

PSY 9301: Clinical Skills Pre-Practicum
Winter 2024

**Please see Student Centre for course
times and location.**

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Course Description & Objectives

This course is designed to provide clinical psychology students with an initial orientation to fundamental issues and skills that underlie assessment, intervention, and evaluation.

Substantial practice in basic interviewing techniques and suicide risk assessment will be major components of this course. Students also may 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 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.

| Assignment | Percentage | Due Date |
|--|------------|---------------------------|
| Skills demonstration exam (interviewing/therapy skills) | 35% | February 13 th |
| Review of exam 1 | 5% | February 27 th |
| Skills demonstration exam (suicide risk assessment) Case | 35% | March 19 th |
| conceptualization paper | 15% | April 9 th |
| Class participation | 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. 9 | 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. 16 | Stage 1 skills (reflecting; accurate empathy); virtual therapy and generative AI – presentation and class discussion | Evans et al., Chapters 4, 5, & 6 (pp. 67-137); Schueller & Morris, 2023; Goldberg et al., 2020 |
| Jan. 23 | Stage 2 skills (clarification; developing goals) | Evans et al., Chapters 7, 8, & 10 (pp. 141-185; 203-221) |
| Jan. 30 | Stage 3 (helping clients take action) | Evans et al., Chapters 11, 12, & 13 (pp. 225-301) |
| Feb. 6 | 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. 13 | Skills demonstration exam 1 | |
| Feb. 20 | <i>Spring Reading Week (no class)</i> | <i>Review of exam 1 due Feb 27th</i> |
| Feb 27 | Suicide risk assessment & management (didactic) | Chu et al., 2015; Rudd et al., 2006; Gould et al., 2005 |
| March 5 | Suicide risk assessment & management (practice) | |
| March 12 | Case conceptualization | Persons & Tompkins, 1997; Padesky, 2020 |
| March 19 | Skills demonstration exam 2 | |
| March 26 | basic behavioural techniques (sleep hygiene; behavioral activation; exposure therapy) | Lejuez et al., 2011 |
| April 2 | situational analysis (Cognitive behavioral-analysis system of psychotherapy) | Vivian & Salwen, 2013 <i>Case conceptualization paper due April 9th</i> |

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.
- Goldberg, S. B., Flemotomos, N., Martínez, V. R., Tanana, M., Kuo, P., Pace, B. T., Villatte, J. L., Georgiou, P. G., Van Epps, J., Imel, Z. E., Narayanan, S., & Atkins, D. C. (2020). Machine learning and natural language processing in psychotherapy research: Alliance as example use case. *Journal of Counseling Psychology, 67*(4), 438–448.
- 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.
- 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.
- Schueller, S. M., & Morris, R. R. (2023). Clinical science and practice in the age of large language models and generative artificial intelligence. *Journal of Consulting and Clinical Psychology, 91* (10), 559-561.
- Vivian, D. & Salwen, J. (2013). Key process issues in cognitive behavioral analysis system of psychotherapy (CBASP): Translation of an evidence-based model into clinical practice and training. *Psychotherapy, 50*(3), 398-403.

Statement on Academic Offences

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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@Western

<http://www.uwo.ca/uwocom/mentalhealth/> for a complete list of options about how to obtain help.

Accessible Education Western (AEW)

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 Western (AEW), a confidential service designed to support graduate and undergraduate students through their academic program. With the appropriate documentation, the student will work with both AEW 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.