

SAM HOUSTON STATE UNIVERSITY
 Department of Psychology and Philosophy
 Psychology 883: Doctoral Clinical Practicum II (Spring 2008)
 Tuesdays 9-11, Psychological Services Center

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Office Hours: Wednesdays 1:00-3:00 and by appointment (Note: It is best, due to potentially unforeseeable faculty responsibilities, you confirm in advance my availability for office meetings.)

Course Description: For this practicum, students who have completed PSY 882 are eligible to engage in clinical work either at the Psychological Services Center or at various off-campus clinical practicum sites. Given diversity in site and case exposure, the group atmosphere should expose students to varied populations, presenting concerns, cultural textures, treatment contexts and approaches, assessment tasks, and ethical considerations. Student clinicians are encouraged to remain mindful not only meaningful differences among cases but also the common elements that undergird effective psychotherapy, including a supportive therapeutic relationship, respect for clients and their difficulties, and a hopeful approach to the healing process. Although it is not required reading for this course, I refer students to Bruce Wampold's book *The Great Psychotherapy Debate: Models, Methods, and Findings* for a critical review of these issues.

Specific Course Objectives:

- 1) ***Developing specific skills, competencies, and points of view needed by professionals*** engaged in psychotherapeutic and assessment processes. For example, techniques employed in therapy cases will vary, though we may all focus on building self-efficacy in employing common psychotherapeutic factors such as engagement in emotional, confiding relationships, within healing contexts, in which rationales for clients' demoralization are agreed upon by the therapist and client and a ritual for resolving demoralization is the focus of collaborative therapeutic work (Wampold, 2001). *Cued* audio and (preferably) audiovisual recordings of psychotherapeutic (and/or assessment) work are highly encouraged, as they are extremely useful tools by which to develop *healthy* self- and other-inspection of clinical skills, competencies, and perspectives on the process.
- 2) ***Developing skill in orally expressing*** client characteristics, case conceptualizations, and personal issues that are germane to clinical work. To develop oral presentation skills, each student clinician will present one formal case presentation during the semester. In addition, student clinicians should be prepared at each meeting to discuss cases relatively informally. Because of time constraints, it is likely that any individual student will not be able to discuss their cases each week, requiring students to prioritize their weekly needs for group reflection. To achieve balance in presentation time across the group, each student should aim to discuss their most pressing clinical issues approximately every other week for 10-15 minutes.
- 3) ***Learning how to find and use resources for answering questions and solving problems.*** To facilitate resourcefulness in case-specific conceptualization and problem solving, students should 1) consult the theoretical and/or research literatures prior to their formal presentations, 2) distribute a week in advance one reading that is germane to their formal case conceptualization (which everyone should be sure to read), and, with the reading, 3) provide a "thought question" anticipated to be grist for the discussion mill during the formal case presentation.

General Expectations and Requirements:

- Absences. Students should notify the on-site supervisor and me as far in advance as possible in the case of an absence. More than 3 absences as defined by University policy will result in grade deduction (one letter from the final course grade for each absence thereafter), unless the student has received special permission to be absent for a reasonable (and admirable!) cause (e.g., internship interviews).
- Preparation and Respect. As we have mutual responsibilities to each other as part of a group learning experience, student clinicians should be prepared for (e.g., awake, organized, tapes cued, reading read, log prepared) and respectfully engaged in group discussion at all practicum meetings.
- Professionalism and Ethics. Student clinicians will behave in all relevant settings, with clients, supervisors, and fellow students, according to contemporary professional and ethical standards. Special attention should be paid given potentially tight-knit contexts to issues of client confidentiality.
- Individual Supervision. While time commitment may vary according to site and student needs, each student should receive approximately 1 hour of weekly supervision from their on-site supervisor. If I am providing direct supervision on your PSC cases (overseen by Darryl W. Johnson, Ph.D.), we will generally allocate 1 arranged hour per week for individual supervision and adjust upward or downward as needed. Please communicate supervision needs/preferences assertively and, ideally, introduce new cases in supervision prior to intake with the client. Bring any materials to be signed for the week to individual supervision.
- Case Records. Students are expected to maintain timely, accurate, and well written on-site case records, obtaining timely supervisor oversight/signatures.

Evaluation/Grading: Grades will be determined by the course instructor according to the student clinician's class participation and effort, clinical competency and development (including improvement as a factor), and professional and ethical behavior. Grades will be assigned with significant consideration owing to feedback and evaluation provided by on-site supervisors. Satisfactory performance will result in a B, with As issued only for exemplary performance and grades below B issued when deficits are noted in adherence to course expectations and requirements.

University Policies:

Academic dishonesty (e.g., plagiarism; see University policy for other examples) will guarantee you a "0" on any assignment and may result in formal disciplinary actions.

Per University policy, **students with a disability** that affects their academic performance are expected to arrange for a conference with the instructor in order that appropriate strategies can be considered to ensure that participation and achievement opportunities are not impaired.

