Instructor: Mike C. Parent, Ph.D. Texas Licensed Psychologist #37009
Group Supervision: Wednesdays, 4-7
Group Supervision Room: Scheduled via Microsoft Teams
Phone numbers   Cell: 352-642-2404 (for emergencies, personal cell—don't give out!)

Course Purpose:
The purpose of this practicum is to broaden and deepen your competencies as a therapist and as a professional.

Learning Objectives
1. Students will apply ethical principles and guidelines of the profession and the state of Texas in the practice of psychology.
2. Students will apply theories and method to the practice of psychology.
3. Students will integrate science into the practice of psychology.
4. Students will gain knowledge, experience, and skills related to diversity issues in the practice of psychology.
5. Students will develop theoretical orientation and case conceptualization skills.
6. Students will further their understanding of themselves as individuals, and gain an awareness of how this affects their work as counseling psychologists.
7. Students will gain efficacy, confidence, and competence as therapists.

Developmental Objectives
For students who are completing their first year in practicum, the developmental objectives are to:
1. Achieve novice therapist skill. Novices have limited knowledge and understanding of (a) how to analyze problems and of (b) intervention skills and the processes and techniques of implementing them. They learn general principles or specific techniques to use, but the student's beginning level of experience limits the flexible use of these skills. Novices do not yet recognize patterns, and do not differentiate well between important and unimportant details; they do not have filled-in cognitive maps of how, for example, a given patient may move from where he/she is to a place of better functioning.
2. Begin development of intermediate level skills in a few domains. Psychology students at the intermediate level of competence have coped with enough real situations to recognize some important recurring meaningful situational components, based on prior experience in actual situations. Generalization of diagnostic and interventional skills to new situations and patients is limited, and support is needed to guide performance.

For students beyond their first year in practicum, the developmental objectives are to:
1. Achieve intermediate therapist skill. Psychology students at the intermediate level of competence have coped with enough real situations to recognize some important recurring meaningful situational components, based on prior experience in actual situations. Generalization of diagnostic and interventional skills to new situations and patients is limited, and support is needed to guide performance.
2. Begin development of advanced level skills in a few domains. At this level, the student can see his or her actions in terms of long-range goals or plans of which he or she is consciously aware. For the psychologist at this level of competence, a plan establishes a perspective, and the plan is based on considerable conscious, abstract, analytic contemplation of the problem (including review of scholarly/research literature as needed). The conscious, deliberate planning that is characteristic of this skill level helps achieve efficiency and organization. At this level, the psychologist is less flexible in these areas than the proficient psychologist [the next level of competence] but does have a feeling of mastery and the ability to cope with and manage many contingencies of clinical work. Recognition of overall patterns, of a set of possible diagnoses and/or treatment processes and outcomes for a given case, are taking shape.

Achieving Objectives
Students will meet the above objectives in the following ways. Additional opportunities to meet the objectives may also be available.
1. Students will review ethical guidelines for the state of Texas and the profession, and explore ethical decision-making.
2. Students will demonstrate their use of theoretical orientations and interventions in supervision and case presentations.
3. Students will demonstrate use of research and empirically supported treatment in their case consultations and supervision.
4. Students will incorporate cultural context into their therapy work, and describe cultural dynamics in supervision.
5. Students will articulate their theoretical approaches to clinical work in supervision, and explore new

modes of conceptualizing and intervening.

6. Students will self-reflect, in supervision, on how they as individuals affect case dynamics.
7. Students will identify specific areas of efficacy, confidence, and competence, and identify opportunities to reach those goals.

Methods for assessing satisfactory attainment of these learning objectives
I will evaluate attainment of the learning objectives through students' development and attainment of milestones.

