

9-2013

## PSYX 534.03: Applied Clinical Methods

Jennifer Waltz

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Psychology 534  
Applied Clinical Methods  
Fall Semester, 2013

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Meeting time/place: Tuesdays 1:10-3:00; Clinical Psychology Center

**COURSE OBJECTIVES: LEARNING OUTCOMES**

Students will:

1. Demonstrate developmentally appropriate growth in competencies regarding case conceptualization and psychotherapy.
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.

**SUMMARY OF COURSE REQUIREMENTS**

- 1) Attend all scheduled class periods
- 2) Do assigned readings
- 3) Participate in class discussion, exercises, roleplays, etc.
- 4) Present/discuss case material (i.e. case presentation or lead discussion of case)
- 5) Follow ethical guidelines
- 6) Carry out clinical work as planned with supervisor
- 7) Prepare for and participate in individual supervision
- 8) Complete all necessary documentation
- 9) Read and follow the CPC Policies and Procedures Manual

Attendance & Participation

You are expected to attend each team meeting and CPC staff meeting, as well as each individual supervision meeting. Please arrive on time, and notify me via cell phone (VM or text – 370-0984) in advance if you cannot attend (e.g., due to illness, family emergency, family healthcare obligations, etc.). Multiple absences from our team or individual meetings, or multiple cancellations with clients may lead to not passing the class.

Please participate as actively and fully as possible. Class activities will involve a degree of risk and vulnerability, including self-disclosure, sharing one's questions or struggles as a clinician, sharing videotape of sessions. Please pay attention to and your own limits, and let me know if you feel you are being pushed too much or too little.

Sharing your ideas about others' cases is an essential part of practicum. Your reactions and thoughts are welcomed and encouraged. Keep in mind that it is helpful to other students to receive support and validation in addition to problem-solving and suggestions.

### Case presentations and group discussion of ongoing case material

We will generally 'staff' each new client who goes through an intake by one of our team members. When a student conducts an intake, he/she will present a brief summary of the potential client. Students will also give case presentations on longer term clients. Case presentations should generally include: basic demographic information (e.g., age, gender, ethnicity, living situation, sexual orientation, relationship and occupational/educational status, etc.), 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 treatment planning (as well as on-going treatment progress, struggles, etc. for on-going clients). Please be prepared when it is your turn to present a case, both to give the overview in an efficient way, and also to let us know what you are seeking help with.

### Ethical practice

Our behavior must be consistent with our discipline's professional and ethical standards at all times. You should be familiar with the APA's ethical guidelines from your ethics course, and you are encouraged to consult those guidelines, as well as consult with your supervisor, whenever potential ethical issues arise. Our group practicum meetings will also provide opportunities to discuss ethics-related issues.

### CPC guidelines

Please read the CPC Policies and Procedures Manual. The manual is lengthy and you will not be able to memorize all of the rules and procedures with one reading. The manual is intended to be a reference that you can return to as you take on new activities or encounter new situations in your work at the CPC. The policies and procedures in the manual have been developed over many years and

are important to the ethical, legal and professional integrity of the clinic, so it is important to follow them. We will be talking about procedural issues in our group and individual supervision meetings throughout the year. Please don't hesitate to ask me, Patty O'Brien or Jen Robohm for clarification about procedural issues if you are uncertain about something.

### Videotaping

Because we are a training clinic, all in-person contacts with clients are videotaped. It is possible that you will encounter a client who requests not to be videotaped. Please do not pressure clients who feel that videotaping will significantly impair their ability to participate in therapy to become CPC clients; likewise, do not equivocate when discussing the videotape requirement with clients. *Your job is to help the client decide whether the CPC is a good match for them, given the videotape requirement*, and to help them with a referral if they conclude it is not a good match.

### Casenotes, Chart Review, and Intake Reports

I will read and co-sign all of your session notes. I might also periodically review your clients' charts so that I can remain informed regarding clinical issues/progress and to facilitate supervision. It is very important that your documentation is completed in a timely, thoughtful and accurate way. CPC policy requires session notes to be written within 48 hours of treatment provision. Any contacts involving crises should be documented immediately.

CPC policy requires documentation of all collateral contacts. Any written communication or collateral contact must be reviewed and approved by me in advance. Release of any client-related information to outside persons or agencies must also be cleared with Dr. Robohm.

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. You will have a much easier time with intake write-ups if you begin working on them immediately after your interview, simply because it's easier to remember the content of the interview.

### Caseload

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

### Consultation model & Intake assessment

The CPC 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, we might not be able to provide it for them. It is important that clients are clear that an intake does not guarantee receiving services at the CPC, or with the intake clinician.

