

Clinical Vertical Team
(Psy-5810, 5820, 6810, 6820)
2022-2023
Syllabus

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Office Hours: *by appointment*
Class Meetings: Thursday: 2:15 – 4:00 pm
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Goals and Objectives: Clinical Vertical Team provides supervised clinical training in conducting clinical assessments, diagnosing mental disorders, defining dysfunctional behaviors, and formulating and implementing intervention strategies (including empirically supported treatments) with individuals, couples and families representing a wide range of problems at various developmental stages (i.e., children, adolescents, adults). The sequencing, duration, nature, content and expectancies of the supervised clinical training experiences are based on the immediate and long term training goals, objectives, interests and skills of each student.

Students on the team represent various levels of training and skills. Consequently, a developmental approach to training and skills acquisition is utilized wherein opportunities and expectations reflect increasing complexity of the skills and knowledge to be learned, developed and demonstrated. The skills, knowledge and attitudes to be developed and demonstrated are specified in the attached Core Clinical Competencies document.

For this clinical team, the theoretical orientation used for all cases will be cognitive behavioral. The goal of team will be to develop breadth and depth of knowledge of a cognitive behavioral theory, conceptualization, and interventions. Empirically supported treatments will be emphasized. The objectives for CVT include the development and demonstration of the following skills, attitudes and behaviors of an ethical and competent clinical psychologist. This is a focused clinical vertical team with a primary focus on treating patients who have experienced potentially traumatic events. Trauma-focused competencies will inform our team approach (see below).

The DSM-5 -TR was released March, 2022. Your cases will receive a diagnosis based on this current version of the DSM.

Requirements, Evaluation and Grading. Each student, regardless of year level, is expected to attend and participate in clinical team supervision from 2:15 p.m. to 4:00 p.m. on Thursdays during the fall, spring and summer semesters. Students beyond the

first year are expected to schedule, attend and participate in one hour per week of individual supervision each semester. First year students who are conducting direct clinical services (i.e., assessments, therapy) need to schedule and attend one hour per week of individual supervision. Each student beyond the first year is expected to devote 10-12 hours per week to clinical work as part of his or her Clinical Vertical Team activities. Clinical activities include direct clinical services (i.e., assessments, intervention), individual and team supervision, report writing, phone calls, case notes, transcripts, etc. Students in their first year are expected to spend 3-5 hours per week in clinical activities such as CVT supervision, conducting intakes, readings, etc.

Expected CVT caseloads for students are as follows, but we recognize that some factors (e.g., COVID-19 restrictions) are beyond students' control and may limit the number of opportunities for clinical work. If in doubt, please discuss these expectations with your CVT supervisor and/or the DCT.

<u>Year level</u>	<u># of assessments per year</u>	<u># of therapy sessions per year</u>
1	1	0
2	6	30
3	6	50
4	4	40

You should become familiar with and utilize the APPIC internship reporting form as soon as possible to track your clinical work. It is also best to review your caseloads regularly with me to ensure that you are on track to meet these caseload expectations.

For students who will be departing for internship during the summer, please note that your CVT/PSC responsibilities are to be maintained until at least 30 days prior to the internship starting date and that you are not allowed to depart for internship any sooner than 30 days prior to the start of internship. Also, forty-five (45) days prior to the internship starting date, you should provide me with a written statement of the status of each open case, as well as plans for closing cases, transferring cases, and completing all paperwork.

You must videotape each session with permission of the client. For students in the first and second year, this includes both assessment and therapy sessions. For students beyond the second year, I typically would expect video recording of therapy sessions only though this will be evaluated on a case-by-case basis. **Students are expected to review their video-tapes prior to individual supervision and to come prepared with demarcated segments for review.** Individual supervision will be conducted using segments of the videotape. Videotaping permits us to provide more detailed supervision of your clinical work.

Paperwork. All clinical contacts need to have documentation. All cases seen, even if only seen for an initial consultation should have a written report on file. Psychological assessments of any type need to have a formal interpretation that is part of the case file.