Course Components

Supervision
We will meet weekly. **Be on time**. Part of this time will be spent discussing specific therapy cases and issues. Appendix 1 lists the format that discussion of specific cases will follow. There will also be an opportunity for unstructured, general discussion of thematic issues (e.g., dealing with termination, working with specific populations or presenting concerns) each day. The instructor will keep track of who presents clients in both group supervision and may call on people to present to ensure even distribution of case discussions among group members. **Attendance is required. If significant medical concerns prevent your coming to group supervision, you must notify me as soon as possible. We will make up the group supervision hours with additional hours of individual supervision, ASAP. Repeated lateness or failure to attend group supervision constitutes a violation of ethical practice.** Please take responsibility for bringing in client material, or material about the practice of psychology in general, to discuss.

Professional Development Goals
All students will develop specific professional development plans. Appendix 2 lists the requirements for this assignment.

Reading Reaction Papers
Every second week, a specific topic will be covered in class. Prior to the start of class, students will submit a document that lists three "reactions" that can take the form of further exploration of a topic, critique, or other substantive reaction. The reactions can be focused on any of the papers (e.g., three substantial reactions to one paper are fine, or one to each of the three).

Grading

1. Development of goals and attainment of weekly milestones.
   $10 \times 10 \quad = \quad 100$
2. Reading reaction papers.
   $5 \times 6 \quad = \quad 30$

81 and above = pass.

Professionalism in the Practicum Sites

Ethical Behavior
All students are expected to behave ethically in their work with patients. Behavior that is a direct violation of ethical behavior, such as a student beginning a sexual relationship with a client, a student seeing a client with whom he or she has had a past sexual relationship, or violations of confidentiality (e.g., talking openly in public about an identifiable client) will result in termination from the practicum and additional consequences within the doctoral program, potentially including termination from the program. Note that attendance in supervision is considered an aspect of ethical behavior, and a pattern of being late for or missing supervision will result in penalties potentially including termination from the practicum.

Responsible Clinical Practice Pertaining to Client Homicide, Suicide, and Abuse of a Vulnerable Person
All students are expected to engage in responsible clinical practice with regard to risk to others, risks to clients, and risk to vulnerable populations. Students are first required to explain the limits of confidentiality to all clients. Students are expected to appropriately assess these factors and to consult with a faculty member if there is any risk of harm to self, immediate danger to others, or the safety of a vulnerable person is at risk. Students should consult if they are unsure of processes (e.g., assessing or reporting potential child abuse risk). Students are expected to comply with supervisor directives about assessment of these risks (such as completing a suicide risk assessment). A pattern of failure to explain the limits of confidentiality, assess, consult, or report as appropriate may result in termination from the practicum.

Evaluation

Grading
This is a Pass/Fail course. Your acquisition of skills should be commensurate with your level of training in the program. I expect each student to be open to the learning process and to work with clients and colleagues in an ethical manner. Note that I consider "ethical work" to include timely completion of professional documentation and regular and timely attendance at supervision meetings.

Students with Disabilities
Any student who, because of a disability, may require special arrangements in order to meet the course requirements should contact the instructor as soon as possible to make any necessary arrangements. Students should present appropriate verification from Student Disability Services during the instructor's office hours. Please note instructors are not allowed to provide classroom accommodations to a student until appropriate verification from Student Disability Services has been provided. For additional information, you may contact the Student Disability Services office at 335 West Hall or 806-742-2405.
Religious Holidays
Excused absences are allowed for religious holidays (see Texas Tech Operation Procedure 30.16). Please see me as soon as possible if this applies to you so we can reschedule anything that may need to be moved.

Appendix 1
Format for group supervision case discussion
Based on the Wilbur, Roberts-Wilbur, Hart, Morris, and Betz (1994) model

Step 1. Request for assistance. The presenter will state what assistance they are requesting from the group. The presenter will provide a **brief** outline of the case dynamics (about 5-10 minutes). **In all cases**, video (~5 minutes) will also be shown, ideally of specific behaviors related to the request for assistance, though showing a "slice" of therapy interaction is also acceptable. The supervisee will restate what it is that they are finding troubling, puzzling, confusing, novel, etc., about this case.

