The University of Oregon is located on Kalapuya ilihi, the indigenous homeland of the Kalapuya people. Following treaties with the United States government in 1851 and 1855, Kalapuya people were dispossessed of their land and forcibly removed to the Coast Reservation in Western Oregon. Their descendants are primarily citizens of the Confederated Tribes of Grand Ronde and the Confederated Tribes of Siletz Indians.

Psychology Clinic Adult Core Practicum
Winter 2021

Instructor: Melynda Casement, Ph.D. (she/her)
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Meeting Time: Thursdays 10am – 12:50pm
https://zoom.us/j/92385653539?pwd=bjFSbVQzenZVdWhSbFM5a05pOFRzQT09

Website: https://canvas.uoregon.edu/courses/172832

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 and/or 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.

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.

Didactics Guidelines:
- Expectations: Build clinical skills by asking questions, discussing readings and videos, and taking notes on concepts and techniques.
- Duration: 100-120 min plus 10-20 min break(s)
- Content: Discussion of questions about clinic procedures to address with group, role plays with observation and feedback.
- Assignment: Complete and submit 1 page reflection paper (~500 words) by midnight prior to class.

Case Conference Guidelines:
- Expectations: Practice building your professional skills in presenting and discussing your clinical work.
- Duration: 50 min
- Content:
  - Case summary (10-15 min): Summarize descriptive information, presenting problem, current status of assessment, treatment plan and current treatment status with power point slides
  - Organizing Questions (5 min): Identify questions that reflect challenges or dilemmas with the case that will organize discussion. For example, you might identify questions related to
diagnostic decisions, problems with alliance/collaboration, treatment interfering behaviors, non-response to treatment, difficulties in treatment implementation, or ethical issues/dilemmas.

- Video (10-15 min): Play video segments that inform the summary and questions for the discussion
- Discussion (15-20 min): Solicit feedback and input on questions.

**Supervision Guidelines:**

- **Expectations:** Practice building your professional skills by presenting and discussing your clinical work, and practicing/role-playing clinical techniques.
- **Duration:** 50 min
- **Content:**
  - Agenda setting (5 min): Before supervision, draft and submit an unsigned supervision note in Titanium schedule that includes a proposed agenda for supervision
  - Review of video (10-15 min): Select 10-15 min video segment or series of segments that you would like feedback about
  - Session review and planning (20-30 min): Review and discuss previous client sessions and plans for upcoming sessions

**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 Text:**

**NB.** Additional readings will be posted to Canvas

**Video Material:**


**Key Reference Material:**


**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 and culturally-responsive case formulation approaches
- Understanding of Cognitive-Behavioral Theories of psychopathology
- Understanding of Cognitive-Behavioral Therapies for depression and anxiety

Assessment:
- Ability to conduct a clinical interview that is culturally responsive and informs case conceptualization and treatment planning
- Ability to administer a structured diagnostic interview (e.g., DIAMOND)
- Ability to administer, score and interpret relevant psychometric tests
- Ability to administer suicide risk assessments and evaluate suicide risk
- 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 and culturally responsive treatments for depression and anxiety
- Ability to plan and conduct therapy sessions using culturally responsive 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

Documentation:
- Ability to integrate clinical interview, diagnostic 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)
- 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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<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic &amp; Assigned Reading</th>
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| 1    | 1/7  | **Building Motivation for Change**  
Readings:  
Winter 2021 Clinic Manual  
Meehl (1973). *Why I do not attend case conferences*  
Video:  
APA, "Cognitive Behavioral Therapy for Clients with Multiple Problems"  
**Video Assignment:** Take notes and come prepared to discuss: 1) Your developing case conceptualization, and 2) Specific tactics used to build rapport during the session. |
| 2    | 1/14 | **Goal Setting & Behavioral and Cognitive Tracking**  
Readings:  
Tolin Ch. 9 (p. 182-222)  
Tolin Ch. 13 (p. 305-323)  
Videos:  
APA, "Psychological Assessment and Case Conceptualization", minutes 30-90  
**Video assignment:** Take notes and come prepared to discuss: 1) Different tactics for case conceptualization, psychoeducation, and goal-setting between different therapists, and 2) pros and cons of these specific tactics.  
Optional videos:  
Satterfield Ch. 2, “Quantified Self-Assessment for Therapy” (emotion self-monitoring, SMART goals)  
Satterfield Ch. 3, “Setting Therapeutic Goals” (thought tracking, case formulation) |
| 3    | 1/21 | **Addressing Ambivalence**  
Reading:  
Miller & Rollnick, Ch. 6-10 (p. 52-139)  
Video:  
APA, “Culturally Responsive Cognitive-Behavioral Therapy in Practice”  
**Video assignment:** Take notes and come prepared to discuss: 1) Your developing case conceptualization, and 2) Tactics to amplify ambivalence for change. |
| 4    | 1/28 | **Exposure**  
Readings:  
Tolin Ch. 11 (p. 237-273)  
Tolin Ch. 21 (p. 466-481)  
Videos:  
Satterfield Ch. 6, “Anxiety and Fear” (CBT model, avoidance, subjective units of distress, progressive muscle relaxation)  
**Exposure Therapy in Vivo for OCD.** (2017). University of Louisville Depression Center. Retrieved from: [https://www.youtube.com/watch?v=yss0L517rpY](https://www.youtube.com/watch?v=yss0L517rpY) |
| 5    | 2/4  | **Behavioral Activation and Skills Training**  
Readings:  
Tolin Ch. 10 (p. 223-232) |
6 2/11  **Cognitive Restructuring and Acceptance**  
**Readings:**  
Tolin Ch. 14 (p. 324-353)  
Tolin Ch. 15 (p. 354-370)  

**Videos:**  
Satterfield Ch. 4, “Third Wave Cognitive Behavioral Therapy” (mindfulness, acceptance)  
Satterfield Ch. 8, “Anger and Rage” (functional analysis, thought record)  

**Case conference:** Elizabeth

7 2/18  **Stimulus Control and Sleep Restriction**  
**Reading:**  
Tolin Ch. 8 (p. 163-181)  
Troxel (2012), “Clinical Management of Insomnia with Brief Behavioral Treatment (BBTI)”  

Optional Video:  

**Case conference:** Kavya

8 2/25  **Trauma-focused CBT**  

**Videos:**  
Foa, “Prolonged Exposure Therapy for PTSD” (32 min). Retrieved from: [https://www.youtube.com/watch?v=wB6LOGA01D0](https://www.youtube.com/watch?v=wB6LOGA01D0)  
Satterfield Ch. 11, “Trauma”  

**Case conference:** Ann-Marie

9 3/4  **Core Beliefs and Information Processing Bias**  
**Readings:**  
Tolin Ch. 16 (p. 371-392)  
Tolin Ch. 17 (p. 393-400)  

**Video:**  
Satterfield Ch. 9, “Advanced Cognitive Behavioral Therapy” (7-column thought record, role play, responding to unsuccessful behavioral experiments)  

**Case conference:** Victoria
Relaxation and Distress Tolerance

Readings:
Tolin Ch. 18 (p. 401-411)
Tolin Ch. 19 (p. 412-429)

Videos:
Satterfield, Ch. 5, “Stress and Coping” (diaphragmatic breathing)
Satterfield, Ch. 11 “Healing Traumatic Injuries” (progressive muscle relaxation)