- ◆ First drafts of treatment/discharge summaries and assessment reports need to be completed within **7 working days** following the last therapy session (treatment summary) or the final assessment session (assessment). For assessment cases, **do not schedule feedback with a client until you have received approval from me**. I expect an approved draft of the final report prior to your providing feedback to the client. Please allow me at least **72 hours (working days)** to review your assessment reports. Please **double-space** all of your assessment reports for review; this allows me to write in comments for revision.
- ◆ All assessments, whether conducted in the context of therapy or assessment, need to have a formal, summary write up and this write up should be discussed with the client. Information will follow as to how to designate assessment cases for APPIC reporting.
- ◆ All Therapy cases terminated within a semester and assessment cases completed within a semester must have final reports by the semester's end. Reports must be submitted for revision using the timeline described above. Given the convergence of multiple reports/termination summaries etc. at the end of the semester, please provide your final reports at least **one week** prior to the end of the semester.
- ◆ Prior to your first individual supervision meeting and one week prior to the completion of evaluations, please complete the student caseload form. This form includes pertinent case load information including age/gender, GAF, # of session, # of missed sessions, date last seen.
- ◆ Progress notes need to be completed within **24 hours** of seeing a client. Please complete all of your week's case notes within 24 hours of our scheduled supervision session. This permits me the time to review and sign your notes prior to our meeting.

Failure to close cases and complete paperwork in the manner described will result in a grade of Incomplete for CVT and the student may not register for further coursework (including CVT, thesis or dissertation hours or internship) until all written work is completed. Students are not eligible to graduate until all written clinical work is complete and approved by the clinical supervisor and the PSC director. **Completing paper is a professional responsibility of the student. There are many cases on clinical team and it is not possible or appropriate for me to individually monitor whether each task is completed on time. We will discuss an individual strategy for each student to be personally accountable for keeping up with this paperwork.**

Residency, Leaves, Vacations and Absences. Students are expected to be in residence during each fall, spring and summer (8-week session) semesters throughout their matriculation in the clinical psychology graduate program, with the exception of the internship year. Vacations may only be scheduled during the **breaks between each fall, spring and summer semesters in accordance with the academic calendar, and prior approval for vacations must be granted by the student's CVT supervisor and the Director of the Psychological Services Center with assurances of continuity of care for the student's PSC clients during his or her absence.** Please also remember that 'Spring Breaks' and 'Fall Break' follow the same set of rules described above, i.e., they are not automatic leaves for students.

Extended leaves during the semester are defined as leaves for longer than a one-week period and require approval from the clinical faculty in writing. Extended leaves may be granted for medical, family or personal reasons and verification may be requested. Short term leaves during the semester (i.e., less than one week) may be taken for medical, family or personal emergencies and the student must inform his or her RVT supervisor/advisor, course instructors, CVT supervisor and external supervisors. Absences from a class or from an individual or group clinical or research supervision meeting are considered excused or unexcused at the discretion of the faculty member/instructor/supervisor on a case-by-case basis. If you anticipate an absence from team or supervision, please discuss this with me at the earliest possible time as it assists with planning. Unexcused or excessive excused absences may result in consequences determined by the faculty member/instructor/supervisor including but not limited to a lowered course grade, a grade of incomplete, or a failing grade for the course.

Professional Behavior. Clinical vertical team constitutes a professional learning activity. It is essential for trainees to be mindful of the fact that communication and decorum surrounding clinical cases should be characterized by professionalism in all settings: team, individual supervision, clinic and otherwise. Clinical cases should primarily be discussed in detail with the trainees' clinical supervisor and within the context of the clinical team, though it is recognized that some general clinical discussion may occur outside of team as part of the learning process. Please also be mindful of the HIPPA regulations and confidentiality generally when dealing with clinical material. **Discussion of clinical cases within the context of any social networking site or other internet forum comprises a violation of confidentiality and should be avoided.** Any attempts by clients to communicate with you though an internet medium (instant messaging, email, Facebook) is another potential threat to confidentiality and this issue should be discussed with your supervisor. In addition, do not save identifiable clinical material on flash or pocket drives, unencrypted on portable computers or desktop computers, or send over electronic mail. Never remove a client's folder from the clinic except to bring to individual supervision or clinical team. **Googling your client or making other efforts to glean details about your client through the internet requires consent from the client. Please do not engage in any of this activity without discussing with your supervisor so that we can weigh the ethical issues including asking the client for consent.**

Professional behavior also extends to trainee's choice of attire and general appearance. Appearance and style of dress can be a therapeutic issue depending on the nature of the attire and the clinical issue at hand. Please be mindful of the totality of professional behavior including your selection of clothing. For in person visits, please be aware that many clients may be sensitive or allergic to chemicals used within fragrances so be mindful of your use of perfumes and other scents. Finally, please be aware that your representation of yourself as a professional extends beyond the clinic room and consider these guidelines for your appearance during all of your time spent in the Psychological Services Center and other professional activities.