Step 2. Question period. The group members will ask the presenter for information in addition to what the presenter offered in Step 1. These questions should be intended to obtain additional information or clarify misunderstandings or miscommunications (e.g., "Does the client have a job?", "Does the client live with his/her parents?"). *Questions should not be veiled suggestions (e.g., "Why didn't you…", "Don't you think…").* Questions will come, one at a time, from one group member at a time, with an opportunity for the presenter to respond between each question. This will proceed until no questions are left or time constraints require the group supervisor to end the question period.

Step 3. Feedback and consultation. Group members respond to the information provided in steps 1 and 2. Group members present their responses to the situation and what they might do. **First person is used by group members**, e.g., not "Why don't you…" but rather, "If this were my client, I would…" Feedback should be framed in terms of empirically supported and theory-driven approaches to treatment, and should be specific about actions, behaviors, and what the intended plan of action would look like in therapy. Ownership is to be taken by the speaker for recognizing what aspects of their own developmental pathway prompt them to be drawn to their stated approach. During this step, the presenter will remain silent and listen to all the feedback.

Step 4. Reflection and response statement. The presenter is expected to take a moment to process the feedback. The presenter will then reflect, in general, on how the feedback felt to them. The presenter should minimize comments such as "I tried that, but…" or "I did something like that, but…." During the presenter's reflection and response the other group members will listen without comment. The presenter will state what aspects of what suggestions and feedback were helpful, or not helpful, and why they were beneficial, or not.

Step 5. Discussion. The supervisor will summarize the interaction, react to feedback offered, and process group dynamics. The supervisees will provide their responses to the supervisor input.

Given the brevity of the time for which I am your supervisor, your only assignment in this class will be the development and attainment of professional goals.

Students will develop one to three professional goals in the first supervision session, and they will be finalized by the end of that session. As instructor I may modify your goals or add new goals based on your performance in the practicum. **Goals are due in your first supervision session, and will be submitted to the discussion board**.

Goals must be **clear** and **operationalized**.

"Be a better therapist" is a bad goal.
"Implement three identifiably CBT interventions each session, with every patient" or *"reflect content or meaning four times in the first fifteen minutes of my sessions with patients"* are better goals.

"Be a better multicultural therapist" is a bad goal.
"Discuss the intersection of one relevant identity (e.g., SES, race, gender, sexual orientation) with the presenting concerns of all of clients in week 1" is a better goal.

Goals must list the **behavior** you want to engage in, the **frequency** of engagement, and the **timeline** in which the goal behavior will occur. The **behavior must be measurable, observable behavior** (not "thinking about" or "considering" things). You will be asked to **demonstrate** engaging in the behaviors via tape (as applicable).

Goals that have shorter time frames or that may be practically limited (e.g., the multicultural example above) should then have subgoals to allow the goal to be pursued across semester II.

e.g.,
Week 1: Discuss the intersection of identities (e.g,. SES, race, gender, sexual orientation) with the presenting concerns of all of the clients.
Week 2: Return to and sustain for at least ten minutes a more detailed examination of the ways identity affects the presenting concern with the patients for whom it was applicable.
Week 3: Process with clients with whom multicultural issues were discussed how that discussion affected them and their perception of the therapeutic relationship.
Week 4: Incorporate the identity into a therapy homework assignment.

Goals should be specifically addressable in class. For example, if a goal is to learn an intervention, a weekly goal should be to present what you have learned to the class.

Goals that involve complex processes should generally have supporting goals. E.g., Implementing CBT interventions requires knowledge of CBT. A good foundational goal might be to read a CBT manual in Week 1 and start implementing in Week 2.

Positive goals (starting a behavior) are generally preferable. Negative goals (stopping a behavior) must be accompanied by a corresponding new behavior.

Goals are more often met when they are **shared**. Students will share therapy goals with the supervision class.

Do not have goals that are beyond your control. For example, you should not have a goal of something related to work with a transgender client, as you cannot know if you will get a transgender client (exception: if

you are at a site where the subject of the goal is a major population and you will almost certainly get someone from whatever the goal group is).

