

Course Syllabi
Advanced Practicum
EDP 384V; 10855
Spring 2015
SZB 426
Wed. 4:00 – 7:00

Instructor: Sarah Kate Bearman, PhD TA: Kris Scardamalia
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This advanced practicum focuses on empirically supported approaches to the treatment of youth in mental health and community service settings, focusing primarily on behavioral and cognitive-behavioral interventions. Students will learn to use conceptualize cases from a CBT framework, consider the development of treatment alliance in CBT, tailor evidence-based treatment to individual family needs for diverse families, and use clinical data in an ongoing manner to support treatment decision-making and improve outcomes. Building on student experience in the CBT course sequence, students will continue learning CBT principles and techniques, and will draw from select treatment protocols and research as needed to support their work with children and families. Course components include weekly didactics and course readings, case presentations and group consultation, and observation of CBT therapy sessions. Course grades will be based on class discussion (particularly the integration of scholarly readings into discussion), case presentations, use of data in clinical decision-making, review of therapy recordings, and demonstration of skill in class role plays.

General Course objectives:

1. To develop familiarity with common elements approaches to evidence-based practices.
2. To learn how to conceptualize cases from a CBT framework and to use this conceptualization to inform treatment.
3. To implement CBT interventions effectively and tailor them to the unique needs of children and families while adhering to the key principles of treatment and supporting the therapeutic relationship.
4. To begin to understand one's individual strengths and weakness as a therapist, and to begin to be able to help peer colleagues evaluate their therapeutic interactions in a sensitive, supportive manner to build self-monitoring skills and to begin to develop supervision skills.
5. To present cases from a CBT perspective succinctly and clearly with useful consultation questions.
6. To use client progress data to inform case formulation and clinical decision-making

Required Course Texts:

Weekly readings will be posted to Canvas and/or available through the library.

Recommended Texts:

O'Donohue, W.T., & Fisher, J.E. (Eds). (2009). *General Principles and Empirically Supported Techniques of Cognitive Behavior Therapy*. New Jersey, Wiley & Sons.
[available through library]

<http://utxa.ebilib.com.ezproxy.lib.utexas.edu/patron/FullRecord.aspx?p=427601>

Persons, J. (2008). *The Case Formulation Approach to Cognitive-Behavior Therapy*. New York, NY: Guilford Press.

Policies and Procedures:

Attendance/Participation Policy:

Students are expected to attend and actively participate in all classes. Please notify the professor and/or supervisor if you are unable to attend a class or meeting and make arrangements to make-up the work you miss. If sudden illness precludes you from providing prior notification and make-up work arrangements, please minimally contact the professor via email or phone regarding your absence. Additionally, sending word with a classmate is appreciated. Please turn off cell phones. Internet use of any kind is not permitted during class. More than two classes missed without a doctor's note may result in class failure.

Grading Policy:

Please use APA Style (6th Edition) for all written assignments.

<http://owl.english.purdue.edu/owl/section/2/10/>

All assignments are due via email or canvas by 5 pm on the day noted; assignments received after the due date will receive a grade reduction by ½ a grade for each day it is late.

- A** (Excellent) will be given for outstanding achievement in written work and class contributions. A student who earns an A shows consistent initiative, originality, and comprehension as evidenced by a total course point value on assignments of 94-100; A-=90-93.
- B** (Above Average) will be given for work which is of good quality, but which is either not outstanding in the above characteristics or contains some errors of comprehension as evidenced by a total course point value of 80-89. (B+=87-89; B- = 80-82)
- C** (Average) will be given for work that is of marginal quality for graduate students and/or shows significant errors of comprehension evidenced by a total course point value on assignments below 80.

Special accommodations: The University of Texas at Austin provides, upon appropriate request, academic accommodations for qualified students with disabilities. Please provide documentation to the instructor by the second week of class if special accommodations are necessary for the completion of assignments. Students with disabilities may request appropriate academic accommodations from the Division of Diversity and Community Engagement, Services for Students with Disabilities, 471-6259.

