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PSYX 534.01: Practicum - Applied Clinical Methods

Caitlin A. Martin-Wagar

University of Montana, Missoula, caitlin.martin-wagar@umontana.edu

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Psychology 534

Spring 2022

Practicum: Applied Clinical Methods

Course Information

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

Location: CPC Room 121 (Zoom if courses go remote)

Instructor Information

Instructor: Caitlin Martin-Wagar, Ph.D.

Email: Caitlin.Martin-Wagar@umontana.edu

Office: Skaggs Bldg., Room 366

Office hours: TBD & by scheduled appointment

Phone: Office 406-243-4986; Cell 440-832-0974

Required Readings

1. Magyar-Moe, J. L. (2009). *Therapist's guide to positive psychological interventions*. New York: Elsevier.
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. 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.

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 *periodic updates for each of their clients*. Student clinicians will present video of their sessions to the treatment team several times throughout the semester.

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. 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.

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 phone, 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 Thursday from 8a to 8p, along with Fridays if you get permission in advance. 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:

- Please reflect on Fall 2021 goals and identify 3 practicum goals for Spring 2022 semester. You will share your goals with the group on the second Tuesday of the semester (Jan 25) and are strongly encouraged to share your goals with your individual supervisor as well.
- Strengths assessment: Each student will complete the Values in Action Inventory of Strengths (VIA; 240 items). This can be found at www.authentic happiness.org. (As people are required to agree for their responses to be used in research, an alternate version of the VIA, the IPIP-VIA, is available from the instructor and can be used in lieu of the VIA). Students will turn in a copy of their top five signature strengths via the Moodle, as well as be prepared to discuss them in class on February 8th. Then, from the identified signature strengths, outline a plan to use this strength on a regular basis (to discuss in group on February 8th). These can be taken from suggestions in the course readings, other resources, or developed by the student. This plan should consist of at least 3 different suggestions, as well as the rationale for selecting them.
- An oral presentation on one specific counseling technique (15 minutes).
- 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. In the CPC, we would like you to wear an N95 or KN95, which are available free of charge if you need some.
- 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 so that masks can remain on. I will build in a break so you have time to step out of CPC to drink water or have a snack. However, if you need to eat or drink, you are welcome to do so.
- f. UM recommends students get the COVID-19 vaccine and booster. Please direct your questions about vaccines to Curry Health Center.

Tentative Course Schedule & Reading List

Wk	Dates	Topics	Readings
1	T Jan 18	Course orientation; reflect on Fall semester goals	N/A
2	T Jan 25	Goals discussion (Semester goals due by class time); Strengths in counseling	Chapter 1
3	T Feb 1	No physical class-take VIA; identify actions from Rashid & Anjum 2005	Rashid & Anjum, 2005
4	T Feb 8	VIA discussion (VIA due by class time)	N/A
5	T Feb 15	Risk assessment	Chapter 2
6	T Feb 22	Technique presentation (1, 2)	N/A
7	T March 1	Technique presentation (3, 4)	N/A
8	T March 8	Technique presentation (5, 6, 7)	Chapter 3
9	T March 15	Evidence-based positive psychology interventions	N/A
10	T March 22	NO CLASS-SPRING BREAK	N/A
11	T March 29	Strengths in multicultural counseling	Chapter 4

Wk	Dates	Topics	Readings
12	T April 5	(Case Conceptualization draft due)	N/A
13	T April 12	Measurement of strengths in counseling	N/A
14	T April 19	Internship discussion	Chapter 5
15	T April 26	Case Conceptualization Presentations (Case Conceptualization final due by class time)	N/A
16	T May 3	Case Conceptualization Presentations (con't)	N/A

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?

Appendix B-Technique Presentation

This is a brief presentation (approximately 15 minutes) of a counseling technique. The purpose of this presentation is to pick a specific technique that you are utilizing with a client on practicum (e.g., empty chair, thought record, progressive relaxation, imaginal exposure) and to teach the class the technique. The presentation should include:

- Brief overview of the theory behind the technique
- A description of the technique and how change can result from use of the technique
- A demonstration of the technique (not a video of someone using the technique but the presenter demonstrating the technique).
- Presentations should provide handouts relevant to the technique when appropriate (e.g., if you present how to use the thought log you provide a copy of the thought log, if you present on in vivo exposure, you provide an example of a hierarchy for exposure).