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PSYX 534.01: Applied Clinical Methods

Duncan G. Campbell

University of Montana - Missoula, Duncan.Campbell@mso.umt.edu

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Psychology 534
Practicum: Applied Clinical Methods

The University of Montana
Spring 2013, Section 1

CPC

Meetings: Tues 1:10 – 3:00p
One additional hr/wk TBD

Instructor: Duncan G. Campbell, PhD
MT license: PSY-1200
email: duncan.campbell@umontana.edu
Office: Skaggs Bldg, Room 312
Office Hours: M: 11-12; T: 9-10
Phone: 243-4731 (Office)
Emergency/urgent: ***-**** (Cell); ***-**** (CPC cell)

Course Objectives: This course continues your psychotherapy training and assists you with refinement of core competencies regarding diagnostic and clinical assessment, intervention skills, diversity-cultural and individual differences, ethics, consultation and interprofessional skills, and relational/interpersonal skills. Moreover, this course will facilitate your professional development as you develop a consistent therapeutic identity (e.g., interpersonal, cognitive, integrative, etc.) to inform your case conceptualizations and interventions. The course will also develop your competency in the integration of science and theory into practice. Because a sound relationship is the foundation for effective psychotherapy from any orientation, you will be strongly encouraged to understand the contributions of interpersonal process/issues to therapeutic change. Course objectives will be met through applied clinical experiences, case discussion during our weekly team meetings, directed and general readings, and weekly individual supervision. Early in the semester we will identify individualized training goals for the current semester and beyond.

Learning Outcomes:

Students will:

1. Demonstrate developmentally appropriate growth in competencies regarding case conceptualization, psychodiagnosis and assessment.
2. Demonstrate competency regarding the integration of science and practice and provide appropriate and effective psychotherapeutic care for a range of clients.
3. Demonstrate developmentally appropriate growth in competencies related to working as a member of a clinical team and providing/receiving peer consultation.

Required Readings: As a group, we will read and discuss two texts that describe cognitive and interpersonal psychotherapies (Beck, 2011 & Weissman et al., 2000, respectively) over the academic year. These texts were selected because of the broad applicability of the treatment models and because the approaches represent empirically supported treatments for depression. In addition to these books, you will also read material that is specific to clinical issues and competencies that arise during your work with clients. You and I will share responsibility for identification of your individualized reading material. Please let me know if there are particular readings or clinical topics that you would like for the group to review and discuss. When applicable, I will add readings at least one week in advance to the course page in Moodle.

Weissman, M.M., Markowitz, J.C., & Klerman, G.L. (2000). *Comprehensive Guide to Interpersonal Psychotherapy*. New York: Basic Books.

Beck, J.S. (2011). *Cognitive Therapy: Basics and Beyond, 2nd Edition*. New York: The Guilford Press.

COURSE REQUIREMENTS & IMPORTANT NOTES

- 1. Attendance & Participation:** You are expected to attend each team meeting and CPC staff meeting, and I anticipate that you'll make an effort to arrive on time. Please notify me in advance if circumstances arise (e.g., personal illness, family emergency, family healthcare obligations, etc.) that make you unable to attend class. Multiple absences from our team meetings or multiple cancellations of individual supervision meetings may preclude a passing grade.

Full and active participation maximizes the utility of group-based peer supervision/consultation. Although our use of time will vary with the nature of the issues experienced by your clients, I hope and trust that each of you will be active group participants. Please know that a degree of anxiety and worry is normal among beginning *and* experienced clinicians. I anticipate that anxiety related to sharing our experiences will give way to increasing comfort as we become increasingly familiar with each other and as our team dynamic develops. Whereas it is often appropriate and helpful to offer your opinions and impressions to colleagues, keep in mind that it is most helpful when you do so respectfully and with the understanding that there is no 'one right way' to do psychotherapy. In fact, the availability of varied ideas and multiple perspectives is one of the more valuable attributes of our team-based approach. Because our team approach employs peer supervision and consultation, tardiness and/or repeated absences from practicum meetings will dilute the experience for everyone.

