Psychology Clinic Core Practicum
Fall 2019

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Meeting Time: Thursdays 10am – 12:50pm, Straub 299

Website: https://canvas.uoregon.edu/courses/141886

Practicum Structure and Expectations of Students:

Students who have not completed training in individual psychotherapy in the Psychology Clinic Practicum will participate in the Core Practicum didactic sequence. The 2 hour, 50 minute core practicum block for Fall term consists of didactic training. Students will complete some practice exercises/role plays in Fall term that they will review with their primary supervisor during weekly supervision. During Winter and Spring terms, 1 hour 55 minutes (from 10 am to 11:55) will be for didactics, and 50 minutes (from noon to 12:50pm) will be devoted to case conferences. Clinical practicum students who are in their first or second year of practicum will participate together in the case conferences.

Core Practicum students are expected to attend and participate in weekly group training meetings, complete all assigned readings in advance of scheduled training meetings, complete any assigned exercises or assignments, attend scheduled individual supervision meetings, effectively prepare for sessions and supervision meetings, know and follow the APA Ethics Code, and know and follow all clinic policies and procedures outlined in the UO Psychology Clinic Policies and Procedures Manual.

Core Practicum students are expected to register for a full load of practicum credits (4 credits per term), maintain enrollment for one academic year, and work up to carrying a caseload that provides an average of 4 hours per week of face-to-face client contact. Students will also meet individually with a primary supervisor on a regular basis (typically weekly) to review work with clients, plan upcoming sessions, watch segments of session videos, and discuss other professional development and training issues.

Required & Recommended Materials:

Readings are an integral part of professional training in clinical psychology. They provide the foundational knowledge necessary to begin to practice and apply evidence-based interventions. There is no short cut for acquiring the needed knowledge base, and generating a solid understanding of CBT will help you feel more confident more quickly in your sessions with clients. The required reading and reference materials are listed below. Additional readings may be posted on the Canvas site for Psychology 609.
Required Materials:


Recommended Reference Materials:


Other Recommended Reading:


*Treatments That Work* Series (therapist guides for a range of disorders) – Oxford University Press.

Recommended Professional Organizations:

Association for Behavioral and Cognitive Therapies [www.abct.org](http://www.abct.org)

Anxiety and Depression Association of America [www.adaa.org](http://www.adaa.org)

Society of Clinical Psychology (APA Division 12) [www.div12.org](http://www.div12.org)
Core Practicum Learning Goals & Objectives for Fall, Winter, Spring Terms:

Knowledge:
• Understanding of relevant DSM-5 diagnoses
• Understanding of Cognitive-Behavioral Theories of psychopathology
• Understanding of Cognitive-Behavioral Therapies for depression and anxiety

Assessment:
• Ability to administer a structured diagnostic interview (e.g., DIAMOND)
• Ability to administer, score and interpret relevant psychometric tests
• Ability to conduct a clinical interview in conjunction with the DIAMOND that informs case conceptualization and treatment plan
• Ability to provide integrative feedback to clients and collaborate in developing an appropriate treatment plan

Treatment:
• Ability to develop, refine, and utilize case conceptualizations that are consistent with cognitive-behavioral treatments for depression and anxiety
• Ability to plan and conduct therapy sessions using CBT interventions
• Ability to evaluate client progress as therapy proceeds using repeated measurements
• Ability to develop an effective therapeutic alliance and an appropriate professional stance
• Ability to provide services in an ethical manner
• Ability to attend to and incorporate client diversity and cultural context into case formulation and intervention

Documentation:
• Ability to integrate diagnostic interview, clinical interview, and self-report material in an evaluation report
• Ability to summarize weekly progress in a case note
• Ability to document consultations with other professionals
• Ability to maintain a file in a manner that meets ethical, legal, and clinic requirements
• Ability to effectively summarize work with a client in a termination report

Supervision:
• Ability to summarize weekly sessions for supervision
• Ability to make effective use of supervision for professional development (e.g., openness to discussing difficult therapy experiences, awareness of self, willingness to try new approaches, openness to feedback, etc.)
• Ability to incorporate supervisory feedback into on-going clinical work
• Ability to integrate readings and didactic materials into supervision meetings and on-going work with clients
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<tr>
<th>Week</th>
<th>Date</th>
<th>Topic &amp; Assigned Reading</th>
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| 1    | 1/9  | *Beginning CBT: Building Motivation and Tracking Thoughts, Behaviors, and Feelings*  
Barlow et al., Ch. 1-5 (pp. 1-48) |
| 2    | 1/16 | *Cognitive Interventions, Part 1: Thought Tracking and Restructuring*  
Tolin, Ch. 13-14 (pp. 305-353)  
Barlow et al., Ch. 6-7 (pp. 49-66), Ch. 9 (pp. 83-94) |
| 3    | 1/23 | *Behavioral Interventions, Part 1: Contingency Management and Behavioral Prescriptions*  
Tolin Ch. 8 & 10 (pp. 161-181, 223-236)  
Barlow et al., Ch. 10 (pp. 95-106) |
| 4    | 1/30 | *Behavioral Interventions, Part 2: Exposure*  
Tolin Ch. 11 (pp. 237-274)  
Barlow et al., Ch. 11-14 (pp. 107-138) |
| 5    | 2/6  | *Cognitive Interventions, Part 2: Acceptance*  
Tolin Ch. 15 (pp. 354-370)  
Barlow et al., Ch. 8 (pp. 67-82) |
| 6    | 2/13 | *Behavioral Interventions, Part 3: Behavioral Skills Training*  
Tolin Ch. 12 (pp. 275-304) |
| 7    | 2/20 | *Emotion-based Interventions, Part 1: Relaxation*  
Tolin Ch. 18 (pp. 398-411) |
| 8    | 2/27 | *Cognitive Interventions, Part 3: Core Beliefs*  
Tolin Ch. 16 (pp. 371-392) |
| 9    | 3/5  | *Emotion-based Interventions, Part 2: Distress Tolerance*  
Tolin Ch. 19 (pp. 412-429) |
| 10   | 3/12 | *Terminating Therapy*  
Ledley et al., Ch. 8 (pp. 182-198), Ch. 11 (pp. 252-258)  
Barlow et al., Ch. 15 (pp. 145-152) |