

PSY 6810/7810
Child and Adolescent Therapy Practicum
Fall 2013/Spring 2014

Instructor: Dr. Laura D. Seligman
Office: University Hall, Room 1880b
Class Hours: Wednesday 1-3:30 (with individual supervision by appointment)

Office Hours: M-F 11:00-12:00

Phone: 419-530-4399

It is expected that each student has read and thoroughly understands the APA Ethical Guidelines and the clinic manual.

Objective of Course:

The purpose of this course is for students to competently deliver treatment to youth

... (perhaps) at a beginning level. Remember, it is unlikely that you will have the

class having completed readings. Students are expected to come to each class meeting prepared to

1. give a brief (less than 5 minutes) synopsis of each case.

2. present analyzed outcome data for each case.

3. show videotape of each case. You should be prepared (i.e., have tape cued) to show tape of a point in session where the student experienced a problem (you want feedback) or to a place where you feel that things went well and you want the practicum team to be able to use your experience as a model. You should be prepared for both throughout the course of the semester.

cancel without rescheduling for the session. Client files must be open 45

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 you client is aware of these policies

Requirements and Grading:

Your grade will be based on participation, completion of paperwork (quality and timeliness) and your mastery of the goals outlined above For 4th and 5th year students your grade will also be partially based on the paper described below

A special note about paperwork/client files As you know, client files contain personal,

(including presentation of outcome data) We will then, as a group, select cases for a
~~more in-depth discussion based on student/teacher needs. In-depth discussion will~~

include review of videotapes as well as behavioral rehearsal and other supervision
methods. As noted above, individual supervision is available when a student (or I) feels
~~that a case needs to be reviewed in depth but we did not have time to do so. The superv~~

- 1 Go to www.practicewise.com and register for an individual account
- 2 Sign in to your individual accounts
- 4 Enter RSVP Code SeligmanUT2013
- 5 You will be able to use the system at a discount

Steps for students to purchase discounted subscriptions

EVALUATION FORM

- 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?

satisfaction?

Old Belief

Number and write in the old belief. Next to the belief indicate the current strength of the belief as a percentage, in parentheses.

New Belief

Number and write in the new belief. Next to the belief indicate the current strength of the belief as a percentage, in parentheses.

Types of Cognitive Distortions

1. Arbitrary Inference – Drawing a specific conclusion without sufficient evidence

2. Selective Abstraction – Focusing solely on a detail that is taken out of

Common Schemas

- 1 In order to be happy, I must be successful
 - 2 In order to be happy, I must be accepted by all people all of the time
 - 3 In order to be happy, I must have a husband (wife)
 - 4 My worth depends on what others think of me
 - 5 I cannot work therefore I am inadequate
 - 6 ~~My worth depends on what others think of me~~
-

- 7 If someone disagrees with me he doesn't like me

CBT Practicum Supervision Log Book

Therapist:

Supervision Date:

Type of Supervision:

Clinical activity (e.g. client contact during past week):

Brief record of content of discussions:

Treatment Plan

Client Name(s): _____

Date: _____

For Minors Parent(s)' Name(s) _____

For each client goal, problem, and/or diagnosis, state the proposed treatment plan. The treatment plan must include measurable goals, spelled out in specific, behavioral terms. Please list the interventions in the order in which they will be delivered.

You may write your treatment plan in list form, or use the following grid (which contains an example):

Supervisor Signature: _____ Date: _____

