

PSY 9301: Clinical Skills Pre-Practicum Course**Winter 2026**Class Meetings: Wednesdays, 1:30 PM-4:30 PM


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Course Description & Objectives

This course aims to deliver an introductory overview of essential topics and competencies that form the foundation of clinical practice in psychology. Enrollment in this course is restricted to graduate students in the department of Clinical Psychology.

Substantial practice in basic interviewing techniques and suicide risk assessment, as applied to diverse client populations, will be major components of this course. Students also will receive some preliminary practice using several standard behavioral techniques. Examples of other topics that may be covered include: the therapist and the therapist-client relationship, ethical issues and boundaries in assessment and treatment, goal-setting procedures, and the integration of technology into psychotherapy. The primary objectives for this course are to:

- Facilitate understanding of fundamental interviewing, formulation, feedback, and goal-setting skills used by professional psychologists.
- Facilitate competency in suicide risk assessment and management.
- Increase student's emerging ability to assess, manage, and work effectively and sensitively with clients from a variety of cultural, contextual, and personal backgrounds using the therapeutic relationship as a vehicle of understanding and change.

Class meetings will be in person format and will consist primarily of class discussion, videos, lectures, and experiential learning. You are expected to have read the assigned material **prior to class** and to participate actively in discussions of these issues and topics.

Course Requirements & Methods of Evaluation

Required Readings:

- Evans, D.R., Hearn, M.T., Uhleman, M.R., & Ivey, A.E. (2017). *Essential interviewing: A programmed approach to effective communication* (9th ed.). Brooks/Cole, Cengage Learning.
- Additional readings and handouts will be provided by the instructor.

Recommended Reading:

- Willer, J. (2014). *The beginning psychotherapist's companion* (2nd edition). Oxford University Press
- Yalom, I. (2003). *The gift of therapy: An open letter to a new generation of therapists and their patients*. Harper Collins" New York, NY.
- Douaihy, A.D., Kelly, T. M., & Gold, M. A. (2023). *Motivational interviewing: A guide for medical trainees* (2nd edition). Oxford University Press: New York, NY

Skill Demonstration Exams (70% of final grade): Practicing the basic skills of clinical intervention and suicide risk assessment are essential for integrating them into a systematic model of therapy. Most class meetings will involve the practice of new skills. It is your responsibility to extend your practice of the skills and their cumulative integration to outside of class. At two points during the course, you will be required to demonstrate competency with a determined set of skills by way of an in-vivo examination (to be discussed further in class). Qualitative feedback and a numerical grade will be provided based on the extent to which the skills were adequately demonstrated in a clinically meaningful way. These will be the primary basis for your grade, with each exam score constituting 35% of your overall grade for the course.

Review of Exam 1 (5% of final grade): The skills demonstration exams will be recorded. One way to learn and enhance your skills is through observing oneself. As such, you will review the recording of yourself and comment on specific ways in which you may have responded differently or areas in which you may be able to improve.

Case Conceptualization Paper (15% of final grade): Clinical intervention first requires conceptualization of the client's difficulties so that you may plan appropriate treatment. You will be given information about a client from which you will write a case conceptualization report. Evaluation will be based on the completeness of the report as well as its clarity.

Class Participation (10% of final grade): Students are expected to participate actively in class discussions and role-plays to facilitate the learning process for themselves and their co-graduate students. Students should come prepared to ask questions based on the assigned readings. Successful students will contribute to on-going discussions and initiate new topics for discussion on a regular basis. Moreover, as a course goal is to apply the clinical skills learned to a variety of client populations, students will be asked to intentionally contribute to discussion of how clinical skills learned in class might be applied to specific population groups.

Assignment	Percentage	Due Date
Skills demonstration exam (interviewing/therapy skills)	35%	February 11 th
Review of exam 1	5%	February 25 th
Skills demonstration exam (suicide risk assessment) Case conceptualization paper	35%	March 18 th
Class participation	15%	April 10 th
	10%	On-going

Course Schedule & Readings

****Please note that this schedule is subject to change. Students are responsible for being aware of any changes announced via e-mail or in class.**

Date	Topic	Readings
Jan. 7	Course overview; Overview of the therapy process & first session; Stage 1 skills (attending; questioning)	Evans et al., Chapters 2 & 3 (pp. 25-66); Greenberg, 2014
Jan. 14	Stage 1 skills (reflecting; accurate empathy); Considering cultural and diversity factors in clinical interviewing	Evans et al., Chapters 4, 5, & 6 (pp. 67-137); Self et al., 2023; Lauwers et al., 2024
Jan. 21	Stage 2 skills (clarification; developing goals)	Evans et al., Chapters 7, 8, & 10 (pp. 141-185; 203-221)
Jan. 28	Stage 3 (helping clients take action)	Evans et al., Chapters 11, 12, & 13 (pp. 225-301)
Feb. 4	Stage 4 (skills integration); Structuring session (e.g., agenda setting, establishing targets for session, longer-term goal setting)	Evans et al., Chapter 14 (pp. 305-332)
Feb. 11	Skills demonstration exam 1	
Feb. 18	<i>Spring Reading Week (no class)</i>	<i>Review of exam 1 due Feb 25th</i>
Feb 25	Suicide risk assessment & management; cultural considerations (didactic)	Chu et al., 2015; Rudd et al., 2006; Gould et al., 2005; Wigglesworth, 2022
March 4	Suicide risk assessment & management (practice)	
March 11	Case conceptualization	Persons & Tompkins, 1997; Padesky, 2020
March 18	Skills demonstration exam 2	
March 25	Basic behavioural techniques (sleep hygiene; behavioral activation; exposure therapy)	Lejuez et al., 2011
April 1	Deeper dive into therapeutic relationship process issues; consideration of the impact cultural/diversity factors on relational dynamics	TBD

