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PSYX 534.02: Applied Clinical Methods

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Psychology 534 (2)

Spring, 2015

David Schuldberg, Ph.D.

Applied Clinical Methods
Supplement to Fall Syllabus

Group meeting: Tuesdays 1:10 - 3, CPC 115. Weekly individual meetings (40 minutes) will be held with the supervisor.

Texts:

Weissman, M., Markowitz, J., & Klerman, G. L. (2007). *Clinician's quick guide to interpersonal psychotherapy*. NY: Oxford University Press. ISBN-10: 0195309413. (Copy on reserve in the CPC.)

Levenson, H. (1995). *Time-limited dynamic psychotherapy: A guide to clinical practice*. NY: Basic Books. (Copy on reserve in the CPC.)

Other resources:

See Fall syllabus.

Note: Readings are on Moodle.

Topics:

The list of topics remains flexible. Discussion will be based primarily on current issues that arise in students' ongoing clinical work.

Date	Topics	Readings
Week 1 January 26 - 30	Organizational meeting for second semester. Welcome to new students. Functioning of group meetings. CPC chart audits and catching up on paperwork. Review of requirements and format of the course. Catch-up on Winter break issues.	
Week 2 February 2 - 6	Review of case formulation in the Levenson and IPT models. Practice scenario.	Review Weissman, Markowitz, Klerman (2007), pp. 1-68; Levenson, pp. 1-87.
Week 4 February 16 - 20	What is curative in a relationship? Interpersonal intervention strategies.	Review Weissman, Markowitz, Klerman; Levenson, pp. 88-185
Week 5 February 23 - 27	What is curative in the relationship: II. Back to basics. Nonspecific factors and the (so-called) placebo effect.	Selections from Frank, J. D., & Frank, J. R. (1991). <i>Persuasion and healing: A comparative study of psychotherapy</i> . (3 rd . Edition),

Date	Topics	Readings
		<p>pp. 21-51. Baltimore: Johns Hopkins University Press. (Moodle,)</p> <p>Selections from Harrington, A. (Ed.) (1997). <i>The placebo effect: Interdisciplinary investigations</i>. Cambridge, MA.: Harvard University Press, pp. 1 - 36. (Moodle.)</p>
Week 6 March 2 - 6	Problems and impasses in treatment; re-visiting "resistance."	Elkind, S. N. (1992). <i>Resolving impasses in therapeutic relationships</i> , pp. 1-52. NY: Guilford. (Moodle)
Week 7 March 9 - 13	Case formulation scenarios. (No reading.)	
Week 8 March 16 - 20	Diverse possible relationships in clinical situations. What vocabulary do we use to name and describe relationships?	Schafer, R. (1954). Interpersonal dynamics in the testing situation. From R. Schafer, <i>Psychoanalytic interpretation in Rorschach testing: Theory and application</i> , pp. 6-73. NY: Grune & Stratton. (Moodle.)
Week 9 March 23 - 27	Influences on the therapist, both positive and negative. Projective identification. "Two-person" psychodynamic theories.	<p>Selections from Casement, P. J. (1991). <i>Learning from the patient</i>. NY: Guilford. (Moodle.)</p> <p>Sands, S. H. (2010): On the Royal Road Together: The Analytic Function of Dreams in Activating Dissociative Unconscious Communication, <i>Psychoanalytic Dialogues: The International Journal of Relational Perspectives</i>, 20 (4), 357-373 and replies. (Moodle)</p>

Date	Topics	Readings
Spring Break, March 30 – April 3		
Week 10 April 6 - 10	Another research-based language for relationships. L. Benjamin's interpersonal circumplex (Structural Analysis of Social Behavior).	Henry, W. P. (1997). Interpersonal case formulation: Describing and explaining interpersonal patterns using the Structural Analysis of Social Behavior. In T. D. Eels, <i>Handbook of psychotherapy case formulation</i> , Chapter 9. NY: Guilford.
Week 11 April 13 - 17	Practicing in Primary Care: Integrated Behavioral Health Care and the Patient Centered Medical Home	<p>Blount, A., Schoenbaum, M., Kathol, R., Rollman, B. L., Thomas, M., O'Donohue, W., & Peek, C. J. (2007). The economics of behavioral health services in medical settings: A summary of the evidence. <i>Professional Psychology: Research and Practice</i>, 38(3), 290-297.</p> <p>Center for Integrated Behavioral Health Services. (2014, January). Core competencies for integrated behavioral health and primary care Washington, DC: SAMHSA.</p> <p>Collins, C., Hewson, D., Munger, R., & Wade, T. (2010). Evolving models of behavioral health integration in primary care. New York: Milbank Memorial Fund.</p>
Week 12 April 20 - 24	What is curative in relationships? Additional perspectives from self-psychology. Seeing, mirroring, empathizing, and understanding	Selections from Kohut, H. (1984). <i>How Does Analysis Cure</i> (Edited by Arnold Goldberg with the collaboration of Paul E. Stepansky). Chicago/London: University of Chicago Press (Moodle).

