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APPLIED CLINICAL METHODS

Psyx 534, Section 3

CPC 121

Tuesdays 1:10 – 3:00 PM

Autumn Semester 2014

Instructor: Gyda Swaney, PhD

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Phone: (406) 243-5630

Office hours: By Appointment

Prerequisites

Graduate standing in the Clinical or School Program and Consent of Instructor.

Introduction and Objectives

This section of Applied Clinical Methods will provide you with the opportunity to integrate theoretical learning with applied practice, to diagnose and conceptualize therapy cases, and to develop and implement treatment plans. This practicum will teach and strengthen basic clinical skills associated with multicultural approaches, foster an interest in multicultural psychotherapy (MCT), and cover one specific theoretical model, e.g., Cognitive Behavior Therapy (CBT), applicable to your future clinical work.

A primary focus of this practicum will be on multicultural issues (e.g., age, disability, religion/spirituality, race/ethnicity and culture, class, sexual orientation, nationality, and gender, see Hayes, 2008). Overall course objectives include: identifying how culture influences the clinical encounter, increasing cultural self-awareness, and cultural competency.

Finally, this practicum will introduce you to formal staffing procedures. More specifically, each week you should come prepared to discuss each of your clients and update your peers with regards to the gains and the setbacks your clients and you have experienced in your work together.

Learning Objectives and Outcomes:

1. Integrate theoretical learning with applied practice.
2. Conduct 3-4 Intake Interviews.
3. Conduct appropriate assessments.
4. Diagnose and conceptualize 3-4 therapy cases.
5. Implement 3-4 treatment plans.
6. Conduct culturally aware therapy.
7. Manifest appropriate professional behavior.
8. Conduct one's self in an appropriate and ethical manner.

Required textbooks:

Hays, P. A. (2008). *Addressing cultural complexities in practice: A framework for clinicians and counselors* (2nd ed.). Washington, DC: American Psychological Association.

Hays, P. A. (2006). *Culturally responsive Cognitive-Behavioral Therapy: Assessment, practice, and supervision*. Washington, DC: American Psychological Association.

Persons, J. B., Davidson, J., & Tompkins, M. A. (2001). *Essential components of Cognitive-Behavior Therapy for depression*. Washington, DC: American Psychological Association.

Recommended textbooks:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, Fifth edition (DSM-5)*. Washington, DC: American Psychiatric Publishing.

Burns, D. D. (1999). *The feeling good handbook*. New York, NY: Penguin Books.

Dana, R. H. (1993). *Multicultural assessment perspectives for professional psychology*. Boston, MA: Allyn & Bacon.

Dana, R. H. (Ed.). (2014). *Handbook of cross-cultural and multicultural personality assessment*. Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

Paniagua, F. A. (2001). *Diagnosis in a multicultural context: A casebook for mental health professionals*. Multicultural Aspects of Counseling Series 15. Thousand Oaks, CA: Sage.

Sue, D. W., Carter, R. T., Casas, J. M., Fouad, N. A., Ivey, A. E., Jensen, M. . . . Vazquez-Nuttall, E. (1998). *Multicultural counseling competencies: Individual and organizational development*. Multicultural Aspects of Counseling Series 11. Thousand Oaks, CA: Sage.

Readings as assigned.

Course Calendar: Autumn Semester 2014

Dates	Topic
August 26, 2014	Syllabus, Introductions
SEPTEMBER 2, 2014	Staff Meeting (1-2PM)
September 9, 2014	<p>Common Factors (see Moodle)</p> <p>Asay, T. P. & Lambert, M. J. (1999). The empirical case for the common factors in therapy: Quantitative findings. In M. A. Hubble, B. L. Duncan, & S. D. Miller (Eds.). <i>The heart and soul of change: What works in therapy</i> (pp. 23-55)? Washington, DC: American Psychological Association.</p> <p>Kazdin, A. E. (1979). Nonspecific treatment factors in psychotherapy outcome research. <i>Journal of Consulting and Clinical Psychology</i>, 47(5), 846-851.</p> <p>Messer, S. B. & Wampold, B. E. (2002). Let's face facts: Common factors are more potent than specific therapy ingredients. <i>Clinical psychology: Science and practice</i>, 9(1), 21-25.</p>