Case presentations and group discussion of ongoing case material: We will 'staff' each new client who is evaluated by one of our team members. In 10 minutes or so, whoever conducts an intake evaluation of a potential client will present a brief summary of the evaluation's findings. These case presentations will occur during the practicum meeting immediately following the conclusion of the intake interview and should include the following: basic demographic information (e.g., age, gender, living situation, relationship and occupational/educational status), summary of the potential client's presenting problem and its history, mental status exam, complicating contextual factors (social support/lack of, etc.), initial diagnostic impression, and the therapist's thoughts about disposition/treatment planning. In addition, team members will share their initial and ongoing thoughts about case formulation.

To stimulate case discussion and facilitate team functioning, practicum team members will present weekly clinical updates for each of their clients. In addition, students will present video of their work with clients to the treatment team.

- 2. Expectations & procedures:**

Ethical practice: Our behavior must be consistent with our discipline's professional and ethical standards at all times. Ethical standards relevant to clinical work require attention to issues of confidentiality, timely completion of paperwork, adequate documentation of therapy progress, and many other issues. Our group practicum meetings will provide opportunities to discuss ethics-related issues.

Clinical guidelines: The CPC Policies and Procedures Manual provides a wealth of very helpful information and guidance. Because it is likely that the P & P Manual holds the answer to just about any procedural question you might have, it's important to read it. We will be talking about procedural issues in our group and individual supervision meetings throughout the year. Please don't hesitate to ask me or someone else for clarification about procedural issues.

Videotaping: Because we are a training clinic, all therapy and intake contacts with clients are videotaped. It is possible that you will encounter a client who requests not to be videotaped. Unfortunately, we will be unable to accommodate this request. Please do not equivocate when discussing the videotape requirement with clients.

Casenotes, Chart Review, and Intake Reports: I will read and co-sign all of your casenotes. I might also periodically review your clients' charts so that I can remain informed regarding clinical issues/progress and to facilitate supervision. **Timeliness:** It is difficult to overstate the importance of

timely, accurate, and conscientious documentation of clinical activities. Although CPC policy requires casenotes to be written within 48 hours of treatment provision, I require that casenotes are written and are written *on the same day* as the clinical encounter. In addition, CPC policy requires documentation of all collateral contacts and communication to Dr. Robohm of the release of any client-related information to outside persons or agencies. CPC policy requires that written intake reports are submitted to the CPC Clinical Assistant and Dr. Robohm within one week of completion of the intake interview. I prefer that you submit the intake evaluation within 2 business days. Note that you will have a much easier time with intake write-ups if you begin working on them immediately after your interview. All clinical documentation guidelines must be met before the semester's end. Persistent difficulties with clinical documentation, chart audit clearance, and failure to adhere to CPC policies and procedures may preclude a passing grade.

Caseload: A typical caseload for more senior students will be approximately 4-5 clients at a time. Students with more clinical experience will build their caseload as early as possible in the semester. Less senior students will establish their caseloads gradually and may carry fewer total clients.

Consultation model & Intake assessments: Our clinic operates on a consultation model, which attempts to match clients with the best possible treatment option. On occasion, the best treatment option might be referral to an outside agency or a decision that the CPC is incapable of meeting particular clients' needs. It is important to keep this in mind when interacting with clients for the first time. Even when clients clearly need treatment, for example, we might not be able to provide it for them.

Intake assessments will be assigned to you during individual supervision meetings. It is not unusual for one practicum student to intake a client who is then seen by another student for psychotherapy. It is imperative that you and I discuss new potential clients *before you tell them that the CPC will be an appropriate treatment venue.*

Individual Supervision: We will hold weekly 1:1 supervision meetings (50 minutes) in the CPC. Although the content and structure of supervision will differ slightly for each team member, I have a number of equally important goals: 1) collaborating with you to maximize your effectiveness as a therapist; 2) providing you with the support and tools that you need to continue your professional development; 3) working to ensure that we are doing everything we can to ensure scientifically-informed care for your clients. The supervisor-supervisee relationship is a relationship like any other and requires a foundation of mutual trust. I will make every possible attempt to provide you with guidance and support, and I invite you to let me know if something is missing.