Religious holidays: Students may not be penalized for a class absence, or failure to turn in an assignment due in class, that is related to the observance of a religious holiday. By UT Austin policy, you must notify me of your pending absence at least fourteen days prior to the date of observance of a religious holy day. If you must miss class, an examination, a work assignment, or a project in order to observe a religious holy day, you will be given an opportunity to complete the missed work within a reasonable time after the absence.

Academic Integrity: Students are expected to uphold the core values of the University of Texas at Austin (learning, discovery, freedom, leadership, individual opportunity, and responsibility) through integrity, honesty, trust, fairness, and respect toward peers and community.

ASSIGNMENTS:

Class Participation: The quality and quantity of participation in the course will contribute to the course grade. Students are expected to be active in the course and professional in their approach to consultation and their clinical work. Students are expected to follow up with completing any additional reading assigned by course instructors that may inform their work with their clients, and this work should be completed in a timely manner. Students will be called upon to provide information from this reading in the context of class meetings. Students should also be active participants in their classmates' consultation during case presentations.

Case Presentation with Recording: Students are required to do one formal case presentation using a format provided for the course. Student presentations should be 30 min in length and should include presentation of selected portions of a session(s). Students should utilize their supervision to support their case presentations and should have a consultation question/s to present to the group for discussion prior to presenting the case. Grades will be based on student's ability to present an organized, coherent understanding of the case with relevant information that shows the application of CBT theory and intervention approaches and evidence of the student's ability to self-reflect on ways they can improve the client work as well as a focus on the way the therapeutic relationship is functioning within the work. These presentations will be scheduled as early in the semester as possible.

Direct Treatment Section

Date	Topic	Readings	Assignment
1/19/15	Introduction and		

	Overview of the course		
1/26/15	Case Conceptualization	<p>Persons, J. B., Beckner, V. L., & Tompkins, M. A. (2013). Testing case formulation hypotheses in psychotherapy: Two case examples. <i>Cognitive And Behavioral Practice</i>, 20(4), 399-409. doi:10.1016/j.cbpra.2013.03.004</p> <p>McLeod, B. D., Jensen-Doss, A., & Ollendick, T. H. (2013). Case conceptualization, treatment planning, and outcome monitoring. In B. D. McLeod, A. Jensen-Doss, T. H. Ollendick, B. D. McLeod, A. Jensen-Doss, T. H. Ollendick (Eds.) , <i>Diagnostic and behavioral assessment in children and adolescents: A clinical guide</i> (pp. 77-100). New York, NY, US: Guilford Press. [available in library]</p>	
2/2/16	EBT Structure and Therapeutic Alliance	<p>Shirk, S.R., Karver, M.S., & Brown, R. (2011). The alliance in child and adolescent psychotherapy. <i>Psychotherapy</i>, 48, 17-24.</p> <p>Friedberg, R.D. & Gorman, A.A. (2007). Integrating psychotherapeutic processes with cognitive behavioral procedures. <i>Journal of Contemporary Psychotherapy</i>, 37, 185-193.</p> <p>Keeley, M. L., Geffken, G. R., Ricketts, E., McNamara, J. H., & Storch, E. A. (2011). The therapeutic alliance in the cognitive behavioral treatment of pediatric obsessive-compulsive disorder. <i>Journal Of Anxiety Disorders</i>, 25(7), 855-863. doi:10.1016/j.janxdis.2011.03.017</p>	
2/9/16	"Common Factors" of Therapy and Measurement Feedback	<p>Norcross, J. C., & Wampold, B. E. (2011). Evidence-based therapy relationships: Research conclusions and clinical practices. In J. C. Norcross, J. C. Norcross (Eds.) , <i>Psychotherapy relationships that work: Evidence-based responsiveness (2nd ed.)</i> (pp. 423-430). New York, NY, US: Oxford University Press. doi:10.1093/acprof:oso/9780199737208.003.0021</p> <p>Bickman, L., Kelley, S. D., & Athay, M. (2012). The technology of measurement feedback systems. <i>Couple And Family Psychology: Research And Practice</i>, 1(4), 274-284. doi:10.1037/a0031022</p> <p>Lambert, M. J. (2015). Progress feedback and the OQ-system: The past and the future. <i>Psychotherapy</i>, 52(4), 381-390. doi:10.1037/pst0000027</p>	Case Presentation and consultation
2/16/16	Common Practice Elements in EBTs	<p>Chorpita, B. F., & Daleiden, E. L. (2009). Mapping evidence-based treatments for children and adolescents: Application of the distillation and matching model to 615 treatments from 322 randomized trials. <i>Journal Of Consulting And Clinical Psychology</i>, 77(3), 566-579. doi:10.1037/a0014565</p> <p>Bearman, S. K., & Weisz, J.R. (2015). Comprehensive treatments for youth comorbidity: Evidence-guided approaches to a complicated problem. <i>Child and Adolescent Mental Health</i>.</p> <p>Trask, E. V., Fawley-King, K., Garland, A. F., & Aarons, G. A. (2015).</p>	Case Presentation and consultation

