COUN 8910

Counseling Psychology Practicum

***Summer 2011***

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**Department of Special Education, Rehabilitation, and Counseling**

Instructor Information:

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Office Hours:

**By appointment**



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Times for Group Supervision and Individual Supervision TBD

Conference Room – Student Health Services

Medical Clinic

This semester we have an opportunity to participate in a time-honored tradition of counseling psychology programs in a "class" referred to as counseling practicum. It is a time when we get to talk about therapy in all of its interesting forms, permutations, and transfigurations. Discussing cases is an important, and often enjoyable, aspect of “practicing” psychologists' lives, from the initial graduate school practicum throughout their careers, whether the discussants are practitioners, researchers or academics. Human behavior is fascinating, in that it is both easy to understand and impact, and also incredibly complex, confusing and seemingly impermeable and highly resistant to change.

Our focus is going to be on all aspects of therapy, including therapist characteristics, client characteristics, and the working alliance dynamics of the therapist-client partnership. It will be our custom to consider process-outcome variables, stages of change, reciprocal impact dimensions of therapy, and the special utility of selected clinical assessments and interview tools, depending on the availability and use of such instruments in sites represented in the practicum. In addition, we will place a special focus on emotions and emotion regulation. Further, we will take a look at the application of evidence-based psychotherapies for adolescents and young adults.

Practicum students must start with a clear understanding of their site's policies and procedures, and a strong commitment to following site requirements. Primary supervisory responsibility rests with the on-site supervisor. As your practicum supervisor I will serve as a secondary supervisor. Our practicum class will provide a vehicle for group supervision, wherein students will take turns presenting cases to the whole group. Those not presenting will participate in group supervision by avoiding cheap advice, and by concentrating on helping the therapist improve his or her understanding of client variables, therapist variables and relationship variables.

Professional ethics codes, accepted standards of professional care, and legal guidelines should provide a clear and consistent framework for all practicum behavior. When unclear about pending actions or inactions, practicum students are expected to consult with their primary supervisors and secondary supervisors in respective order.

Hopefully, the experience this semester will stretch you and provide the right amount of both challenge and support to facilitate growth. Some of the growth will be a product of your commitment and effort, while other parts of the growth will undoubtedly come from the clients

you serve. Students also have the opportunity to grow from supervision, in interaction with their on-site supervisor as well as their university supervisor. Finally, you will have an opportunity to learn from each other as you participate in group supervision sessions.

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**Objectives**

To clarify personal understandings of important theoretical principles, strategies

and techniques.

To provide fundamental levels of core therapeutic conditions

To improve the quality of intake assessments

To understand the construct of "stages of change"

To increase awareness of empirically-supported treatments

To further develop case conceptualization skills

To enhance the therapeutic alliance with structure

To enhance the ability to develop effective treatment plans

To improve the ability to assess therapeutic effectiveness

**Format**

Group supervision will take the form of case staffings traditionally undertaken at therapeutic service agencies. Students will be expected to bring video tapes and audio tapes of treatment sessions to the group class on a regularly scheduled basis. Self­ reflection encouraged by constructive feedback from others will contribute to personal growth and therapeutic effectiveness. Students are expected to prepare for group supervision throughout the week. While the number of hours spent on site will vary depending on the needs of the site and the student, there is a general expectation that doctoral students will spend a minimum of 3-4 hours in therapy each week, and approximately 8-20 hours on site (see Practicum Guidelines for additional details regarding expectations). Some attention in group supervision will be given to a revisiting of APA Ethical Guidelines. Furthermore, some attention will be given to a variety of special topics, which will involve periodic reading assignments.

**Evaluation.** Practicum guidelines are provided in each student's handbook. Adherence to professional ethics codes is critically important at all times, especially in direct service delivery. Each student is expected to handle all therapeutic responsibilities, including supervision, with a standard of care commonly accepted by the profession. Grades will be assigned by the Practicum Instructor with the assistance and feedback from on-site supervisors, as provided on the evaluation form printed in the handbook..