April 8	"Ask the psychologist", Q & A about the realities of clinical practice. Individual meetings regarding case conceptualization paper planning, as needed	<i>Case conceptualization paper due April 10th</i>
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Readings

- Chu, C., Klein, K. Buchman-Schmidt, J., Hom, M., Hagan, C., & Joiner, T.E. (2015). Routinized assessment of suicide risk in clinical practice: an empirically informed update. *Journal of Clinical Psychology*, 71(12), 1186-1200.
- Gould, M., Marrocco, F., Kleinman, M., Thomas, J., Mostkoff, K., Cote, J., Davies, M (2005). Evaluating iatrogenic risk of youth suicide screening programs: a randomized controlled trial. *Journal of the American Medical Association*, 293(13), 1635-1643.
- Greenberg, L. (2014). The therapeutic relationship in emotion-focused therapy. *Psychotherapy*, 51 (3), 350-357.
- Lauwers, E., Vandecasteele, R., McMahon, M., De Maesschalck, S. & Willems, S (2024). The patient perspective on diversity-sensitive care: A systemic review. *International Journal for Equity in Health*, 23 (117), 1-18.
- Lejuez, C., Hopko, D., Acierno, R., Daughters, S., & Pagoto, S. (2011). Ten-year revision of the brief behavioral activation treatment manual for depression: revised treatment manual. *Behavior Modification*, 35(2), 111-161.
- Padesky, C. A. (2020). Collaborative case conceptualization: client knows best. *Cognitive and Behavioral Practice*, 27, 302-404.
- Persons, J., & Tompkins, M. (1997). Cognitive-behavioral case formulation. In T. D. Ells (Ed.), *Handbook of psychotherapy case formulation* (pp. 314–339). Oakland, CA: Center for Cognitive Therapy.
- Rudd, M.D., Mandrusiak, M., & Joiner, T.E. (2006). The case against no-suicide contracts: the commitment to treatment statement as a practice alternative. *Journal of Clinical Psychology*, 62(2), 243-251.
- Self, K. J., Borsari, B., Ladd, B. O., Nicolas, G., Gibson, C. J., Jackson, K., & Manuel, J. K. (2023). Cultural adaptations of motivational interviewing: A systematic review. *American Psychological Association*, 20(S1), 7–18.
- Wiglesworth, A. (2022). Commentary: Understanding how patient-specific factors might violate assumptions of suicide risk and impact the well-being of mental health care providers following patient suicidal behavior. *Clinical Psychology: Science and Practice*, 29(2), 117-120.

Statement on Academic Offences

Scholastic offences are taken seriously and students are directed to read the appropriate policy, specifically, the definition of what constitutes a Scholastic Offence, at the following Web site:

http://www.uwo.ca/univsec/pdf/academic_policies/appeals/scholastic_discipline_grad.pdf

All required papers may be subject to submission for textual similarity review to the commercial plagiarism-detection software under license to the University for the detection of plagiarism. All papers submitted for such checking will be included as source documents in the reference database for the purpose of detecting plagiarism of papers subsequently submitted to the system. Use of the service is subject to the licensing agreement, currently between The University of Western Ontario and Turnitin.com (<http://www.turnitin.com>).

Health/Wellness Services

Students who are in emotional/mental distress should refer to Mental Health Support at <https://www.uwo.ca/health/psych/index.html> for a complete list of options about how to obtain help.”

Accessible Education (AE)

Western is committed to achieving barrier-free accessibility for all its members, including graduate students. As part of this commitment, Western provides a variety of services devoted to promoting, advocating, and accommodating persons with disabilities in their respective graduate program. Graduate students with disabilities (for example, chronic illnesses, mental health conditions, mobility impairments) are strongly encouraged to register with Accessible Education (AE), a confidential service designed to support graduate and undergraduate students through their academic program. With the appropriate documentation, the student will work with both AE and their graduate programs (normally their Graduate Chair and/or Course instructor) to ensure that appropriate academic accommodations to program requirements are arranged. These accommodations include individual counselling, alternative formatted literature, accessible campus transportation, learning strategy instruction, writing exams and assistive technology instruction.

Gender-Based and Sexual Violence

Western is committed to reducing incidents of gender-based and sexual violence (GBSV) and providing compassionate support to anyone who is going through or has gone through these traumatic events. If you are experiencing or have experienced GBSV (either recently or in the past), you will find information about support services for survivors, including emergency contacts at the following website: https://www.uwo.ca/health/student_support/survivor_support/get-help.html. To connect with a case manager or set up an appointment, please contact support@uwo.ca.

Use of Generative Artificial Intelligence (AI)

The use of generative artificial intelligence (AI) tools is not warranted or permitted in this course for written assignments and is not advised for the preparation for experiential assessments.