Syllabus Practicum PSYC 6152, 6200, 6203 Spring 2020

Professor: David Carlston Office: 120 OD

Class Time: M 2:30-4:30pm Phone: 397-4718 (office)
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Goals:

1. Increase professional service through:

- a. the implementation of psychological services under the supervision of licensed professionals.
- b. seeking peer consultations in group supervision.
- c. providing peer consultations in group supervision.
- d. apply ethical decision-making, theoretically grounded treatment goals, and assessing the appropriateness of diagnosis to individuals seeking psychological treatment.
- 2. Increase professional development through:
 - a. preparation of an extensive case write-up.
 - b. becoming acquainted with secretarial duties associated with managing paperwork.
 - c. attending various meetings.

Texts:

American Psychiatric Association. (2013) *Diagnostic and statistical manual of mental disorders* (5th Edition). Washington, DC: Author.

American Psychological Association (2020). *Publication manual of the American Psychological Association* (7th Edition). Washington, DC: Author

Prerequisites

- 1. In the semester prior to enrolling in Practicum I (PSYC 6152), students are welcome to attend the weekly group supervision/practicum class. Students are not required to complete graded assignments or enroll in the course.
- 2. Prior to any client contact (approximately 6 weeks prior to the end of the pre-practicum semester), students must apply for and purchase Professional Liability Insurance from American Professional Agency, INC. You can apply for and pay for the insurance online at http://www.americanprofessional.com/covered-professions/student/gibin/STUNEWAD Please choose 1 million/3 million as the insurance limits. Please email a copy of your insurance certificate to the Director of Clinical Training. Students will need to renew their insurance annually as long as they are providing clinical services as a student.
- 3. Students must also complete a criminal background check prior to seeing clients. The completed form should be submitted to the department secretary by mid-term of the prepracticum semester.

Course Requirements

- 1. Students will provide practicum related services weekly throughout the entire semester.
 - a. **Direct contact hours**: Students will obtain 60 direct contact hours during their first practicum and 90 direct contact hours during each of their internship semesters. This will provide students with a minimum total of 240 direct contact hours. Direct contact hours include:
 - i. Individual, couple, family, or group psychological services
 - ii. Psychological assessment involving client contact
 - b. **Indirect professional service hours**: Students will obtain a minimum of 90 indirect hours of professional services during their first practicum placement. Students will obtain a minimum 135 indirect hours of professional services during each internship semester. Thus students will obtain a minimum total of 360 indirect professional service hours. Professional service hours include:
 - i. Individual and group supervision
 - ii. Scoring and report writing for psychological assessment
 - iii. Office duties
 - iv. Shadowing fellow clinician
 - v. Professional consultation and educational workshops which are clinical in nature
 - c. **Tracking Hours**: Hours should be logged in the practicum hours tracking spreadsheet found on your flash drive. This first page (showing cumulative hours) should be printed, signed by the individual supervisor and practicum course instructor, and submitted to the director of clinical training monthly. Additionally, you will need to keep the total hours spreadsheet updated.

Students **are not** allowed to terminate service provision upon completion of hours prior to end of the semester. Some students request that they begin working prior to the first day of class or work over break and between semesters. These hours count towards an 'Incomplete' from the previous semester or towards the next practicum. In some external practicum sites, such as Red River, First Step, or the State Hospital, the programs come to depend on the services provided by practicum students. Please make sure your supervisor is notified at the beginning of your placement of any time that you will take off between semesters. Students at these sites may want to limit their time off between semesters to one week.