Date	Topics	Readings
Week 13 April 27 – May 1	Existential factors in the relationship: “Being with” and “accompanying” “Cure” vs. “Care” revisited. Perspectives from medicine.	Review Winnicott, D. W. (1986). “Cure”. From <i>Home is where we start from</i> (pp. 112-120). NY. Norton. (Moodle.) Selections from Morris, D. B. (1998). <i>Illness and culture in the postmodern age</i> . Berkeley: University of California Press. (Moodle.)
Week 14 May 4 - 8	Termination in brief and interpersonal psychotherapy: Advanced topics. Transfer and continuity of care. More on termination in brief therapy and in general. Wrap-up of cases and discussion of issues regarding summer. Closure and transfer. Video erasure and paperwork.	Levenson, pp. 153-186.
Week 15 Exam Week	Final group meeting (perhaps). Individual meetings with supervisor.	

Additional topics:

(Note: This is a list of possible topics for further discussion during Spring semester. Discussion at any given meeting will be based largely on current issues that arise in students’ ongoing clinical work and in the discussions of the supervision group.)

- 1) Therapeutic cognitive psychology; therapeutic discourse and treatment narratives.
- 2) Classical psychoanalytic theory: Implications for practice.
- 3) Modern psychodynamic and interpersonal theories (Ego psychology, Object Relations, Self Psychology, Stone Center model, feminist dynamic models, “Two person” theories): Implications for practice.
- 4) Men’s issues and working with them in therapy.
- 5) More crucial assessment issues and “rule-outs.”

- 6) Additional ethical and legal issues. Becoming more adept at recognizing and dealing with dual relationship issues.
- 7) Interpersonal implications of the disorders formerly called Axis II.
- 8) Is “eclectic” a dirty word?
- 9) The gentle art of referral.

Course requirements (Reminders):

- 1) Completion of the Goal Attainment Scaling exercise at end of the course in the Spring. (Students are likely to find this useful in their work.)
- 2) Attendance at weekly group meetings, including the monthly CPC Staff Meetings on the first Tuesday of the month. It is important not to miss individual or group supervision meetings.
- 3) Weekly individual meetings with supervisor: Forty minutes each week. In order to make optimal use of this time, please make sure a room is scheduled and free; sign up for the room in advance and let the supervisor know where you will be. Have the video ready for viewing and discussion at the beginning of the time. Also, please have all the week’s case notes ready for review and signatures.
- 4) Readings as assigned.

Clinical requirements for the course (Reminders):

- 1) Students are encouraged to carry at least three cases at a given time; if any of these cases become inactive, sporadic, or terminate, the student is expected to begin additional cases as soon as possible. Procedures for dealing with clients who regularly miss sessions will be discussed in class. Students and supervisor will monitor the number of weekly client contact hours to evaluate the “fit” between the student’s case load and training needs. It is crucial that students carry a “critical mass” of ongoing clients.
- 2) Sessions are to be recorded, using the CPC webcam system. Audiotaping is allowed as an exception only; discuss with supervisor if this comes up. Please note that recordings need to be audible, and “visible” as well. Procedures for maximizing the usefulness of recordings will be discussed.
- 3) During the semester, each student presents and discusses one case in the group meeting. Times for these weekly presentations will be scheduled.
- 4) Students need to be aware of the status of their clients’ billing and CPC account, and to discuss these as necessary. *(Please evaluate this again for any current or continuing cases*

during the first week of Spring semester and then keep up with your clients' accounts on approximately a weekly basis.) CPC procedures regarding setting and collecting fees will be discussed in class.