Dates	Topic
	Wampold, B. E. (2001). Implications of rejecting the medical model. In Wampold, B. E. <i>The great psychotherapy debate: Models, methods, and findings</i> (203-231). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
September 16, 2014	<p>Chapter 1. Empirical and theoretical underpinnings. Persons, J. B. (2009). <i>Essential components of Cognitive-Behavior Therapy for depression</i>. Washington, DC: American Psychological Association.</p> <p>Chapter 1. Seeing the forest and the trees: The complexities of culture in practice. Hays, P. A. (2009). <i>Addressing cultural complexities in practice: Assessment, diagnosis, and therapy</i> (2nd ed.). Washington, DC: American Psychological Association.</p>
September 23, 2014	<p>Cameo Stanick, PhD: PracticeWise</p> <p>Persons (2009) Chapter 2. Individualized case formulation and treatment planning.</p> <p>Hays (2009) Chapter 2. Becoming a culturally responsive therapist.</p>
September 30, 2014	<p>Persons (2009) Chapter 3. Structure of the therapy session.</p> <p>Hays (2009) Chapter 3. Looking into the clinician's mirror: Cultural self-assessment.</p> <p>Hays (2009) Chapter 4. Entering another's world: Understanding clients' identities and contexts.</p>
OCTOBER 7, 2014	<p>Staff Meeting (1-2PM)</p> <p>Persons (2009) Chapter 4. Activity scheduling.</p> <p>Hays (2009) Chapter 5. Making meaningful connection: Establishing respect and rapport.</p> <p>Hays (2009) Chapter 6. Sorting things out: Culturally responsive assessment.</p>
October 14, 2014	Clinical Case Presentation: Hillary Gleason
October 21, 2014	Clinical Case Presentation: Meredith Reynolds
October 28, 2014	Clinical Case Presentation: Kathryn Oost
NOVEMBER 4, 2014	<p>Staff Meeting (1-2PM)</p> <p>Persons (2009) Chapter 5. Using the thought record.</p>

Dates	Topic
	Hays (2009) Chapter 7 . Putting culture to the test: Considerations with standardized testing. Hays (2009) Chapter 8 . Making sense and moving on: Culturally responsive diagnosis and the DSM-IV-TR.
November 11, 2014	HOLIDAY (Election Day)
November 18, 2014	Clinical Case Presentation: Heather Halko
November 25, 2014	Clinical Case Presentation: Ennis Vaile
DECEMBER 2, 2014	Staff Meeting (1-2PM) Persons (2009) Chapter 6 . Schema change methods. Hays (2009) Chapter 9 . How to help best: Culturally responsive therapy.
December 9, 2014	FINALS WEEK – Practicum *will* meet.
	Persons (2009) Chapter 7 . A case example: Nancy. Hays (2009) Chapter 10 . Practice doesn't make perfect, but it sure does help: A final case example. Hays (2009) Chapter 11 . Conclusion: Looking into the future.
December 16, 2014	No Practicum, Supervision as needed.
December 23, 2014	No Practicum, Supervision as needed.
December 30, 2014	No Practicum, Supervision as needed.
JANUARY 6, 2015	No Practicum, Supervision as needed.
January 13, 2015	No Practicum, Supervision as needed.
January 20, 2015	No Practicum, Supervision as needed.
January 27, 2015	Welcome back!

Required assignment: *Clinical Case Presentation* (1 hour)

Students will prepare a written and oral case conceptualization paper and oral presentation. The written case conceptualization should include a literature review relevant to the presenting problems, as well as measurement devices used, assessment results and interpretation, case formulation, treatment design, interventions used, and outcome evaluation design. Use the CPC templates to craft your paper. Be thorough and specific in the written and oral presentation. Please bring the 3-5 page, single spaced, written case conceptualization to class with copies for each student and your professor, and come ready to give a 30 minute presentation followed by a question and answer portion; for an hour-long presentation. The written case conceptualization papers will be returned to you with written comments.

Student Conduct Code

All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University. All students need to be familiar with the [Student Conduct Code](#).

Attendance

Regular class attendance and participation in class discussion is required. More than two (2) excused absences to class and supervision are not acceptable. We learn from each other and you have much to offer the class.

Course withdrawal

Through the 15th instructional day, ALL classes are dropped on CyberBear. From the 16th through the 45th instructional day, all classes must be dropped using Drop forms (instructor signature required). \$10 fee applies. From the 46th to the last instructional day prior to finals week, classes must be dropped using the Drop form (instructor and Dean signatures required). \$10 fee applies. Make every effort to withdraw in a timely fashion so as not to negatively affect your academic record.

Disability modifications

The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and [Disability Services for Students](#). If you think you may have a disability adversely affecting your academic performance, and you have not already registered with Disability Services, please contact Disability Services in Lommasson Center 154 or call 406.243.2243. I will work with you and Disability Services to provide an appropriate modification.

Assignments

- Carry a minimum caseload of 3 clients. If you are taking the class for 4 credits, you are required to attend supervision 1 hr/wk and have 3 1-hour face-to-face contacts with clients per week. That will, in some instances, require you carry a caseload of more than 3 clients.
- One weekly, hour-long individual supervision session with Dr. Swaney.
- Timely charting. Notes from the previous week should be placed in Dr. Swaney's vertical, confidential file for her review prior to your supervision session.
- Outside reading relevant and pertinent to the therapy cases with which you are working.

Grading policy

Practicum is graded on a Credit/No Credit basis. A professional approach and meeting the expectations (see Competency Assessment), engaging in therapy, and diligence will garner a Credit. Missed meetings and appointments, cancelled appointments, slow charting, and missed deadlines will result in a grade of No Credit.