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PSYX 534.R02: Applied Clinical Methods Practicum

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Psychology 534

Fall 2020

Practicum: Applied Clinical Methods

Course Information

Time/Day: Tuesday, 9-10:50a; individual supervision TBD

Location: ZOOM

Instructor Information

Instructor: Duncan G. Campbell, Ph.D. (MT PSY-1200)

Email: duncan.campbell@umontana.edu

Office: Skaggs Bldg., Room 143

Office hours: TBA

Phone: 406.243-4731 (office); My cell number, which is appropriate for urgent communication, will be shared during our first practicum meeting

Required Readings

1. Weissman, M.M., Markowitz, J.C. & Klerman, G.L. (2018). *The Guide to Interpersonal Psychotherapy: Updated and Expanded Edition*. New York: Oxford University Press.
2. Additional required readings are listed in the course schedule. These supplemental readings will be available via Moodle.

Course Objectives

This course continues your assessment and psychotherapy training and supports continued development of profession-wide competencies in the clinical domain. Core profession-wide competencies addressed in this course include professional behavior consistent with ethical and legal standards, professional communication and interpersonal skills, diagnostic and clinical assessment, intervention skills, and consultation and interprofessional skills. Moreover, this course facilitates your professional development of a consistent therapeutic identity (e.g., interpersonal, cognitive, integrative, etc.) to inform case conceptualizations and intervention. The course will also develop your competency in the integration of science, theory and practice. Because a sound relationship is the foundation for effective psychotherapy delivered from any theoretical orientation, you will be encouraged to understand the contributions of interpersonal process/issues to therapeutic change. Course objectives will be met through applied clinical experiences, case discussion during our weekly team meetings, directed and general readings, and weekly individual supervision. Early in the semester we will identify your individualized training goals for the current semester and beyond.

Learning Outcomes:

Students will:

1. Demonstrate developmentally appropriate growth in profession-wide competencies regarding case conceptualization, psychodiagnosis and assessment, intervention, and individual and cultural diversity.

2. Demonstrate developmentally appropriate growth in the integration of science and practice and provide appropriate and effective psychotherapeutic care for a range of clients.
3. Demonstrate developmentally appropriate growth in profession-wide competencies related to professional communication and interpersonal functioning, peer and interprofessional consultation, and performance as a member of a clinical team.

Course Requirements

1. Attendance & Participation:

You are expected to attend each team meeting and CPC staff meeting, and I anticipate that you'll make an effort to arrive on time. These meetings will take place via ZOOM. Please notify me in advance if circumstances arise (e.g., personal illness, family emergency, family healthcare obligations, etc.) that make you unable to attend class. Multiple absences from our team meetings or multiple cancellations of individual supervision meetings may preclude a passing grade.

Full and active participation maximizes the utility of group-based peer supervision/consultation. Although our use of time will vary with the nature of the issues experienced by your clients, I expect each of you to be an active group participant. ZOOM can be somewhat awkward in a teaching context, and I anticipate some challenges as we adapt our team-based practicum treatment approach to the remote delivery platform. I'm expecting us all to show up for practicum meetings (with mics ON!!!) ready to jump in.

A degree of anxiety and worry is normal among beginning *and* experienced clinicians. I anticipate that anxiety related to sharing our experiences will give way to comfort as we become increasingly familiar with each other and as our team dynamic develops. Whereas it is appropriate and helpful to offer clinical opinions and impressions to teammates, please keep in mind that it is most helpful when we do so respectfully and with the understanding that there is no 'one right way' to conceptualized clients' circumstances or do psychotherapy. In fact, the availability of diverse ideas and multiple perspectives is among the more valuable attributes of our team-based approach. Because our approach employs peer supervision and consultation, showing up late, missing practicum meetings, and sitting behind a muted microphone will dilute the experience for everyone.

Using case presentations we will 'staff' each new client who is evaluated by one of our team members. In 10 minutes or so, the clinician who conducts an intake evaluation of a potential client will present a brief summary of the evaluation's findings. These case presentations will occur during the first practicum meeting immediately following the intake interview and should include the following: basic demographic information (e.g., age, gender identity, living situation, relationship and occupational/educational status), summary of the potential client's presenting problem and its history, mental status exam, complicating contextual factors (social support/lack of, etc.), initial diagnostic impression, and the therapist's thoughts about disposition/treatment planning. In addition, team members will share their initial and ongoing thoughts about case formulation.

To stimulate case discussion and facilitate team functioning, ALL practicum team members will present *weekly updates for each of their clients*. In addition, to the degree that the technology will allow, student clinicians will occasionally present video of their sessions to the treatment team.

2. Expectations & procedures:

Ethical practice: Our behavior must 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. Our group practicum meetings will provide opportunities to discuss ethics-related issues as they arise.

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 supervision meetings throughout the year. Please don't hesitate to ask me or someone else for clarification about procedural issues.

Session Recording: Because we are a training clinic, all therapy and intake contacts with clients are recorded. Though it is possible that you will encounter a potential client who requests that their sessions are NOT recorded, we cannot accommodate this request. Please do not equivocate when discussing the recording requirement with clients.

