Section 001

PSY 6840/7840
Cognitive Behavior Therapy Practicum

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It is expected that each student has read and thoroughly understands the APA

[redacted]

11. implement evidence based interventions as appropriate to client problem/goals

exposure sessions, self-monitoring, relaxation exercises, and behavioral rehearsal) at a beginner level.

In addition to the skills for second year students, third year students should be able to:

Remember, this goal is about your behavior, not your client's behavior. Examples might include learning to end a session in a way that is productive or how to keep a session "on track". You should come to the second meeting prepared to discuss your goal(s) with the supervisory team.

Attendance and Class Preparation Policy:

Attendance and participation is expected. We will be functioning as a supervisory *team*. This means that you are responsible not only for the clients you are seeing but also for providing meaningful input on the cases being seen by everyone on the practicum team and for using supervision from the instructor and your peers. Supervision will involve

No Show, Cancellation, and Late Arrival Policy:
You and your client must come to a recognition from the outset that therapeutic progress will be significantly hampered by inconsistent attendance. Moreover, a client's failure to consistently attend sessions effectively robs you of an opportunity for training. Therefore, clients who have three "no shows" in a semester will be terminated from

EVALUATION FORM

1. Do you understand your treatment plan and why your therapist has recommended this treatment plan?

[redacted]

why?

Were you encouraged to ask questions and, if so, were they answered to your satisfaction?

3. Do you feel like you accomplished something in session today (moved toward your treatment goals)?

[redacted]

TREATMENT PLAN

Client: John Smith
Therapist: Laura Seligman
Date: January 1, 2004

Treatment Goal (defined in operational terms): Reduce panic attacks from 3/week to 0

Conceptualization: Although initially uncued, John's panic attacks are now triggered by driving. He has developed agoraphobic avoidance that is negatively reinforced by the cessation of the physiological sxs of panic and the reduction in the affective experience of anxiety. In addition, John believes that the panic attacks are signs that he is going crazy. He believes that going crazy while driving will result in his losing control of the car and/or perhaps intentionally hurting others. Although the agoraphobic avoidance also serves to address this fear, John also attempts to avoid the physical experience of the panic attacks themselves in order to avoid the negative consequence. John's wife may be inadvertently positively reinforcing John's avoidance behavior by providing attention and assistance contingent on the attacks. This may serve a function in the marriage as John reports that his symptoms have in some ways brought the couple closer together.

Treatment Plan: 1) Interoceptive exposure to panic sxs (most salient is tachychardia and feeling of suffocation) to address avoidance of panic sxs, 2) Develop hierarchy involving driving situations (e.g., sitting in car, driving with therapist, driving with wife, driving alone) to address agoraphobic avoidance, 3) Further assessment/ psychoeducation with couple to address the function the panic may serve for the couple and to enlist wife's help in treatment (i.e., providing attention/assistance for attempts at addressing sxs vs. expressing sxs).

Possible Obstacles: Closeness that has developed between John and his wife may make them reluctant to address sxs or improvements may lead to strain in marriage. Will need to discuss with both John and wife and have them develop goals in this area (perhaps to work on something else together) and complete problem-solving activities to arrive at a plan to reach these goals.