- 2. **Evaluation of practicum students**: Individual supervisors will evaluate the student at semester midterm and at the end of the semester. Students are responsible for providing the supervisor with the Practicum Student Evaluation Form, which can be found on your flashdrive. These forms should be submitted to the director of clinical training. Students will receive an incomplete for the course if these evaluations are not submitted by the end of the semester.
- 3. **Chart Review**: Periodically throughout the semester, the director of clinical training will review a random selection of client charts. Please see the clinic manual for a copy of the chart review checklist and a list of items that should be included in clinic charts. Each clinician is responsible for making sure that client notes are up to date and signed by the individual supervisor. If appropriate, treatment plans and transfer/termination summaries must be completed and filed. At the end of the semester, one file from each student will be chosen at random, if any required paperwork (contact log, treatment plan, notes, or termination/transfer summary) is missing, then the student automatically receives a C for practicum that semester.
 - a. **Treatment Plans**: By the 3rd session with every client, clinicians will submit a treatment plan outlining goals for treatment and planned interventions. This initial treatment plan may include the goals of developing rapport and continuing to assess presenting problems. The treatment plan document should be updated as the case conceptualization and treatment plan develops. The clinician will discuss the treatment plan with the client and involve the client in establishing treatment goals. The treatment plan will be included in the client's clinic chart.
 - b. **Termination and Transfer Summaries**: At the end of treatment, the clinician will summarize the client's presentation and progress. This document will be used to facilitate an immediate transfer or follow-up services sought at a later date.

- 4. **Group Supervision**: (70 points) All students will come to group supervision prepared to discuss their cases. Attendance is mandatory and absences must be cleared with the instructor or a reduction in grade will occur.
 - a. The clinician is responsible for providing a one page outline summarizing services to date. All identifying information should be altered or removed for the protection of the client. The presentation should include:
 - i. background information: demographics, brief history (only what's relevant to conceptualization)
 - ii. case conceptualization: problem list, competencies/resources, primary/orienting issue or diagnosis, theoretical conceptualization (using theory to understand why these problems at this time for this client)
 - iii. treatment goal & plan
 - iv. question or concern
 - v. video or audio recording cued to relevant section
 - b. Participants are responsible for:
 - i. asking questions that clarify missing information and deepen the understanding of the client.
 - ii. providing ethical and theoretically based interpretations and recommendations.
- 5. Case conceptualization Papers: (50 points each) Every student shall prepare an extensive case conceptualization paper on one client (single spaced). Prac students should choose a different case and theory for midterm and final papers. The report shall contain the following areas:
 - a. Presenting problem/history of the problem
 - b. Relevant history
 - i. Family, social, and relational history
 - ii. Educational/work history
 - iii. Medical/Psychological history, including substance abuse
 - c. Testing information (if available)
 - d. Theoretical conceptualization of the client(s): references (3-5) are appropriate
 - i. General description of the theory & how the theory explains psychopathology
 - ii. theoretical conceptualization (using theory to understand why these problems at this time for this client, how is the client's behavior and experience consistent with the theory)
 - e. Diagnosis as per the DSM-5
 - f. Initial treatment goals and strategies (references may be appropriate here).
 - g. Summary of treatment to date.
 - h. Additional sections as necessary.

Rewrites: An initial grade will be given. Should a paper need a re-write, the student will be given the option of: (a) accept the current grade, or (b) re-write the paper. The second draft will receive a letter grade $-\frac{1}{2}$ a grade level. Should a second re-write be needed, the student may: (a) accept the current grade, or (b) re-re-write the paper. The third draft will receive a letter grade -1 grade level, etc. MSU Clinic students shall provide a **video** of the most recent session to accompany the paper.

Due: Monday March 9th (midterm) and April 27th (final).

Grades: 270-300 = A;

240-269 = B; 210-239 = C; 209 and lower = F

<u>Attendance</u>: Attendance is required. Since we only meet once a week, a student is allowed 1 absence without penalty. The 2^{nd} absence results in 1 grade drop, the 3^{rd} absence results in a grade of 'F.' Being tardy three times will count as an absence. Afterwards, every additional tardy counts as an absence.

Electronic Contact: If an emergency occurs, ALWAYS contact your individual supervisor first. If s/he is not available, contact me. If I am unavailable, contact Dr. Guthrie (Director of Clinical Training). If all of the above are unavailable, contact any of the other clinical faculty.

<u>Cell Phones and Pagers:</u> Please turn all cell phones and pagers off (no sound) during class. DO NOT text message during class. DO NOT answer your cell phone in class. Exceptions include emergency calls (e.g., birth of child, family member in hospital). Students who are unable to comply will not be allowed to attend class.