

PSYCH 6820 and 6830 Practicum

Common Syllabus: Clinical Psychology Program

Practicum Team Group Supervision: Weds 11am-1pm in UNT Psychology Clinic

Individual supervision: 1 hour per week scheduled directly with faculty supervisor

Course Description:

This course will provide you with an opportunity to practice applying the science of psychology to the treatment of individuals in clinic settings. There will be didactic components to the course, to be sure, but the true skills you must master are less content specific: they include things like learning to be proactive, understanding when and how to seek supervision, learning to learn, developing assertion, and practicing courage. We will spend a lot of time discussing empirically-based treatments and how to best apply them, but we will also discuss issues that include reactions to therapeutic situations and how they enhance or hinder the treatment of clients. You will be expected to practice key skills, such as conceptualizing cases, role-playing clinical techniques, practicing experiential exercises meant to allow you to be more present and empathic, learning and practicing how to assess and manage risk (e.g., suicide), learning to write assessment reports and progress notes, and discussing ethical issues encountered in clinical practice. Across ALL of these efforts, we will integrate scientific methods and empirical findings into our practice. The latter is key so we will devote a large part of practicum to evaluating the empirical basis for what we do.

The format for this course involves weekly team meetings (Weds 11-1), weekly individual supervision, weekly peer supervision and - for students in their 2nd year or beyond – performing assessment and/or psychotherapy services. Students are also expected to provide clinic coverage for on call services.

Practicum teams are vertical – they have students at different levels of training. Expectations differ somewhat depending on year of training and student readiness. First year students are expected to primarily observe psychotherapy and assessment cases, and to spend a large part of their time on didactics and literature searches that inform evidence-based practice across clients served by the practicum team. Second year students are primarily expected to conduct assessments (minimum of 10 comprehensive batteries and associated integrated reports within the academic year). As students near completion of the 10-battery benchmark, the individual supervisor may authorize the student to begin seeing a small number of psychotherapy clients. Students in their third year or more will primarily focus their attention on conducting psychotherapy, but may also use this time to begin developing expertise in more specialized or advanced assessment competencies.

Attendance

Attendance is required and expected unless it conflicts with a religious holiday or you are ill or have some other sanctioned excuse for being absent.

Individual Supervision with Faculty

Students in their 2nd year or beyond will meet weekly with their practicum team supervisor on an individual basis for 50 minutes. First year students will meet with the faculty supervisors for 50 minutes weekly as a group (usually a “group” of first year students consists of two students). All students should come prepared to discuss cases at these supervision meetings, as well as to watch digital recordings of psychotherapy and/or assessment services. Since time is inherently limited, students should plan to arrive at supervision with a priority of the most difficult cases and/or topics for supervision discussion.

Peer Supervision

First year students will meet with advanced students for 2hrs/week, to review digital recordings of psychotherapy and/or assessment services and discuss clinic cases. Second year students will meet with an advanced student (3rd year or more) for 1 hour to receive peer supervision *and* also meet with a 1st year student for 1 hour weekly to provide supervision. Third year and beyond students will meet with lower level students for 2 hours weekly to provide supervision. Peer supervision is the primary experiential training activity for learning to become a supervisor. However, in no case does peer supervision replace or supplant faculty supervision of any psychological services. Supervising faculty maintain responsibility for supervision of peer supervision.

Practicum Team Meetings / Group Supervision

For 2 hours a week, we will meet together as a practicum team. Typically, the first hour will be devoted to didactics with topics varying by semester according to student and faculty interests and needs. Students are expected to complete any assigned readings for their practicum team and be active participants of these didactic components, including asking questions and relating didactic topics to their own cases. The second hour of this meeting is typically devoted to discussing cases and/or general clinical practicum issues, such as ethics or especially difficult cases and/or topics. We will role-play some issues, and review digital recordings when appropriate.

Profession-wide Competencies (PWC)

Clinical practicum is the primary experiential training activity to foster development of a wide range of foundational and functional profession-wide competencies, as described below:

1. *Research:*
 - a. Demonstrate scientific mindedness and an ability to critically evaluate research (e.g., efficacy studies, clinical case studies, program evaluation) that informs an evidence-based practice of psychology.
2. *Ethics and Legal Standards:*
 - a. Be knowledgeable of and act in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and relevant professional standards and guidelines.
 - b. Recognize ethical dilemmas as they arise, and apply ethical decision-making processes in order to resolve the dilemmas.
 - c. Conduct self in an ethical manner in all professional activities.
3. *Individual and Cultural Diversity:*
 - a. Demonstrate an understanding of how your own personal/cultural history, attitudes, and biases may affect how you understand and interact with people different from yourself;
 - b. Demonstrate knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service;
 - c. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability to apply a framework

for working effectively with areas of individual and cultural diversity not previously encountered over the course of your training and experiences thus far. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

- d. Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and groups, and apply this approach effectively in your professional work.