**Texts**

Required:

Edelstein, L.N., & Waehler, C.A. (2011). *What Do I Say?: The Therapist’s Guide to Answering Client Questions.*  Hoboken, NJ: John Wiley & Sons

**Selected Readings**

Chapman, C.L., Baker, E.L., Porter, G., Thayer, S.D., & Burlingame, G.M. (2010). Rating group therapy interventions: The validation of the *Group Psychotherapy Intervention Rating Scale*. *Group Dynamics*, 14, 1, 15-31.

Clement, P.W. (1999). Part 1: Measuring outcomes in private practice. In P.W. Clement, *Outcomes & Incomes: How to evaluate, improve, and market your psychotherapy practice by measuring outcomes.* New York: Guilford Press.

Cozolino, L. (2010). *The Neuroscience of Psychotherapy: Healing the Social Brain*, (2nd ed.). New York: W.W. Norton. (Part 1- Neuroscience and Psychotherapy); Chapter 12 – The Neurobiology of Attachment; (Part VI – The Reorganization of Experience).

Jacobson, C.M., & Mufson, L. (2010). Treating adolescent depression using interpersonal psychotherapy. In J.R. Weisz, & A.E. Kazdin (Eds.). (2010), *Evidence-based psychotherapies for children and adolescents*. New York: Guilford press.

Norcross, J.C., Ed., (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients.* Oxford, NY: Oxford University Press. (Selected Chapters will be Assigned)

Siegel, D.J. (2010). *The Mindful Therapist*. New York: W.W. Norton. (Chapter 8 – Tracking).

Wachtel, P.L. (2010). Beyond “EST’s:” Problematic assumptions in the pursuit of evidence-based practice. *Psychoanalytic Psychology, 27*, 3, 251-272.

Weersing, V. R., & Brent, D.A. (2010). Treating depression in adolescents using individual cognitive-behavioral therapy. In J.R. Weisz, & A.E. Kazdin (Eds.). (2010), *Evidence-based psychotherapies for children and adolescents*. New York: Guilford press.

**Evaluation**

Grades will be determined by averaging estimates of clinical effectiveness of On-site Supervisors and Campus Supervisor. Ethical and legal behavior will be expected as a minimum. Case Presentations will be scheduled.

# Case Presentation Guide

**1. Presenting Problem**

Describe the basic elements of the client’s presenting problem as (1) outlined in notes from intake, and (2) from your own perception of the client’s content and affect. In addition, provide a basic description of the client’s appearance, behavior, preferred communication style, and pertinent background information (e.g., physical/medical status).

**2. Expectations and Goals**

Briefly describe client’s direct or indirect experience with therapy, and the resulting expectations he/she may have of therapy. What are the primary and secondary goals of the client? What role does he/she expect you to play in facilitating the achievement of those goals?

**3. Opening Narrative**

Describe the client’sapparent “Stage of Change” – (Precontemplation, Contemplation, Preparation, Action, Maintenance) and the relative comfort level and commitment/energy for change. Also, identify your perception of the basic themes - content, affect, behavioral, and relational. Note the presence of cognitive schemas or distortions.

**4. Family Background Data**

Share pertinent knowledge of family history that you’ve learned if it’s relevant to the case. You may want to include client references to family constellation, family values and expectations, physical and psychological health issues and personal, developmental history.

1. **Primary Life Tasks**

Describe the current status of client’s primary life tasks: love, work (school), friends, and spirituality.

1. **Theoretical Guides**

Identify and describe theoretical frameworks and principles you’ve used to understand the client, and to guide your work with the client (e.g., reciprocal impact; awareness; encouragement; attribution; cognitive monitoring/reframing; shaping; empathy)

1. **Questions for Discussion**

On what dynamics or quandaries would you like your therapeutic team to focus?