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PSYX 534.03: Applied Clinical Methods

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Psychology 534: Section 3
Practicum: Applied Clinical Methods

The University of Montana	Instructors:	Greg Machek, PhD
Spring 2016, Section 3	email:	greg.machek@umontana.edu
Classroom: CPC 121	Office:	Skaggs Bldg, Room 240
Meeting Time:	Tues	12:10 – 2:00p
Office Hours:	Wed	2-3:30
One individualized supervision /wk TBD	Phone:	243-5546 (Office) 241-8021 (Cell)

Course Objectives: This course continues your applied clinical training and assists you with refinement of clinical assessment and evaluation skills, intervention skills, understanding of diversity-cultural and individual differences, ethics, consultation and interprofessional skills, and relational/interpersonal skills. Course objectives will be met through applied clinical experiences, case discussion during group supervision, directed and general readings, and weekly individual supervision. In an individual meeting early in the semester, we will define your training goals for the current semester and beyond.

Readings: Coupled with your training needs and interests, the clinical issues that come up over the course of the semester will partly determine our readings. Identification of individualized reading material will be a shared responsibility. For example, as we discuss a case, it may become apparent that it hits upon issues for which a targeted reading could shed light (e.g. gender dysphoria in children with autism). We will discuss as a group who will be assigned to find and disseminate such a targeted reading. At any time, please let me know if there are particular readings or clinical topics that you would like for the group to review and discuss. Ideally, we will identify readings about one week in advance, and they will be available via Moodle, OR I will disseminate via email. If a student identifies a reading, they can send to me to upload to Moodle, or simply email to the other 534 members. Further, I encourage you to make use of PracticeWise. This website offers a host of information on empirically supported treatment components for a variety of child/adolescent issues. It also has a database that houses empirical articles related to treatment efficacy studies. This would be a good source for class readings, too. Although the PracticeWise site does not include full text offerings, it does provide citations that can followed up through PsychInfo, etc.

COURSE REQUIREMENTS & IMPORTANT NOTES

1. Attendance & Participation: You are expected to attend each practicum meeting and CPC staff meeting, and to arrive on time. Please notify me in advance if circumstances arise (e.g., personal illness, family emergency, family healthcare obligations, etc.), which make you unable to attend class. From the perspective of your training, repeated absences (more than two), or repeated tardiness will be problematic and will result in a lower grade.

Full and active participation maximizes the utility of group-based peer supervision. It is expected that you will all be active group participants. It is of paramount importance to be respectful of others' opinions. We need to create an atmosphere of emotional safety, trust, and respect for maximum benefit of the group practicum experience.

New Case Presentations: We will 'staff' each new client that is evaluated by one of our practicum team. That is, in 10-minutes or so, whoever 'intakes' a new client will present a brief summary of the evaluation's findings. These informal case presentations should include the following components: basic demographic information (age, gender, living situation, relationship and occupational/educational status), summary of presenting problem and its history, mental status exam, complicating factors (social support/lack of, etc.), initial diagnostic impression, and thoughts about disposition/treatment planning.

Weekly Updates/Check-in: To stimulate case discussion and to draw upon the power of peer-based group supervision, practicum team members will present weekly clinical updates for their clients. In addition, students will be invited to share video of their work with clients.

2. **Expectations & Procedures:**

Ethical practice: Our work behavior is expected to 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. Please feel free to use our group practicum meetings as 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 meetings throughout the year. I also want you to know that there are very few 'dumb questions,' so please don't hesitate to ask me or someone else for clarification if something isn't clear.

Videorecording: Because we are a training clinic, all therapy and intake contacts with clients are recorded. It is likely that some of you will encounter clients who request not to be recorded, and this request can put you in an awkward position. Unfortunately, we are unable to accommodate clients who refuse to be recorded.

Casenotes, Chart Review, and Intake Reports: I will read and co-sign all of your casenotes. I might also periodically review your clients' charts. Instead of doing this to 'keep tabs on you,' my goal in reviewing the chart is to keep me informed regarding clinical issues/progress and to facilitate supervision. Timeliness: CPC policy requires casenotes to be written within 48 hours of treatment provision. However, it is suggested that you write your casenotes **as soon as possible** following the clinical encounter (in other words, get in the practice of writing these **THE SAME DAY**). In addition, CPC policy requires documentation of all collateral contacts and communication to (Clinic Director) of the release of any client-related information to outside persons or agencies. Written intake reports should be submitted to the CPC Clinical Assistant and (Clinic Director) within one week of your intake interview.

