

**PSY 6940/7940  
Therapy Practicum  
Fall 2013/Spring 2014**

**Instructor:** Dr.

and the clinic manual .

**Objective of Course:**

The purpose of this course is for students to competently deliver treatment based on theory and empirical evidence. This course will teach students how to implement skills in 1) assessing and diagnosing adult mental health outpatients, using standardized testing and structured diagnostic interviews; and 2) conduct evidence-based treatment using a cognitive-behavioral orientation. Students will learn how to complete appropriate psychological reports and other required paperwork. This course will involve group and individual supervision.

**Specific Course Objectives:**

First year students should be able to:

1. practice 1 freeform psychosocial interview with a peer using role-play.
2. effectively complete 2 freeform psychosocial interviews (observed and rated by TA) to criterion using micro-counseling techniques to 2 students.
3. effectively administer 1 SCID or ADIS interview to criterion (observed and rated by a TA) to 1 of the students.
- 4.

6. provide feedback to clients after completion of the intake. This would include making sure that client understands the treatment plan, and the rationale behind the treatment plan and that there is agreement between the client and therapist (and supervisor) on the goals and treatment plan. The student should also know how to handle situations in which reasonable agreement cannot be reached.
- 7.

standpoint of cognitive-behavior therapy. *Psychotherapy*, 35, 220-230.

4. prepare a 1-page handout describing strategies for providing cognitive behavioral therapy supervision due November 7<sup>th</sup>.
5. demonstrate beginning supervisory skills

**Training Goals:**

You are required to complete all other paperwork (e.g. treatment summaries) in accordance with the clinic policies.

**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 treatment and will need to go back on the clinic wait-list if they wish to continue services. The same is true for clients who consistently (i.e., 3 or more times a semester) cancel sessions without rescheduling for the same week. Client's who arrive more than 15 minutes late for a session should be asked to reschedule (and this would count as a cancellation). Exceptions, based on extenuating circumstances, will be made rarely so make sure your client is aware of these policies.

**Expected Caseloads:**

Second year students are expected to carry one therapy case in the fall semester and 2 in the spring. Second year students are also expected to complete 2 assessments/year.

Third and fourth year students are expected to have two face-to-face contact hours per week and to complete 2 assessments/year. Fourth year students should count cases they are supervising toward their caseload.

**Requirements and Grading:**

Your grade will be based on participation, completion of paperwork (quality and timeliness) and your mastery of the goals outlined above.

Progress notes will be completed within 24 hours of an associated appointment. Clinical contacts (e.g. telephone contacts) require a note to be entered into the client's chart, and this note should be completed the same day of the contact. Intake Summaries, Treatment Plans, Quarterly Summaries, and Termination/Transfer Summaries are to be completed within the timeframes stated in the Psychology Clinic Handbook.

***The first time you do not comply with these timeframes you will receive a verbal and written warning. After the first infraction, each and every infraction will result in a half-letter grade reduction.***

A special note about paperwork/client files: As you know, client files contain personal, protected health-care information. You should take your responsibility in caring for these files very seriously. ALL PAPER FILES SHOULD BE STORED IN THE FILE ROOM. NO FILE SHOULD EVER LEAVE THE CLINIC OR BE STORED IN AN OFFICE/LAB. IF AT ANY TIME ONE OF YOUR FILES CANNOT BE FOUND IN THE CLINIC AT THE END OF THE DAY OR IF IT IS DETERMINED THAT YOU HAVE REMOVED A FILE FROM THE CLINIC, YOU WILL RECEIVE AN "F" FOR THIS COURSE.

**Individual Supervision:**

Individual supervision will be scheduled biweekly. It is your responsibility to make me aware of any additional need for supervision.

Individual supervision for 2<sup>nd</sup>

1. Do you understand your treatment plan and why your therapist has recommended this treatment plan?
2. Did the therapist explain to you what you were going to do in the session and 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)?
4. Do you feel comfortable with your therapist?

What does he/she do to make you feel comfortable?

What could he/she do to make you feel more comfortable?

5. Is your

## EXAMPLE OF A SOAP NOTE

**Client:** Madeline

**Date:** January XX, XXXX

### Session 6

**S** (Information the client has provided you in this session; client's concerns, symptomatology, mitigating factors related to symptoms and motivation, practiced coping skill/technique). Madeline presents with major depressive disorder – mild to moderate, seen for follow-up visit for CBT. Client's symptoms include depressed mood, insomnia, loss of appetite, rumination, loss of interest in typically pleasurable activities, irritability. Madeline reported completion of 2/3 scheduled activities, including thought monitoring worksheet and cleaning her bedroom. Client reported increased marital conflict with ongoing rumination about her chosen career, which she relates to exacerbated sleep problems (increased rumination at night).

Madeline reported that she has been practicing thought monitoring between sessions and had continued to use the cognitive restructuring skills she had learned. Additionally, she reported increased awareness of her negative ATs and use of CR in response to her ATs, however she noted struggles with feeling “overwhelmed by the barrage of ATs” that occur at night. Refined and practiced CR skill in session, scheduled two pleasurable activities over the next week.

**O** (objectively collected data, observed or self-reported)

Orientation & Cognition: Oriented x3. Thought processes normal and appropriate to

**Practicum Supervision Log Book**

**Therapist:**

**Supervision Date:**