Casenotes, Documentation, Chart Review, and Intake Reports: I will read and co-sign all of your casenote entries in Titanium. Please know that I may also periodically review your clients' EHR so that I am fully informed regarding clinical issues/progress and to facilitate supervision. It is difficult to overstate the importance of timely, accurate, and conscientious documentation of clinical activities. Although CPC policy requires casenotes to be written within 48 hours of treatment provision, my policy urges you to write casenotes on the same day as the clinical encounter. In addition, CPC policy requires documentation of all collateral contacts and communication to Dr. Birch of the release of any client-related information to outside persons or agencies. CPC policy requires that written intake reports are submitted to the CPC Clinical Assistant and Dr. Birch within one week of interview completion. I respectfully request that you submit the intake evaluation within 2 business days. Note that you will have a much easier time with intake write-ups if you begin working on them immediately after your interview. All clinical documentation guidelines must be met before the semester's end. Persistent difficulties with clinical documentation, chart audit clearance, and slippage with regard to CPC policies and procedures may preclude a passing grade. Final grades are not submitted until the audit is cleared.

Caseload: A typical caseload for more students will be approximately 3-5 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 and may carry fewer total clients. Caseload is a student-by-student decision, one that you and I will make together.

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 mean referral to an outside agency or a decision that the CPC is incapable of meeting a particular client's needs. It is important to keep this in mind when interacting when you meet with a client for the first time. Even when clients clearly need treatment, for example, we might not be able to provide it for them.

Intake assessments will be assigned to you during individual supervision meetings. It is not unusual for one practicum student to intake a client who is then seen by another student for psychotherapy. It is imperative that you and I and Dr. Birch make collaborative decisions about

new clients' treatment dispositions. This collaborative consultation happens *before* you tell a client that the CPC will be an appropriate treatment venue.

Individual Supervision: We will hold weekly 1:1 supervision meetings (50 minutes) via ZOOM. Although the content and structure of supervision will differ 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 continue your professional development; 3) working to ensure that we are doing everything we can to ensure scientifically-informed care 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 something is missing.

During individual supervision meetings, we will discuss your clients and your experiences with them, and we will review video together. On occasion, Dr. Birch or I might need to review video of your clinical work outside of individual supervision meetings. We will make arrangements for that if and when it is necessary. I will also encourage you to reflect on your ideas about case conceptualization and your treatment approach and to continually assess whether your clients are responding. We will discuss individual supervision and the practicum evaluation procedures more specifically in our 1:1 supervision meetings early in the semester.

Immediate or Urgent Consultation: Please feel free to consult with me as needed. I do not expect you to handle emergency and/or crisis situations on your own. If a crisis arises, feel free to consult with me, a senior student, the CPC assistant (Julia Cameron), Dr. Birch, or another faculty supervisor. During business hours, you are welcome to call my cell or office phone number, and I will attempt to respond to you as soon as possible. Please note, however, that I may not answer my phone if I am in a meeting, teaching, or working with my own clients. The CPC backup supervision cell phone--and the faculty member attached to it!--is available to you Monday through Friday from 8a to 8p. Please remember that the CPC is closed on University holidays. Because this means there is NO available urgent clinical backup, please do not schedule any client meetings on University holidays.

3. Grading:

Credit (Cr) / No Credit (NC) / Incomplete (I) / In Progress (N)

Determination of your final grade depends upon several factors, including the satisfactory development of clinical skills and competencies, 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 ("C") requires that all clinical paperwork (e.g., treatment plans, treatment summaries, intake reports, casenotes, etc.) are fully- and appropriately-executed by the end of the semester. Your charts will be audited prior toward the semester's end, and a passing grade will require that you have satisfied all conditions of the audit.

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 [Student Conduct Code](#).

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

5. Accommodations for Students with Disabilities:

I am pleased to make accommodations for any student who has a disability. If you have a disability that necessitates accommodation, please let me know right away so we can make a plan together. Also, I can only make accommodations *when your disability is documented by the [Disability Services for Students](#)* (DSS: 243-2243).

Tentative Course Schedule & Reading List

Wk	Dates	Topic & Readings
1	T Aug 25	Course orientation; Case presentations
2	T Sep 1	Case presentations
3	T Sep 8	Weissman et al.: Section 1, Chapters 1 & 2
4	T Sep 15	Weissman et al.: Chapter 3, What is IPT?
5	T Sep 22	Weissman et al.: Chapter 4, Beginning IPT
6	T Sep 29	Weissman et al.: Chapter 5, Grief
7	T Oct 6	Weissman et al.: Chapter 6, Role Disputes
8	T Oct 13	Weissman et al.: Chapter 7/8, Role Transitions and Interpersonal Deficits
9	T Oct 20	Weissman et al.: Chapter 9, Termination and Maintenance
10	T Oct 27	Weissman et al.: Chapter 10, IPT Techniques and the Therapist's Role
11	T Nov 3	Election Day: no classes; UM offices closed.
12	T Nov 10	Weissman et al.: Chapter 11, Common Therapeutic Issues and Patient Questions
13	T Nov 17	TBD
14	T Nov 24	TBD