Per Section 51.911 (b) of the Texas Education Code, an institution of higher education excuses a student from attending classes or other required activities, including examinations, for the **observance of a religious holy day**, including travel for that purpose. A student whose absence is excused under this subsection may not be penalized for that absence and shall be allowed to take an examination or complete an assignment from which the student is excused within a reasonable time after the absence. *Per University policy 861001*, a student for whom this section is relevant should present to the instructor a written statement concerning the religious holy day(s). The instructor will notify the student of a reasonable timeframe within which the missed assignments/examinations are to be completed.

Appendix A: Formal Case Presentation

On 2/5/08, student clinicians will sign up for formal case-presentation dates (one student per week), with the first possible presentation date being 2/19/08. Prior to their presentations (which may deal with either therapy or assessment), students should 1) consult the theoretical and/or research literatures on issues relevant to their case, 2) distribute to the class one week in advance a reading that is germane to their formal case conceptualization (i.e., distributed 2/12/08 for the first presentation on 2/19/08), and, with the reading, 3) provide a “thought question” anticipated to be grist for the discussion mill during the formal case presentation.

Students should plan to present their case conceptualizations on their respective dates for approximately 30 minutes and then lead group discussion (which incorporates the reading-related “thought question”) for approximately 20 minutes. Included should be an oral presentation aid (e.g., PowerPoint) and b) a cued audio or (preferably) audiovisual recording that facilitates discussion of a clinical issue.

Students who are unfamiliar with presenting therapeutic cases are referred to several helpful resources available in the PSC. One source in particular, Barbara Ingram’s *Clinical Case Formulations: Matching the Integrative Treatment Plan to the Client*, is an extremely useful guide to the process. It provides general frameworks and strategies, as well as orientation-specific models, for case formulation.

A rough guide to content includes the following:

- **Identifying Information:** Pseudonym, Age, Race/Ethnicity, Sex, Location of Treatment, Situation (e.g., civil, forensic), Diagnoses
- **Integrated Data Sources (list):** Medical Records, Self-Report, Behavioral Observation, Testing, Consultations
- **History:** Developmental, Family, Social, Significant Life Events (e.g., abuse/neglect, significant losses), Educational/Occupational, Self-, Other-, and Self-Other Conceptualizations, Relationships, Parenting, Substance Use, and Psychiatric/Treatment:
 - First episode/contact (age, situation, precipitants, course, interventions)
 - Critical events (e.g., trauma, suicide, homicide), including mental state at the time and subsequently
 - Number and course of inpatient/outpatient treatments
 - Past conceptualizations and interventions (including successes and failures)
 - Forensic (if significant for treatment)
- **Client Presentation and Treatment (or Assessment) Overview:** Mental Status, Rapport, Session History
- **Case Formulation:** Personality/Diagnostic Conceptualization, Orientation Conceptualization, Treatment Themes/Goals, Adjunct Interventions, Functioning, Progress

Note: In the case of Assessment Presentations, relatively thorough Personality, Neurocognitive, Diagnostic, and/or Forensic Conceptualizations (depending on the referral questions) shall replace therapeutic progress considerations.

Appendix B: Clinical Logs

Each student clinician shall maintain a **therapy log**, a separate page for each client (using pseudonym and basic demographic information), with information added each week, to be turned in on hard copy (paper) at the beginning of each practicum class. Format should be the following:

Audrey Miller's Therapy Log for Anxious Amy
35 YO, Single, Caucasian Female
Supervisor/Contact: Dr. Barlow, Anxiety Clinic USA, 999.999.9999

Session	Work	Difficulties (if present)
1) 2/5/08, 1 hour	Intake: Discussed Hx of panic attacks	N/A
2) 2/12/08, 1 hour	Discussed Tx plan, rationale for CBT, and goals for systematic desensitization	*Client had PA during session – wasn't sure what to do
...		

As well, each student clinician should maintain a **single log documenting all assessment cases**, with information added each week assessment work is conducted, to be turned in on hard copy (paper) at the beginning of each (relevant) practicum class. Format should be the following:

Audrey Miller's Assessment Log
Supervisor/Contact: Dr. Greene, Psychometric Place USA, 999.999.9999

Client/ Demographics	Session	Assessment Question	Methodology	Difficulties (if present)
1) TBI Tom 62yo MHM	1) 2/5/08, 3 hours	Post-MVA NC functioning	Interview, WAIS, WMS	N/A
2) Dyslexic Dolly 19yo SCF	1) 2/5/08, 4 hours	SHSU student - LD services?	Interview, WAIS, WIAT, school records	N/A
1) TBI Tom 62yo MHM	2) 2/12/08, 2 hours	Post-MVA NC functioning	CVLT, Rey, TMT, Stroop, WCST	*Patient confused me for his daughter
3) Mixed-up Martha 27yo DCF	1) 2/12/08, 5 hours	Psychotic?	Interview, MMPI, MCMI, Rorschach	N/A
...				

***Starred difficulties should be explained on a separate sheet of paper and will be prioritized for discussion during our group practicum classes**