors directed towards clinicians: Conceptualization and management. *Professional Psychology: Research and Practice, 38*(6), 674-681.

Lasser, J., & Gottlieb, M. (2004). Treating patients distressed regarding their sexual orientation: Clinical and ethical alternatives. *Professional Psychology: Research and Practice*, 35(2), 194-200.

Weeks 3-5: Therapeutic communication and basic clinical skills

Week 3

Wachtel, P. L. (2011). Therapeutic communication: Knowing what to say when – Chapter 1: Rethinking the talking cure: The therapist speaks too.

Wachtel, P. L. (2011). Therapeutic communication: Knowing what to say when – Chapter 8. Exploration, Not Interrogation.

Wachtel, P. L. (2011). Therapeutic communication: Knowing what to say when – Chapter 9. Building on the Patient's Strengths.

Week 4

Wachtel, P. L. (2011). Therapeutic communication: Knowing what to say when – Chapter 10. Affirmation and Change.

Linehan (1993). Cognitive behavioral treatment of borderline personality disorder—Chapter 8. Core Strategies: Part I. Validation.

Linehan (1993). Cognitive behavioral treatment of borderline personality disorder—Chapter 12. Stylistic Strategies: Balancing Communication.

Week 5

Linehan, M. M. (1997). Validation and psychotherapy. In A. C. Bohart & L. S. Greenberg (Eds), Empathy reconsidered: New directions in psychotherapy (pp. 353-392). Washington DC: American Psychological Association.



Sommers-Flanagan & Sommers-Flanagan (2015). Clinical Interviewing—Chapter 3:Basic Attending, Listening, & Action Skills.

Sommers-Flanagan & Sommers-Flanagan (2015). *Clinical Interviewing—Chapter 4:Directives: Questions & Action Skills.*

Week 6: Boundaries, limits, and self-disclosure

Linehan (1993). Cognitive behavioral treatment of borderline personality disorder—Chapter 10. Change Procedures: Part I. Contingency Procedures (Managing Contingencies and Observing Limits).

Wachtel, P. L. (2011). Therapeutic communication: Knowing what to say when – Chapter 13. Therapist Self-Disclosure: Prospects and Pitfalls.

Zur, O., Williams, M. H., Lehavot, K., & Knapp, S. (2009). Psychotherapist self-disclosure and transparency in the Internet age. *Professional Psychology: Research and Practice*, 40(1), 22.

Pope, K. S., & Keith-Spiegel, P. (2008). A practical approach to boundaries in psychotherapy: Making decisions, bypassing blunders, and mending fences. *Journal of clinical psychology*, 64(5), 638-652.

Barnett, J. (2011). Psychotherapist self-disclosure: Ethical and clinical considerations. *Psychotherapy*, 48(4), 315-321.

Weeks 7-9: Conducting intake assessments

Week 7

Sommers-Flanagan & Sommers-Flanagan (2009). *Clinical Interviewing—Chapter 2:Foundations & Preparations*.

Sommers-Flanagan & Sommers-Flanagan (2015). Clinical Interviewing—Chapter 6: AnOverview of the Interview Process.

Sommers-Flanagan & Sommers-Flanagan (2015). Clinical Interviewing—Chapter 10:Diagnosis & Treatment Planning.

Week 9

Sommers-Flanagan & Sommers-Flanagan (2015). Clinical Interviewing—Chapter 7: Intake Interviewing and Report Writing.

Michaels, M.H. (2006). Ethical considerations in writing psychological assessment reports. *Journal of Clinical Psychology*, 62, 47-58.

Widiger, T A., & Samuel, D. B. (2005). Diagnostic categories or dimensions? A question for the *Diagnostic* and Statistical Manual of Mental Disorders—Fifth Edition. Journal of Abnormal Psychology, 114, 494–504.



Week 10: Cultural competence in assessment and treatment

Hayes, S. C. & Toarmino, D. (1995). If behavioral principles are generally applicable, why is it necessary to understand cultural diversity? *The Behavior Therapist*, 18, 21-23.

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.

Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, 40(4), 361.

Boroughs, M. S., Bedoya, C. A., O'cleirigh, C., & Safren, S. A. (2015). Toward defining, measuring, and evaluating LGBT cultural competence for psychologists. *Clinical Psychology: Science and Practice*, 22(2), 151-171.

O'Donohue, W.T. (2016). Oppression, privilege, bias, prejudice, & stereotyping: Problems in the APA Code of Ethics. *Ethics & Behavior*, 26(7), 527-544.

Recommended

Sue, S., Zane, N., Nagayama Hall, G. C., & Berger, L. K. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual review of psychology*, *60*, 525-548.

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460.

Lau, A. S. (2006). Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent training. *Clinical Psychology: Science& Practice, 13*, 295-310.

Week 11: Suicide risk assessment and treatment of suicidal patients - Part 1

Bryan, C. J., & Rudd, M. D. (2006). Advances in the assessment of suicide risk. *Journal of clinical psychology*, 62(2), 185-200.

Wingate, L. R., Joiner, T. E., Walker, R. L., Rudd, M. D., & Jobes, D. A. (2004). Empirically informed approaches to topics in suicide risk assessment. *Behavioral Sciences & the Law*, 22(5), 651-665.

Rudd, M. D., Mandrusiak, M., & Joiner, T. E. (2006). The case against no-suicidecontracts: The commitment to treatment statement as a practice alternative. *Journal of Clinical Psychology: In Session, 62*, 243-251.

Week 12: Individual therapy basics

Linehan (1993). Cognitive behavioral treatment of borderline personality disorder—Chapter 14. Structural Strategies.



Farmer, R. F., & Chapman, A. L. (2016). Bringing therapy to a close and aftercare. In Behavioral interventions in cognitive behavior therapy, 2nd edition (pp. 355-376). Washington, DC: American Psychological Association.

Kazdin, A. (1993). Evaluation in clinical practice: Clinically sensitive and systematic methods of treatment delivery. *Behavior Therapy, 24,* 11-45.

Week 14: Suicide risk assessment and treatment of suicidal patients - Part 2

Linehan, M. M., Comtois, K. A., & Ward-Ciesielski, E. F. (2012). Assessing and managing risk with suicidal individuals. *Cognitive and Behavioral Practice*, 19(2), 218-232.

Linehan (1993). Cognitive behavioral treatment of borderline personality disorder—Chapter 15. Special Treatment Strategies.

Jobes, D. A., Rudd, M. D., Overholser, J. C., & Joiner Jr, T. E. (2008). Ethical and competent care of suicidal patients: Contemporary challenges, new developments, and considerations for clinical practice. Professional Psychology: Research and Practice, 39, 405-413.

Week 15: Managing therapy interfering behaviors

Linehan (1993). Cognitive behavioral treatment of borderline personality disorder—Chapter 15. Special Treatment Strategies.

Farmer, R. F., & Chapman, A. L. (2016). Navigating therapeutic challenges. In Behavioral interventions in cognitive behavior therapy, 2nd edition (pp. 325-354). Washington, DC: American Psychological Association.

Rupert, P.A., Miller, A.O., & Dorociak, K.E. (2015). Preventing burnout: what does the research tell us? *Professional Psychology: Research and Practice*, 46(3), 168-174.