

**Common Syllabus for Psyc6820/Psyc6830 Practicum/Advanced Practicum
1st to 3rd year practicum courses in Fall and Spring semester
Counseling Psychology PhD Program
University of North Texas**

Practicum Course/Group Supervision: Wednesdays 9-11 AM

Individual Supervision: 1-hr per week to be scheduled b/w instructor and each student

Purpose

The Counseling Psychology Program Committee has developed a sequence of courses, practica, and other activities for our 1st, 2nd, and 3rd year students with the purpose of assembling an educational and training program to facilitate the personal and professional development of doctoral students as competent scientist-practitioners.

The APA SOA Profession-Wide Competencies most associated with the 3 years of Clinic Practicum include:

Ethical and Legal Standards

- ❖ Be knowledgeable of and act in accordance with APA ethical principles of psychologists and Code of Conduct as well as relevant laws and regulations governing health service psychology.
- ❖ Recognize ethical dilemma and apply ethical decision-making process.
- ❖ Conduct self in an ethical manner in all professional activities.

Individual & Cultural Diversity

- ❖ An understanding of how their own personal/cultural history may affect how they understand and interact with people different from themselves.
- ❖ Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity.
- ❖ The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.
- ❖ Demonstrate the requisite knowledge base, ability to articulate an approach to working effectively with diverse individuals and group, and apply this approach effectively in their professional work.

Professional Values & Attitudes

- ❖ Behave in ways that reflect the values and attitudes of psychology.
- ❖ Engage in self-reflection; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- ❖ Actively seek and demonstrate openness and responsiveness to feedback and supervision.

- ❖ Respond professionally in increasingly complex situations with a greater degree of independence as they progress.

Communications and interpersonal skills

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

Assessment

- ❖ Select and apply assessment methods that draw from empirical literature; collect relevant data using multiple sources and methods.
- ❖ Interpret assessment results to inform case conceptualization, classification, and recommendations.
- ❖ Communicate findings in an accurate and effective manner to a range of audiences.

Intervention

- ❖ Establish and maintain effective relationships with the recipients of psychological services.
- ❖ Develop evidence-based intervention plans.
- ❖ Implement interventions informed by the current scientific literature.
- ❖ Apply the relevant research literature to clinical decision making.
- ❖ Modify and adapt evidence-based approaches.
- ❖ Evaluate intervention effectiveness.
- ❖ develop realistic and useful treatment plans and update them as needed

Consultation and interprofessional skills

- ❖ Demonstrate knowledge and respect for the roles and perspectives of other professions.

Reading List

This Reading List is additional to (*not a substitute for*) any required reading on the syllabus you will receive from your Clinic Supervisor and/or on your Practicum Team. Its purpose is to ensure a common evidence-based foundation, the core essentials, of psychotherapy practice. The research that follows is largely based on findings from of an American Psychological Association joint Division 12 (Clinical) and Division 29 (Psychotherapy) Task Force on Evidence-Based Therapy Relationships. The Task Force full report can be found across issues of the *Journal of Clinical Psychology* (volume 67, #2, 2011) and *Psychotherapy* (volume 48, #1, 2011); it can also be found in the book, *Psychotherapy relationships that work: Evidence-based responsiveness* (2011, 2nd ed.), edited by J. C. Norcross (New York, NY: Oxford). That book is currently being

revised, and when chapter updates become available, the reading list below will accordingly be revised as well.

Textbook

Baird, B. N. (2013). *The Internship, Practicum, and Field Placement Handbook: A Guide for the Helping Professions, 7th ed.* Upper Saddle River, NJ: Pearson. ISBN: 978-0-205-95965-5.

The Contextual Psychotherapy Relationship Model: A Trans-Theoretical Perspective

Wampold, B. E. (2017). What should we practice? In T. Rousmaniere, R. K. Goodyear, S. D. Miller, B. E. Wampold (Eds.), *The cycle of excellence: Using deliberate practice to improve supervision and training.* (pp. 49-65). New York, NY: John Wiley & Sons.

Research Supporting the Model's Components

- 1) Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy, 48*, 9-16.
- 2) Gelso, C. J. (2009) The real relationship in a postmodern world: Theoretical and empirical explorations. *Psychotherapy Research, 19*, 253-264. (cf. For most recent empirical information, see real relationship portion of Gelso, C. (2014). A tripartite model of the therapeutic relationship: Theory, research, and practice. *Psychotherapy Research, 24*, 117-131.)
- 3) Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. *Psychotherapy, 48*, 43-49.
- 4) Farber, B. A., & Doolin, E. M. (2011). Positive regard. *Psychotherapy, 48*, 58-64.
- 5) Kolden, G. G., Klein, M. H., Wang, C. C., & Austin, S. B. (2011). Congruence/genuineness. *Psychotherapy, 48*, 65-71.
- 6) Tryon, G. S., & Winograd, G. (2011). Goal consensus and collaboration. *Psychotherapy, 48*, 50-57.
- 7) Constantino, M. J., Arnkoff, D. B., Glass, C. R., Ametrano, R. M., & Smith, J. Z. (2011). Expectations. *Journal of Clinical Psychology, 67*, 184-192.
- 8) Smith, T. B., Rodriguez, M. D., & Bernal, G. (2011). Culture. *Journal of Clinical Psychology, 67*, 166-175.
- 9) Safran, J. D., Muran, J. C., & Eubanks-Carter, C. (2011). Repairing alliance ruptures. *Psychotherapy, 48*, 80-87.
- 10) Lambert, M. J., & Shimokawa, K. (2011). Collecting client feedback. *Psychotherapy, 48*, 72-79.

