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Fall 9-1-2021

### PSYX 534.01: Practicum - Applied Clinical Methods

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## Psychology 534

Fall 2021

### Practicum: Applied Clinical Methods

#### Course Information

Time/Day: Tuesday, 1-2:50pm; individual supervision TBD with individual supervisors

Location: CPC Room 115 (Zoom if courses go remote)

#### Instructor Information

Instructor: Caitlin Martin-Wagar, Ph.D.

Email: [Caitlin.Martin-Wagar@umontana.edu](mailto:Caitlin.Martin-Wagar@umontana.edu)

Office: Skaggs Bldg., Room 366

Office hours: TBD & by scheduled appointment

Phone: Office 406-243-4986; My cell number, which is appropriate for urgent communication, will be shared during our first practicum meeting.

#### Required Readings

1. Eells, T. D. (2015). *Psychotherapy Case Formulation*. Washington DC: American Psychological Association.
2. Additional required readings are listed in the course schedule. These supplemental readings are 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) 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, weekly individual supervision, and formal case presentations. 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 in the CPC (or on zoom). Please notify me in advance if circumstances arise (e.g., personal illness, family emergency, family healthcare obligations) 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. We learn through collaboration, and by accepting and providing feedback. 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 conceptualize 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.

Using case presentations, we will 'staff' each new client who is evaluated by one of our team members. In 15 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 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 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.

*Session notes, Documentation, Chart Review, and Intake Reports:* Your individual supervisor will read and co-sign all of your session note 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 notes to be written within 48 hours of treatment provision, my policy urges you to write notes on the same day as the clinical encounter. In addition, CPC policy requires documentation of all collateral contacts and communication to outside persons or agencies, with the necessary signed release of information form. 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 delays or other problems with clinical documentation, chart audit clearance, and slippage with regard to CPC policies and procedures may preclude a passing grade. Final grades are submitted when the audit is cleared.

*Caseload:* A typical caseload for most 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 your individual supervisor will make collaboratively.

*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 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, your supervisors (me and individual supervisor), 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:* You will have weekly 1:1 supervision meetings (50 minutes) with Dr. Martin-Wagar or a psychologist supervisor from the nearby community. Details for those supervision meetings will be shared when you meet for your first supervision with your supervisor.

*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, 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 always 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. Assignments:

1. Please identify 3 practicum goals for your semester. You will share your goals with the group on the second Tuesday of the semester (Sept 7) and are strongly encouraged to share your goals with your individual supervisor as well.
2. Brief (about 15 minutes) case presentations for all new cases.
3. Formal, written case conceptualization and oral presentation (see Appendix A).

4. 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, progress notes, 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.*

5. Academic Conduct:

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.

6. 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 [Office for Disability Equity](#)* (ODE: 406-243-2243).

7. Classroom and Community Safety: COVID-19 Precautions

- a. **UM Mask Requirement:** Please note that the University Administration requires that all students and faculty wear masks covering one's mouth and nose at all times in classroom and laboratory spaces (<https://www.umt.edu/coronavirus/mask-policy.php>). This requirement is an important part of us doing our parts to ensure campus wellness and safety. Per guidance from University administration, the mask requirement applies to all us. If any one of you is unable to wear a mask, please contact your academic advisor or the Office for Disability Equity to discuss alternative options.

- b. If you feel sick and/or are exhibiting COVID-19 symptoms, please do not come to the CPC and contact the Curry Health Center at (406) 243-4330.
- c. If you are required to isolate or quarantine, I will support you to ensure continued academic progress.
- d. Because physical distancing (i.e., 6 feet between individuals) may not be possible in a class like ours, we are required to use specific seating arrangements. In addition, in order to facilitate the potential need for contact tracing through Missoula County Health Department, I will need to take class attendance.
- e. Drinking liquids and eating food is discouraged within the classroom. I will build in a break so you have time to step out of CPC to drink water or have a snack.
- f. UM recommends students get the COVID-19 vaccine. Please direct your questions about vaccines to Curry Health Center.

### Tentative Course Schedule & Reading List

Wk	Dates	Topic & Readings
1	T Aug 31	Course orientation; Case summaries
2	T Sep 7	CPC Staff meeting; Semester goals due; Eells Chapter 1 Defining Formulation: Benefits, Goals, History, and Influences
3	T Sep 14	Eells Chapter 2 Sound Decision Making in Case Formulation
4	T Sep 21	Eells Chapter 3 Developing a Culturally Responsive Formulation
5	T Sep 28	Ridley et al., 2021
6	T Oct 5	CPC Staff meeting; Eells Chapter 4 Formulation in the Context of Psychotherapy Integration
7	T Oct 12	Eells Chapter 5 Step 1: Create a Problem List
8	T Oct 19	Eells Chapter 6 Step 2: Diagnose
9	T Oct 26	Eells Chapter 7 Step 3: Develop an Explanatory Hypothesis
10	T Nov 2	CPC Staff meeting; Eells Chapter 8 Step 4: Plan Treatment
11	T Nov 9	Sanchez et al., 2021
12	T Nov 16	Magyar-Moe et al., 2015
13	T Nov 23	No readings
14	T Nov 30	Case Conceptualization and Presentations
15	T Dec 7	CPC Staff meeting; Case Conceptualization and Presentations (con't)

## Appendix A-Case Conceptualization & Presentation

\*\*\*see pages 180-182 for checklist of evaluating the process of case formulation)

**Background Information** (provide summary paragraph introducing the client and appropriate history)

1. Case description and identifying information
2. Description of presenting problem
3. Description of referral source
4. Description of social/educational/occupational hx
5. Description of hx of psychological problems and/or tx
6. Description of pertinent medical history
7. Description of current and hx of medication and substance use

**Problem List (See Table 5.1 in text – consider all types of problems, of course each client might not have all types)** (this section can be a list or table, or paragraph)

1. Red flags
2. Self-functioning
  - a. Behavior
  - b. Cognition
  - c. Affect and mood
  - d. Biological
  - e. Existential
3. Social/interpersonal Functioning
4. Societal Functioning

**Diagnosis (provide DSM codes when appropriate)**

**Explanatory Hypothesis (state theoretical approach using for hypotheses)** (provide a summary following guide below – can list precipitants, origins, resources, obstacles, and then include a paragraph(s) summary of hypothesis)

1. Identify precipitants
2. Identify origins
3. Identify resources
4. Identify obstacles
5. Explanatory Template/Hypothesis

**Treatment Plan** (this section can be a written summary or table or bullet point list – or some combination of these)

Attend to 7 characteristics in text (collaborative, sufficient detail to guide action, realistic time frame, articulate outcomes, prioritize and sequence action steps, test explanatory hypotheses and provide contingencies based on clients' response to intervention, and efficient and parsimonious.

Include Goals (Outcome, Process, SMART)

Describe Interventions to Reach Goals

**ORAL CASE PRESENTATION – should not exceed 30 minutes**

**Summarize written presentation**

**Additional information to present:**

*What do you want/need from this case conference? Come prepared with questions you have from the group*

*What are the potential ethical issues involved in this case?*

*What are the potential multicultural sensitivities (e.g. assumptions and/or biases) within this case?*