4. *Professional Values and Attitudes*

- a. Behave in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- b. Engage in self-reflection regarding your personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

5. *Communication and Interpersonal Skills*

- a. Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, and those receiving professional services.
- b. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- c. Demonstrate effective interpersonal skills and the ability to manage difficult communications well.

6. *Assessment*

- a. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
- b. Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural).
- c. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- d. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- e. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- f. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

7. *Intervention*

- a. Establish and maintain effective relationships with the recipients of psychological services.

- b. Develop evidence-based intervention plans specific to the service delivery goals.
 - c. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
 - d. Demonstrate the ability to apply the relevant research literature to clinical decision making.
 - e. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
 - f. Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.
8. *Supervision*
- a. Demonstrate knowledge of supervision models and practices.
9. *Consultation and Interprofessional / Interdisciplinary Skills*
- a. Demonstrate knowledge and respect for the roles and perspectives of other professions.
 - b. Demonstrates knowledge of consultation models and practices.

Grades

You will be given feedback throughout the semester, but you will be given formal evaluation of your PWC at the end of the semester. Grades will be assigned based on your involvement in team meetings, how well prepared you are for supervision, and the degree to which your clinical skills advance over the course of the semester. The quality of your progress notes and assessment cases will also be the basis for evaluation. You will be provided verbal and written feedback on these.

Disabilities Accommodation: Appropriate accommodations will be made for students with disabilities. Please inform the faculty supervisor as soon as possible about the need for accommodations.

The University of North Texas is on record as being committed to both the spirit and letter of federal equal opportunity legislation; reference Public Law 92-112 – The Rehabilitation Act of 1973 as amended. With the passage of new federal legislation entitled Americans with Disabilities Act (ADA), pursuant to section 504 of the Rehabilitation Act, there is renewed focus on providing this population with the same opportunities enjoyed by all citizens.

As a faculty member, practicum supervisors are committed (and required by law) to provide "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of that disability. Student responsibility primarily rests with informing faculty of their need for accommodation and in providing authorized documentation through designated administrative channels. Information regarding specific diagnostic criteria and policies for obtaining academic accommodations can be found at www.unt.edu/oda/apply/index.html. Also, you may visit the Office of Disability Accommodation in the University Union (room 321) or call (940) 565-4323.

Required Readings/Textbooks

- UNT Psychology Clinic Manual.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct*. Retrieved from <https://www.apa.org/ethics/code/>

Didactic Topics, Readings and Presentations

All incoming students will meet on a weekly basis throughout 6820 as a group for additional pre-practicum training. By the end of the fall semester following matriculation into the Clinical Psychology program, all students must individually complete the following three activities:

1. UNT Psychology Clinic Orientation and HIPAA Training (attendance will be verified by clinic staff).
2. Complete CITI's "**Human Subjects Research (Social & Behavioral Research Investigators)**" course. It is available at no cost and can be accessed by following the directions found at http://research.unt.edu/sites/default/files/IRB_To_Register_for_a_Human_Subjects_Research_Course_through_CITI.pdf. The course can be completed in approximately 3 hours. It consists of 17 modules, all of which are followed by quizzes. Upon successful completion, a "certificate of completion" is available. Please save your certificate and email it to the Director of Clinical Training (DCT). You should also retain a copy of your certificate because you will need to submit it to the UNT IRB office as a part of your first human subjects research proposal.
3. Go to <http://ebbp.fsm.northwestern.edu/> and click on the link to "Register (free)" Complete each field to create an account. When it asks for your degree, enter your most advanced degree (not the doctoral degree you are working towards). When it asks for school/employer, enter "University of North Texas". When it asks how you heard about the online learning, enter "from a teacher". After you log in, click on "my modules". There are nine modules on evidence-based practice to complete (they are listed at the bottom of the page); each one lasting about an hour. You should complete each one, via self-pacing them out across the next month. You may need to update your flash player and/or allow pop ups to view the courses properly. You do **NOT** need to take the exam at the end (doing so requires a fee and we realize many of you are moving this summer and have expenses). Instead, to verify your completion, please take a screen shot of the final page of each module. When you have all 9 screen shots accomplished please send them to the DCT in a single email (as attachments).