Caseload: A typical caseload will be approximately 3-4 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 at a pace that feels manageable.

Comprehensive Evaluations: Lately, there has been an increased interest in gaining assessment experience (and hours) by many of our graduate students. (Clinic Director) or I will keep you informed about assessment opportunities. These opportunities can be particularly helpful for students who have a low client caseload. This can be a valuable learning experience and I encourage you to consider it.

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 a particular client's needs. It is very helpful to keep this in mind when interacting with clients for the first time. Even when clients are in clear need of treatment, for example, we might not be able to serve them.

Intake assessments will be assigned to you; it is not unusual for one practicum student to intake a client who is then seen by another student for psychotherapy. It is important to discuss new potential

clients with me *before assigning them to your caseload or communicating to the client that the CPC is 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 begin or continue your professional development; 3) working to ensure that we are doing everything we can to effect improvement 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 you feel as if something is missing.

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

It is important for you to know that I am currently working toward my own Montana Psychology licensure. I will be taking the last step of the process (taking the EPPP) this semester. As a result, all of my clinical work is supervised by David Schuldberg (MT Psychology License #159). Dr. Schuldberg and I will be discussing our supervision work (including case specifics). Additionally, should any of you have questions about the licensing process, I would be happy to discuss what I know and can divulge.

Immediate Consultation: If you are feeling uncomfortable about case aspects, please err on the side of initiating communication: call me. Also, we do not expect you to handle emergency or crisis situations on your own. If there is a crisis, call me. If I am not available, call the CPC backup supervision cell phone (and the faculty member attached to it!). It is available to you at all times.

3. **Grading:** C/NC/I Determination of whether a student receives a passing grade is based upon several factors, including the developmental level of clinical skills, 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 requires that all requisite 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 you will be asked to satisfy all conditions of the audit prior to assignment of a passing grade.

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 university's [Student Conduct Code](#).

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

Accommodations for students with disabilities: Reasonable accommodations are available for students who have a disability that is documented through Disability Services for Students (DSS: 243-2243). If you have a disability that necessitates accommodation, it is your responsibility to declare

this to me at the semester's beginning. I cannot make any accommodations *unless your disability is documented by DSS*. Please consult the following for guidance regarding DSS' documentation requirements: <http://life.umt.edu/DSS/name/impact>.

Reading: Friedberg, R. D. & McClure, J. M. (2015). Clinical Practice of Cognitive Therapy with Children and Adolescents: The Nuts and Bolts, 2nd Edition. Guilford Press: New York.

Reading Schedule:

Feb 9	(Note: Greg will be out of town for a conference this week)
Feb 16:	Ch. 1&2 Introduction and Conceptualization
Feb 23	Ch. 3 Collaborative Empiricism
Mar 1	Ch. 4&5 Session Structure, Treatment Model
Mar 8	Ch. 6 Connecting Feelings and Thoughts
Mar 15	Ch. 7 Socratic Dialogue
Mar 22	Ch. 8&9 Common Techniques
Mar 29	Ch. 10 Homework
Apr 5	Spring Break: No scheduled class or supervision
Apr 12	Ch. 11&12 Depressed and Anxious Youth
Apr 19	Case Reviews & Transfers
Apr 26	Ch. 13&14 Disruptive Youth and Youth with Autism
May 3	Ch. 15&16 Parents and Family Applications
May 10	(Finals Week) Termination, Evaluations

Possible Discussion/Reading Topics for Practicum

Working with parents of aggressive children

Including:

- Things to **Know** (and Learn) About Aggressive Children
- Coercive Cycles
- Therapeutic Alliance and Parenting Goals
- Emotional acceptance of child
- Containment/Limits
- Instilling/supporting Prosocial Values
- Anything else on aggressive children

Responding to concerns of dangerousness; "Safe container"- boundaries

Particular disorders that you would like to review/research/discuss (can include description of disorder, Empirically supported Assessment, and empirically supported txmnt approaches)

E.g.:

- OCD
- Depression
- Anxiety
- ODD/CD/CP's
- Other?

Risk and Protective factors

Review of fundamental clinical skills

Attending, questioning, nonverbals, etc.

Parenting styles refresher

Dealing with separations /divorces

Review of standardized norm-referenced behavioral assessments

Crisis management

Suicide assessment/issues

Identifying and processing resistance