



Foundations of Clinical Practice II

The University of Toledo
Department of Psychology
PSYC 6300/7300-001; CRN: 24651/24650; Section: 001

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Class Location: UH1610

Class Day/Time: Wednesday 2pm-440pm

Credit Hours: 3

TA: Tara Spitzen

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CATALOG/COURSE DESCRIPTION

The goal of this course is to provide a continued introduction, building upon the content of PSY 6300 Foundations of Clinical Practice I, to the basic clinical skills needed to conduct intake and diagnostic assessments, administer structured diagnostic interviews, and provide therapy. Foundational clinical skills central to all forms of assessment and therapy will be reviewed and practiced, including assessment and treatment techniques relevant to vulnerable and at-risk groups.

STUDENT LEARNING OUTCOMES

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

- 1) Discuss basic tenets involved in conducting intake assessments and structured diagnostic interviews and managing therapy interfering behaviors
- 2) Describe the core components of suicide risk and substance use assessments
- 3) Apply basic clinical and interviewing skills in the context of intake assessments and structured diagnostic interviewing
- 4) Use therapeutic communication and validation strategies in response to client verbalizations/statements
- 5) Generate professional written intake assessment and diagnostic assessment reports

PREREQUISITES AND COREQUISITES

Foundations of Clinical Practice I is a prerequisite

Students entering this graduate course will be concurrently enrolled in graduate courses in Assessment II and Foundations of Psychotherapy II

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>.

COURSE EXPECTATIONS AND GUIDELINES

Please arrive to class on time. If you are going to be late or miss a class, please notify the instructor 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 instructors.

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 at <http://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.

OVERVIEW 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.

- Class discussion facilitator and exercise leader: 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) each semester.

Weekly reflection papers (including feared clinical scenario and response write up): 25%

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.

- 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 in the spring semester and modify it as needed based on what they learned during the course.

Intake and diagnostic assessment: 25%

An intake assessment will be conducted through the UT Psychology Clinic. Students are expected to use all of the skills they have learned to complete this intake effectively and collect the information needed to determine presenting problems and psychiatric diagnoses, as well as a recommended treatment plan.

Intake report: 25%

Following completion of an intake and diagnostic assessment, students are expected to prepare a written intake assessment report, with psychiatric diagnoses and a treatment plan.



COURSE SCHEDULE

Note: Readings for each week are listed below.

Date	Week	Topic	Instructor
1/22	1	Mental status exam	Bullock
1/29	2	Couples and families	Bullock
2/5	3	Suicide risk assessment and treatment of suicidal patients – Part 1	Tull
2/12	4	Suicide risk assessment and treatment of suicidal patients – Part 2	Tull
2/19	5	Structured diagnostic interviewing – Part 1	Tull
2/26	6	Structured diagnostic interviewing – Part 2	Tull
3/4	7	Structured diagnostic interviewing – Part 3	Francis
3/11	SPRING BREAK	SPRING BREAK	
3/18	8	Challenging Clients and Demanding Situations / Psychosis	Bullock
3/25	9	Substance use assessment	Tull
4/1	10	Child therapy and assessment	Francis
4/8	11	Managing therapy interfering behaviors	Tull
4/15	12	Child therapy and assessment	Francis
4/22	13	Integration and skills practice	Tull
4/29	14	Wrap up and review	Tull



Weekly Reading List

Week 1: Mental status exam

Sommers-Flanagan & Sommers-Flanagan (2015). Clinical Interviewing—Chapter 8: The mental status examination.

Sheehan, D. V., et al. (1998). The Mini-International Neuropsychiatric Interview (MINI): The development & validation of a structured diagnostic interview for DSM-IV & ICD-10. *Journal of Clinical Psychiatry*, 59 (suppl. 20), 22-33.

Week 2: Couples and families

Sommers-Flanagan, J., & Sommers-Flanagan, R. (2015). *Clinical Interviewing—Chapter 13: Principles and Tips for Interviewing Couples and Families*. Hoboken, NH: John Wiley & Sons.

Weeks 3-4: Suicide risk assessment and treatment of suicidal patients

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-suicide contracts: The commitment to treatment statement as a practice alternative. *Journal of Clinical Psychology: In Session*, 62, 243-251.