		Client report of delivery of common elements in usual care and the association to satisfaction. <i>Journal Of Child And Family Studies</i> , doi:10.1007/s10826-015-0273-9	
2/23/16	Exposure: Recent Advances	<p>McMillan, D., & Lee, R. (2010). A systematic review of behavioral experiments vs. Exposure alone in the treatment of anxiety disorders: A case of exposure while wearing the emperor's new clothes?. <i>Clinical Psychology Review</i>, 30(5), 467-478. doi:10.1016/j.cpr.2010.01.003</p> <p>Telch, M. J., Valentiner, D. P., Ilai, D., Young, P. R., Powers, M. B., & Smits, J. J. (2004). Fear activation and distraction during the emotional processing of claustrophobic fear. <i>Journal Of Behavior Therapy And Experimental Psychiatry</i>, 35(3), 219-232. doi:10.1016/j.jbtep.2004.03.004</p> <p>Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. <i>Behaviour Research And Therapy</i>, 5810-23. doi:10.1016/j.brat.2014.04.006</p>	Case Presentation and consultation
3/1/16	Treatment of Pediatric OCD	<p>Lebowitz, E. R., Vitulano, L. A., Mataix-Cols, D., & Leckman, J. F. (2011). When OCD takes over...the family! Coercive and disruptive behaviours in paediatric obsessive compulsive disorder. <i>Journal Of Child Psychology And Psychiatry</i>, 52(12), 1249-1250. doi:10.1111/j.1469-7610.2011.02480.x</p> <p>O'Donohue et al., Chapter 59 [Franklin, M.E., Ledley, D.A., & Foa, E.B. (2009). Response prevention. In W.T. O'Donohue & J.E Fisher, Eds. <i>General Principles and Empirically Supported Techniques of Cognitive Behavior Therapy</i>. New Jersey, Wiley & Sons].</p>	Case Presentation and consultation
3/8/16	Increasing reinforcement in therapy: Child-led interventions	<p>O'Donohue Chapter 51 [Moore, J. & Patterson, G.R. (2009). Parent Training. In W.T. O'Donohue & J.E Fisher, Eds. <i>General Principles and Empirically Supported Techniques of Cognitive Behavior Therapy</i>. New Jersey, Wiley & Sons]</p> <p>O'Donohue Chapter 53. Boggs, S.R., & Eyberg, S.M. (2009). Positive Attention. In W.T. O'Donohue & J.E Fisher, Eds. <i>General Principles and Empirically Supported Techniques of Cognitive Behavior Therapy</i>. New Jersey, Wiley & Sons]</p> <p>Harwood, M. D., & Eyberg, S. M. (2006). Child-Directed Interaction: Prediction of Change in Impaired Mother-Child Functioning. <i>Journal Of Abnormal Child Psychology</i>, 34(3), 335-347. doi:10.1007/s10802-006-9025-z</p>	Case Presentation and consultation
3/22/16	Use of punishment procedures to reduce non-compliance	<p>O'Donohue Chapter 75. [Friman, P.C. (2009). Time-out, Time-in, and Task-Based Grounding. In W.T. O'Donohue & J.E Fisher, Eds. <i>General Principles and Empirically Supported Techniques of Cognitive Behavior Therapy</i>. New Jersey, Wiley & Sons]</p> <p>Breitenstein, S. M., Gross, D., Fogg, L., Ridge, A., Garvey, C., Julion, W., & Tucker, S. (2012). The Chicago Parent Program:</p>	Case Presentation and consultation