Other Important "Common" Documents available on the Counseling Program website:

- 1) Clinic Practicum Evaluation form

- 2) Semester Summary of Practicum Hours form (see Program Manual for more information on 'documenting hours' for your future applications for internship and licensure)
- 3) Adapted Comprehensive Competencies Tracking Document

Required Training Activities:

- ❖ Attend regularly and participate actively in weekly group supervision (the clinical team meeting).
- ❖ Complete all required paperwork or clinical notes on a professional and timely manner.
- ❖ Provide on-call coverage in Psychology Clinic.
- ❖ For 2nd and 3rd year students, conduct a formal case presentation to the class each semester (see Appendix A).
- ❖ For 2nd and 3rd year students, complete two assessment batteries each academic year (fall and spring semester).
- ❖ For 2nd and 3rd year students, attend weekly individual supervision and be prepared with questions about clients' issues to discuss with the supervisor.
- ❖ Follow the Psychology Clinic policies.
- ❖ Other required activities specified by your practicum instructor.

Appendix A

SAMPLE CASE PRESENTATION

The presentation should be approximately 45-60 minutes in duration. The video segment should be approx. 15 minutes in length and may consist of clips from 1-2 sessions. Therapist statements in the video should be transcribed verbatim and accompanied by a rationale and/or alternative statements (i.e., "Gosh, I wish I would have said/done....!"); client statements need only be summarized. Students are expected to choose a theoretical framework and structure the case presentation around it. You might wish provide a brief review of the theory if it will enhance the understanding of your audience (especially if it is not a well-known theory). More importantly, your interpretations of client history, current behavior, and treatment plans should follow the selected theory and illustrate the theory in action. Use the following outline to organize your case presentation and provide a written outline:

1. **Identifying Information:** Include all relevant demographic information (e.g., age, sex, race, marital status, educational/occupational status, physical appearance/attire, self-presentation).
2. **Referral:** source and reason for referral.
3. **Presenting Problems:** Describe the current situation/problem areas from the client's perspective, noting the client's view of his/her priority. Include cognitive, emotional, and behavioral picture; precipitating events; duration and/or recurrence of problem(s); current environmental situation (i.e., close relationships, family status, work situation, etc.). Also include any assessment data if available and relevant.
4. **History:** Include relevant family history, educational/occupational history, social and sexual relationship history, history of prior psychological and/or medical treatment. This section will vary in comprehensiveness according to the depth and length of treatment, and will also vary in focus according to theoretical orientation, and specific nature of problem(s).
5. **Case conceptualization (theoretical perspective):** Describe your clinical impressions of the client, i.e., your theoretical analysis of the client/problem. Provide a DSM-V diagnosis (should head up the section). Include only the most central and core dynamics of the case and in particular the interrelationships between the major dynamics – what are the common themes and what ties them all together? Some pertinent subsections might include:
 - a. *Cognitive factors*, such as IQ, judgment, negative/distorted cognitions, fantasy life, level of insight or "psychological mindedness"
 - b. *Emotional factors*, such as mood, range of emotion, appropriateness of affect
 - c. *Behavioral factors*, such as eating, sleeping, recreation, physical activity, sexual functioning, habits/mannerisms, psychosomatic symptoms
 - d. *Interpersonal style*, such as overall posture toward others and nature of typical relationships. Include an evaluation of how the client's interpersonal stance is manifested specifically in the therapeutic context (transference).
6. **Cultural and Diversity Considerations**
 - a. What is the client's cultural background and identity (race, ethnicity, country of origin, religion, age, sexual orientation, social economic status, etc.)?
 - b. What are possible environmental factors that might have become the stressor or added to the client's stress level?
 - c. What are the similarities and differences between you and your client in terms of the cultural background?

- d. How may these similarities and differences be affected the development of the therapeutic relationship between you and your client, your conceptualization, and your clinical work?
 - e. How have cultural differences been addressed or expressed in the sessions?
7. **Treatment strategy:** Describe the primary therapeutic goals, your treatment strategy to achieve those goals, & any countertransference issues. Provide a brief report on your sessions to date, as well as disposition & follow-up if client was referred.