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.

Kangas, J. L., & Calvert, J. D. (2014). Ethical issues in mental health background checks for firearm ownership. *Professional psychology: research and practice*, 45(1), 76-83.

Weeks 5-7: Structured diagnostic Interviewing

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



First, M. B., & Williams, J. B. (2016). *SCID-5-CV: Structured Clinical Interview for DSM-5 Disorders: Clinician Version*. American Psychiatric Association Publishing.

Zanarini, M. C., Frankenburg, F. R., Sickel, A. E., & Yong, L. (1996). *The Diagnostic Interview for DSM-IV Personality Disorders (DIPD-IV)*. Boston, MA: McLean Hospital.

Week 8: Challenging Clients and Demanding Situations / Psychosis / Diagnostic Interviewing Role Plays

Sommers-Flanagan, J., & Sommers-Flanagan, R. (2015). *Clinical Interviewing (5th ed.) - Chapter 12. Challenging Clients and Demanding Situations*. Hoboken, NJ: John Wiley & Sons

Watch Video: My Experience with Schizophrenia/Schizoaffective Disorder - Lauren
<https://www.youtube.com/watch?v=mND56jYPCRU>

Watch Video: My Experience with My Recent Hospitalization for Schizophrenia/Schizoaffective Disorder – Lauren
<https://www.youtube.com/watch?v=uuoJy1xvzbY>

Watch Video: Rob's Experience Supporting Lauren Through Hospitalization
https://www.youtube.com/watch?v=p3my8Syp_E

Week 9: Substance use assessment

Hasin, D. S., Trautman, K. D., Miele, G. M., Samet, S., Smith, M., & Endicott, J. (1996). Psychiatric Research Interview for Substance and Mental Disorders (PRISM): reliability for substance abusers. *American Journal of Psychiatry*, 153(9), 1195-1201.

Carey, K. B., Purnine, D. M., Maisto, S. A., & Carey, M. P. (1999). Assessing readiness to change substance abuse: A critical review of instruments. *Clinical Psychology: Science and Practice*, 6(3), 245-266.

The SBIRT model: <https://www.integration.samhsa.gov/clinical-practice/sbirt>

The VA guidelines for screening, assessing, and treating substance use disorders: https://www.healthquality.va.gov/guidelines/MH/sud/sud_full_601f.pdf

Weeks 10 & 12: Child therapy and assessment

Duncan, R.E., Hall, A.C., & Knowles, A. (2015). Ethical dilemmas of confidentiality with adolescent clients: Case studies from psychologists. *Ethics & Behavior*, 25(3), 197-221.

Kenny, M.C., Abreu, R.L., Marchena, M.T., Helpingstine, C., Lopez-Griman, A., & Mathews, B. (2017). Legal and clinical guidelines for making a child maltreatment report. *Professional Psychology: Research & Practice*, 48, 469-480.

De Greef, M., Pijnenburg, H. M., van Hattum, M. J. C., McLeod, B. D., & Scholte, R. H. J. (2017). Parent-professional alliance and outcomes of child, parent, and family treatment: A systematic review. *Journal of Child and Family Studies*, 29, 961-976.



Stadnick, N. A., Schlagel, R. H., & Martinez, J. I. (2016). Using observational assessment to help identify factors associated with parent participation engagement in community-based child mental health services. *Child Youth Care Forum, 45*, 745-758.

De Los Reyes, A. (2011). Introduction to the Special Section: More than measurement error: Discovering meaning behind informant discrepancies in clinical assessments of children and adolescents. *Journal of Clinical Child & Adolescent Psychology, 40*, 1-9.

De Los Reyes, A., Youngstrom, E. A., Pabon, S. C., Youngstrom, J. K., Feeny, N. C., & Findling, R. L. (2011). Internal consistency and associated characteristics of informant discrepancies in clinic referred youths age 11 to 17 years. *Journal of Clinical Child & Adolescent Psychology, 40*, 36-53.

Sommers-Flanagan & Sommers-Flanagan (2015). Clinical Interviewing—Chapter 12: Interviewing young clients.

Week 11: 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.