In supervision, students will describe the progress they have made toward their goals, or impediments to their progress if they did not achieve their goal.

For evaluation, students and I will review their goals and their progress. Students will evaluate their performance and I will also provide evaluation.

At least one goal must address social justice or multicultural counseling. This is broadly defined for the purpose of this class, and might include topics such as race, ethnicity, religion, sexual orientation, or others.

Specific Topics and Readings by Date.

Ethics- Wed, June 17

Domenech Rodríguez, M. M., Erickson Cornish, J. A., Thomas, J. T., Forrest, L., Anderson, A., & Bow, J. N. (2014). Ethics education in professional psychology: A survey of American Psychological Association accredited programs. *Training and Education in Professional Psychology*, *8*(4), 241.

Lannin, D. G., & Scott, N. A. (2013). Social networking ethics: Developing best practices for the new small world. *Professional Psychology: Research and Practice*, *44*(3), 135.

Sugarman, J. (2015). Neoliberalism and psychological ethics. *Journal of theoretical and Philosophical Psychology*, *35*(2), 103.

Telehealth - Wed, July 1

Dart, E. H., Whipple, H. M., Pasqua, J. L., & Furlow, C. M. (2016). Legal, regulatory, and ethical issues in telehealth technology. In *Computer-assisted and web-based innovations in psychology, special education, and health* (pp. 339-363). Academic Press.

Glueckauf, R. L., Maheu, M. M., Drude, K. P., Wells, B. A., Wang, Y., Gustafson, D. J., & Nelson, E. L. (2018). Survey of psychologists' telebehavioral health practices: Technology use, ethical issues, and training needs. *Professional Psychology: Research and Practice*, *49*(3), 205.

McCord, C. E., Saenz, J. J., Armstrong, T. W., & Elliott, T. R. (2015). Training the next generation of counseling psychologists in the practice of telepsychology. *Counselling Psychology Quarterly*, *28*(3), 324-344.

Social justice – Wed, July 15

Louis, W. R., Mavor, K. I., La Macchia, S. T., & Amiot, C. E. (2014). Social justice and psychology: What is, and what should be. *Journal of Theoretical and Philosophical Psychology*, *34*(1), 14.

Motulsky, S. L., Gere, S. H., Saleem, R., & Trantham, S. M. (2014). Teaching social justice in counseling psychology. *The Counseling Psychologist*, *42*(8), 1058-1083.

Moradi, B., & Grzanka, P. R. (2017). Using intersectionality responsibly: Toward critical epistemology, structural analysis, and social justice activism. *Journal of counseling psychology*, *64*(5), 500.

Professional Identity – Wed, July 29

DeKruyf, L., Auger, R. W., & Trice-Black, S. (2013). The role of school counselors in meeting students' mental health needs: Examining issues of professional identity. *Professional School Counseling*, *16*(5), 2156759X0001600502.

Liddell, D. L., Wilson, M. E., Pasquesi, K., Hirschy, A. S., & Boyle, K. M. (2014). Development of professional identity through socialization in graduate school. *Journal of Student Affairs Research and Practice*, *51*(1), 69-84.

Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor professional identity: Findings and implications for counseling and interprofessional collaboration. *Journal of Counseling & Development*, *89*(2), 140-147.

Empirically based treatment – Wed, Aug 12

Cardemil, E. V. (2010). Cultural adaptations to empirically supported treatments: A research agenda. *The Scientific Review of Mental Health Practice*, *7*(2), 8-21.

Duncan, B. L., & Reese, R. J. (2012). Empirically Supported Treatments, Evidence-Based Treatments, and Evidence-Based Practice. *Handbook of Psychology, Second Edition*, *8*.

Rousseau, D. M., & Gunia, B. C. (2016). Evidence-based practice: The psychology of EBP implementation. *Annual Review of Psychology*, *67*, 667-692.