Self-Care

Clinical work engages deep emotions for the client, therapist, and supervisor. **To provide competent and sensitive care, it is important for therapists and their supervisors to practice self-care within their professional and personal lives.**

Regarding the professional space, we will discuss and practice ways in which we can be mindful of self-care within our team and supervisory contexts. Within your personal life, I have included a checklist that you can use to conduct a self-evaluation of your own self-care practices. **Balancing self-care with our professional duty to our clients can be nuanced and is not a binary process (i.e., it is not that I either attend to my self-care or I sacrifice my self-care for my clients).** Navigating this balance is part of your professional training experience and is a discussion that incorporates, weighs considerations of client and personal needs. Therefore, please include discussions related to navigating this balance within team and individual supervision.

Individual supervision. Individual supervision is one of the cornerstones of clinical training. It is designed to be a highly interactive and collaborative process for the development of the conceptual, technical and relational skills of clinical assessment and intervention. The foundation of clinical supervision is the establishment of a professional supervisory relationship characterized by mutual respect, trust, openness, maturity and communication. During individual supervision, we will work on basic case management issues as well as case conceptualization, diagnostic formulations, ethical reasoning, treatment planning and outcome assessment. Regular, ongoing evaluation of supervisory methods, techniques and interactions is expected and encouraged; similarly, regular, ongoing evaluation of your skills, competencies and development as a clinical psychologist will be provided. Some of the specific ways we will meet these goals is as follows.

Agency in Requesting Supervisory Needs

I provide clinical supervision in a developmentally graded manner such that expectations for a beginning student are different from expectations for a more advanced student. Also, within the same year, each student is unique with their own histories, experiences, and practices. **Therefore, please do not compare yourselves and your supervision with anyone else other than yourself. We will work together to ensure that you meet competencies for your year level, but the path to getting there is different for everyone.**

Please consult your year-level competency expectations and formulate a list of those competencies you feel are areas of strength and those competencies you feel are areas for growth right now. I have also shared a document that lists supervisee needs in clinical supervision. This list provides some examples of things that supervisees may need in supervision along with the words or articulation of how to ask for these things. **Please consult the competency document as well as the list of supervisory needs and bring a list articulating your areas of strength and areas for growth as well as what you think you need from supervision (at this time) to your second individual supervision meeting. We will continue to modify this list throughout the academic year.**

Team supervision. Team supervision provides each trainee with the opportunity to participate in and contribute to clinical case management, assessment and treatment conceptualization, diagnostic formulation, intervention strategies, ethical decision-making, treatment planning, clinical problem solving and outcomes evaluation. As such, during team supervision we will function as a team and I will serve as a facilitator of this team process.

As a team, each of you will present your cases to your peers on team and to solicit their input and feedback in the development of assessment and intervention strategies, techniques and plans. When not presenting, we all learn from engaged and contributory team discussions for team members. I will typically play a less active role during the presentations and team discussions, and a more active role in summarizing the team's clinical decision-making and conclusions.

Team Presentations.

We will talk about ways of presenting succinct, yet comprehensive case information as well as a process for having team members ask clarifying questions prior to engaging with evaluative, diagnostic and intervention formulations. Team is an opportunity to develop and demonstrate meaningful professional discourse about clinical content and process. An effective and well-functioning clinical team is characterized by collaboration, collegiality, openness, nondefensiveness, shared responsibility, mutual respect and shared leadership.

Emergencies. In the event of any clinical emergencies, please contact me immediately. You may interrupt me in my office for an emergency. The best way to reach me is by my cell phone. If I do not answer the telephone, please solicit assistance from the faculty member on call.

Grades and Evaluation.

You should register for zero credit hours of clinical practicum for the Fall and Spring semester. You should register for three credit hours for the summer semester. Grades are assigned on an A, A-, B+, B-, B, C, D and F basis each semester regardless of the number of credit hours.

You will be evaluated in terms of the knowledge, skills and attitudes specified in the clinical program's Core Clinical Competencies and the trauma specific competencies. Although both of us should provide constructive, evaluative feedback on an ongoing basis, formal and systematic evaluations will occur at midterm and at the end of each semester.