As a group, all students will complete additional training in theory and models of supervision as well as interprofessional education. The following readings are therefore required. Students must submit 2 reaction papers, following completion of the readings at a self-determined pace but no later than the end of the first semester of enrollment. Reaction papers should be submitted to the Practicum Coordinator (Dr. Cox).

Required Supervision Readings:

American Psychological Association (2015). Guidelines for clinical supervision in health service psychology. *American Psychologist*, 70, 33-46.

Dunn, R., Callahan, J. L., Farnsworth, J. K., & Watkins, C. E., Jr. (2017). A proposed framework for addressing supervisee-supervisor value conflict. *The Clinical Supervisor, 36*, 203-222.

Ellis, M. V. (2017). Clinical supervision contract and consent agreement. *The Clinical Supervisor, 36*, 145-159.

Ellis, M. V., Berger, L., Hanus, A. E., Swords, B. A., & Siembor, M. (2014). Inadequate and harmful clinical supervision: Testing a revised framework and assessing occurrence. *The Counseling Psychologist, 42*, 434-472.

Gonsalvez, C. J., & Calvert, F. L. (2014). Competency-based models of supervision: Principles and applications, promises and challenges. *Australian Psychologist, 49*, 200-208.

Hook, J. N., Watkins, C. E., Jr., Davis, D. E., Owen, J., Van Tongeren, D. R., & Ramos, M. J. (2016). Cultural humility in psychotherapy supervision. *American Journal of Psychotherapy, 70*, 149-166.

National Counselor Examination (2013). *Consultation models*. Retrieved from www.hgst.edu/wp-content/uploads/2013/06/Consultation-models-NCE.pptx

Polychronis, P. D., & Brown, S. G. (2016). The strict liability standard and clinical supervision. *Professional Psychology: Research and Practice, 47*, 139-146.

Simpson-Southward, C., Waller, G., & Hardy, G. E. (2017). How do we know what makes for “best practice” in clinical supervision for psychological therapists? A content analysis of supervisory models and approaches. *Clinical Psychology & Psychotherapy, 24*, 1228-1245.

Tracey, T. J. G., Bludworth, J., & Glidden-Tracey, C. E. (2012). Are there parallel processes in psychotherapy supervision? An empirical examination. *Psychotherapy, 49*, 330-343.

Watkins, C. E., Jr. (2013). Being and becoming a psychotherapy supervisor: The crucial triad of learning difficulties. *American Journal of Psychotherapy, 67*, 135-151.

Watkins, C. E., Jr. (2018). The Generic Model of Psychotherapy Supervision: An analogized research-informing meta-theory. *Journal of Psychotherapy Integration, 28*, 521-536.

Required IPE Readings:

Kelly, J. F., & Coons, H. L. (2012). Integrated health care and professional psychology: Is the setting right for you? *Professional Psychology: Research and Practice, 43*, 586-595.

Kessler, R. (2009). Identifying and screening for psychological and comorbid medical and psychological disorders in medical settings. *Journal of Clinical Psychology, 65*, 253-267.

Lundahl, B., Moleni, T., Burke, B. L., Butters, R., Tollefson, D., Butler, C., & Rollnick, S. (2013). Motivational interviewing in medical care settings: A systematic review and meta-analysis of randomized controlled trials. *Patient Education And Counseling, 93*, 157-168.

<http://www.motivationalinterviewing.org/motivational-interviewing-resources>
Ward-Zimmerman, B., Gunn, W. B., Ruddy, N. B., Vogel, M. E., Cubic, B. A., Kearney, L. A., Neumann, C., Stillman, M. A., & Wells, S. (Eds.) (2017). *Integrated*

Primary Care Psychology: An Introductory Curriculum. Washington, DC: Society for Health Psychology.

Student Perceptions of Teaching (SPOT)

The Student Perceptions of Teaching (SPOT) survey is a requirement for all organized classes at UNT. This short survey will be made available to you at the end of the semester, providing you a chance to comment on how this class is taught. Please complete this online survey at the end of the semester.