### Individual Supervision

We will hold weekly individual supervision meetings (50 minutes). I will work to provide a supervisory relationship that allows you to be as open as possible about your experiences with your clinical work. I encourage you to bring up any issues or concerns you have about supervision.

### Immediate Consultation

Please consult with me as needed outside of our individual supervision meeting times. You should not handle emergency and/or crisis situations on your own. If a crisis arises, consult with me, Dr. Robohm, or another faculty supervisor. If you are unsure whether to consult with me before the next scheduled individual supervision meeting, please err on the side of caution and get in touch with me. We can together figure out whether the issue needs to be discussed sooner. You are welcome to call my cell (370-0984) any time, and I will attempt to respond to you immediately. I'm unable to answer my phone if I am in a meeting, teaching, or working with my own clients. If we discuss a difficult situation and you follow up with the client, please call me back to let me know the outcome. The CPC backup supervision faculty person is available via the CPC cell phone Monday through Friday from 8am to 8pm, unless you have a client on the Client of Concern list (see manual).

## **EVALUATION AND GRADING**

I will give you on-going feedback on your work, appropriate to your level of experience. I will also participate in your annual student evaluation and your work in this course will inform that evaluation in terms of your clinical skills. You have already received a copy of the



practicum student evaluation form. If you have any questions or concerns about the evaluation process, I encourage you to talk with me about them.

This course is offered on a credit/no credit basis. 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. A passing grade requires that all clinical paperwork (e.g., treatment plans, treatment summaries, intake reports, casenotes, etc.) be completed by the end of the semester. Your charts will be audited toward the semester's end, and a passing grade will require that you have satisfied all conditions of the audit. In addition, failure to build and maintain an appropriate caseload may preclude a passing grade. Students and their supervisors will discuss what constitutes an appropriate caseload.

### **ACADEMIC MISCONDUCT**

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](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.

### **ACCOMODATIONS FOR STUDENTS WITH DISABILITIES**

I am happy 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.

### **READING MATERIALS**

Tsai, M., Kohlenberg, R.J., Kanter, J.W., Kohlenberg, B., Follette, W.C., & Callaghan, G.M. (2009). *Functional Analytic Psychotherapy: Awareness, Courage, Love and Behaviorism*. New York: Springer.

Zinbarg, R.E., Craske, M.G. & Barlow, D.H. (2006). *Mastery of Your Anxiety and Worry*, 2<sup>nd</sup> ed.; Therapist Guide. New York: Oxford.

Foa, E.B., Hembree, E.A. & Rothbaum, B.O. (2007). *Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences*; Therapist Guide. New York: Oxford.

Craske, M.G. & Barlow, D.H. (2006). *Master of Your Anxiety and Worry*, 2<sup>nd</sup> ed.; Workbook. New York: Oxford.

Rothbaum, B.O., Foa, E.B. & Hembree, E.A. (2007). *Reclaiming Your Life From a Traumatic Experience*; Workbook. New York: Oxford.

## **SCHEDULE**

Aug. 27, 2013

Sept. 10, 2013 – *Staff meeting*

Sept. 17, 2013

Reading: FAP chapter 1

MAW therapist guide chapters 1-3

Sept. 24, 2013

Reading: MAW therapist guide chapters 4 & 5, workbook chapters 1 & 2

FAP exercise: Life review

Oct. 1, 2013 – *Staff meeting*

Reading: FAP chapter 2

MAW therapist guide chapter 6 & 7, workbook chapter 3 & 4

Oct. 8, 2013

Reading: FAP chapter 4

MAW therapist guide chapter 8, workbook chapter 5

Oct. 15, 2013

Reading: MAW therapist guide chapter 9, workbook chapter 6

FAP exercise: PARCs

Oct. 22, 2013

Reading: FAP chapter 3

MAW therapist guide chapter 10, workbook chapter 7

Oct. 29, 2013  
Reading: TBA

Nov. 5, 2013 – *Staff meeting*  
Reading: MAW therapist guide chapter 11, workbook chapter 8  
FAP exercise: Losses

Nov. 12, 2013  
Reading: FAP chapter 7  
MAW therapist guide chapter 12, workbook chapter 9

Nov. 19, 2013  
Reading: MAW therapist guide chapter 13, workbook chapter 10  
FAP exercise: 100 positives

Nov. 26, 2013  
Reading: FAP chapter 6  
MAW therapist guide chapter 14, workbook chapter 11

Dec. 3, 2013 – *Staff meeting*  
Reading: MAW therapist guide chapter 15, workbook chapter 12