		<p>Comparing 1-year outcomes for African American and Latino parents of young children. <i>Research In Nursing & Health</i>, 35(5), 475-489. doi:10.1002/nur.21489</p> <p>Ho, J., Yeh, M., McCabe, K., & Lau, A. (2012). Perceptions of the acceptability of parent training among Chinese immigrant parents: Contributions of cultural factors and clinical need. <i>Behavior Therapy</i>, 43(2), 436-449. doi:10.1016/j.beth.2011.10.004</p>	
3/29/16	Prolonged exposure and trauma narratives	<p>Foa, E. B., McLean, C. P., Capaldi, S., & Rosenfield, D. (2013). Prolonged exposure vs supportive counseling for sexual abuse-related PTSD in adolescent girls: A randomized clinical trial. <i>JAMA: Journal Of The American Medical Association</i>, 310(24), 2650-2657. doi:10.1001/jama.2013.282829</p> <p>Gilboa-Schechtman, E., Foa, E. B., Shafran, N., Aderka, I. M., Powers, M. B., Rachamim, L., & ... Apter, A. (2010). Prolonged exposure versus dynamic therapy for adolescent PTSD: A pilot randomized controlled trial. <i>Journal Of The American Academy Of Child & Adolescent Psychiatry</i>, 49(10), 1034-1042. doi:10.1016/j.jaac.2010.07.014</p> <p>Mannarino, A. P., Cohen, J. A., & Deblinger, E. (2014). Trauma-focused cognitive-behavioral therapy. In S. Timmer, A. Urquiza, S. Timmer, A. Urquiza (Eds.), <i>Evidence-based approaches for the treatment of maltreated children: Considering core components and treatment effectiveness</i> (pp. 165-185). New York, NY, US: Springer Science + Business Media. doi:10.1007/978-94-007-7404-9_10</p>	Case Presentation and consultation
4/5/16	Addressing engagement in therapy	<p>Lindsey, M. A., Brandt, N. E., Becker, K. D., Lee, B. R., Barth, R. P., Daleiden, E. L., & Chorpita, B. F. (2014). Identifying the common elements of treatment engagement interventions in children's mental health services. <i>Clinical Child And Family Psychology Review</i>, 17(3), 283-298. doi:10.1007/s10567-013-0163-x</p>	Case Presentation and consultation
4/12/16	Ending Treatment	<p>Farmer, R.F. & Chapman, A.L. (2008). Bringing therapy to a close and aftercare. Farmer, Richard F. Chapman, Alexander L. <i>Behavioral interventions in cognitive behavior therapy: Practical guidance for putting theory into action.</i> , (pp. 279-296). Washington, DC, US: American Psychological Association, xiv, 341 pp. doi: 10.1037/11664-011</p>	Case Presentation and consultation
4/19/16	TBD		Case Presentation and consultation
4/26/16	TBD		Case Presentation and consultation
5/3/16	TBD		Case Presentation and

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