During individual supervision meetings, we will discuss your clients and your experiences with them, and we will review video together. I might also review video of your clinical work outside of individual supervision meetings. I will also encourage you to reflect on your ideas about case conceptualization and your treatment approach and to continually assess whether your clients are responding. We will discuss individual supervision and the practicum evaluation procedures more specifically in our 1:1 supervision meetings early in the semester.

Immediate Consultation: Please feel free to consult with me as you feel the need to do so. We do not expect you to handle emergency and/or crisis situations on your own. If a crisis arises, feel free to consult with me, a senior student, the CPC assistant, Dr. Robohm, or another faculty supervisor. During business hours, you are welcome to call my cell or office phone number, and I will attempt to respond to you immediately. Please note, however, that I will not answer my phone if I am in a meeting, teaching, or working with my own clients. The CPC backup supervision cell phone (and the faculty member attached to it!) is available to you Monday through Friday from 8a to 8p.

3. **Grading:** C/NC/I Determination of your final grade depends upon several factors, including the satisfactory development of clinical skills and competencies, professional and ethical behavior, adherence to CPC policies and procedures, and the degree of engagement in group practicum meetings.

Please note that a passing grade (“C”) requires that all clinical paperwork (e.g., treatment plans, treatment summaries, intake reports, casenotes, etc.) be fully-executed by the end of the semester. Your charts will be audited prior to the close of the semester, and a passing grade will require that you have satisfied all conditions of the audit.

4. **Academic Conduct** (this is required on all UM syllabi): Academic dishonesty is antithetical to the mission of the University of Montana; all students must practice academic honesty. Misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University. *Academic misconduct –including plagiarism– will result in a failing grade for the course and might result in dismissal from the university.* Please let me know if you have any questions about what constitutes plagiarism. Please see the Student Conduct Code (http://life.umt.edu/vpsa/student_conduct.php).

In the context of practicum, misrepresentation of your work or activities with clients would be considered academic misconduct.

Accommodations for students with disabilities: I am pleased to make reasonable accommodations for students with a disability. If you have a disability that necessitates accommodation, please let me know right away so we can make a plan together. Please note that I cannot make any accommodations *unless your disability is documented by the Disability Services for Students (DSS: 243-2243).* Please see <http://life.umt.edu/dss> for more information.

Readings:

1. Weissman, M.M., Markowitz, J.C., & Klerman, G.L. (2000). *Comprehensive Guide to Interpersonal Psychotherapy*. New York: Basic Books.
 - Week 2 (Sept. 3): Ch. 1, An Outline of IPT
 - Week 3 (Sept. 10): Ch. 2, The Initial Phase
 - Week 4 (Sept. 17): Ch. 3, Grief (Complicated Bereavement)
 - Week 5 (Sept. 24): Ch. 4, Interpersonal Role Disputes
 - Week 6 (Oct 1): Ch. 5, Role Transitions
 - Week 7 (Oct 8): Ch. 6, Interpersonal Deficits
 - Week 8 (Oct 15): Ch. 7, Termination of Treatment
 - Week 9 (Oct 22): Ch. 8, Specific Techniques
 - Week 10 (Oct 29): Election Day Holiday
 - Week 11 (Nov 5): Ch. 9, Common Problems
 - Week 12 (Nov 12): Ch. 10, Efficacy Data for Acute Treatment of Major Depression
 - Week 13 (Nov 19): Ch. 11, Maintenance IPT for Recurrent Major Depression
 - Week 14 (Nov 26): Ch. 14, IPT for Dysthymic Disorder