- 5) Students and supervisor need to complete and keep up with all CPC paperwork and procedures. *(Please evaluate whether you have any outstanding paperwork during the first week of Spring semester for your continuing cases.)* This is a component of the professional conduct of clinical work. Treatment plans will be completed for all clients. Unless contraindicated, all clients will be given the CPC evaluation instruments at intake, for tri-annual progress reports, and at termination.
- 6) In the event that the student's client paperwork is not complete by the end of exam week of Spring Semester, 2012, a grade of "N" will be assigned; unsatisfactory handling of paperwork is reflected in the course grade.
- 7) Students new to a practicum need to attend a CPC orientation early in the semester.
- 8) All students seeing cases in the CPC are required to have current malpractice insurance. Please give a copy of your notice of insurance to Lauren prior to seeing any clients for this practicum.
- 9) Students are expected to be familiar with the current APA Ethical Standards (and related documents, including the 1988 APA "Casebook for Providers of Psychological Services," 1981 Clinical "Specialty Guidelines," and the 1987 APA "General Guidelines"), the CPC Policy and Procedures Manual, and the Psychology Department Rules. All clinical and didactic work in this practicum is to be conducted in accordance with these documents. In the event of uncertainty about ethical and professional issues, it is the student's responsibility to seek consultation with the professor or CPC Director.

Grading:

Clinical Skills: Assessment and case formulation	20
Clinical Skills: Intervention techniques (specific and non-specific)	25
Openness, responsiveness, and utilization of supervision	20
Class attendance and participation	10
Paperwork and other clinical "mechanics"	15
Collegiality and professionalism	10

Total	100

Grading: $\geq 73\%$ = Cr. Allowance is made for improvement over the semester, and students are evaluated in relation to their expected current level of doing clinical work. Please talk to the professor if you have any questions or concerns about how you are doing in the class.

An "N" grade will be assigned at the end of Spring semester pending completion of CPC paperwork on practicum cases.

General notes:

- 1) Friday, February 13 is (I think) the last day to drop classes with an add/drop form. After that date, no petitions to drop the course will be signed and no Incompletes will be given except in documentable emergency situations.
- 2) Students with disabilities have the responsibility to declare their disability to the instructor at the beginning of the course if they require accommodations, and they also have the responsibility to arrange for such accommodations with Disability Services for Students (Corbin Hall). The instructor will work collaboratively with the student and DSS to provide these accommodations.
- 3) Written work is expected to be the student's own (not plagiarized).
- 4) Departmental and University policy regarding Incompletes does not allow changing "Incomplete" grades after a year after an "I" has been granted. Also, the Department *Policy and Procedures Manual* ([Section V. C. 5, page 17]) states: "It is the expectation of our graduate program that an 'I' be made-up for within one semester. Undue delay in completing the course requirements may be used by the instructor as a factor in grading the completed work. Incompletes indicate lack of progress: They will be considered in student evaluations as well as in assistantship assignments."

Professor: Dr. David Schuldberg, Skaggs Building (SB) 206, x4183 (non-urgent voice mail)

Professor's cell: 550-4619

CPC supervisors' pager number: 241-1126.

e-mail: david.schuldberg@umontana.edu

[Psychology Web site](#)

[Moodle URL](#)

Office hours: TBA, SB 206. Consultation available as needed.

Note: Please be sure you have the CPC supervisor contact card.

PRACTICUM SYLLABUS ADDENDUM: PSYX 534 / CLINICAL SUPERVISION IN-SERVICES

**Jennifer S. Robohm, Ph.D.; CPC, Director
CPC Staff Meetings; Spring 2015**

February 3, 2015

- *Welcome to new semester!*
- Introduction to clinical supervision

March 3, 2015

- What makes for good supervision?
- Models of Supervision

April 7, 2015

- Supervision interventions (Individual and Group)
- Supervisee non-disclosure

May 5, 2015

- CPC graduation!

REFERENCES

American Psychological Association. (2014). [Guidelines for clinical supervision in health service psychology](#).

Falender, C.A. & Shafranske, E.P. (2004). What makes for good supervision? In: *Clinical Supervision: A Competency-Based Approach* (pp. 37-58). Washington, DC: American Psychological Association.

Bernard, J.M. & Goodyear, R.K. (2009). *Fundamentals of Clinical Supervision (3rd Edition)*. Boston: Pearson Education, Inc.

Ladany, N., Hill, C.E., Corbett, M.M., & Nutt, E.A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology*, 43(1), 10-24.