

**Rutgers University
Department of Psychology
Proseminar I
Syllabus – Fall 2019**

Course: PSY 16:830:563 Proseminar I, Credit Hours 1.5
When: Mondays 2:30-4pm
Where: 1 Spring Street, 204
Instructor(s): Samantha Farris, Ph.D, Teresa Leyro, Ph.D.

Course Materials:

Textbook:

Falender, C. A., & Shafranske, E. P. (2017). *Supervision essentials for the practice of competency-based supervision*. American Psychological Association.

Recommended Readings:

American Psychological Association. (2015). Guidelines for clinical supervision in health service psychology. *The American Psychologist*, 70(1), 33.

Bernard, J. M., Goodyear, R. K., & Bernard, J. M. (2019). *Fundamentals of clinical supervision* (6th Ed.). New York, NY: Pearson.

Newman, C. F., & Kaplan, D. A. (2016). *Supervision essentials for cognitive-behavioral therapy*. American Psychological Association.

Course Description: The goal of this course is to provide and instruct on the provision of evidence-based clinical supervision to doctoral students enrolled in the clinical program. Clinical supervision is a required component of predoctoral training in APA-approved clinical psychology doctoral training programs. Clinical supervision refers to the transference of specific knowledge, expertise, or skill in a supportive manner to facilitate the development of another. Clinical supervision may help the clinician examine his or her own thoughts and feelings towards the client and therapeutic process, however, the goal is to remain focused upon issues that directly impact the client and the clinician's ability to be an effective therapist.

Course Format: This is a required 1.5 credit course that will be offered in both the Fall and Spring semesters. This class is required for second-year students in the Doctoral Program in Clinical Psychology (i.e., during clinical practicum), and is to be taken in the fall semester and followed by Clinical Proseminar II in the spring semester. This course will also be open on a case-by-case basis for the following students: Third year+ students (if clinical practicum is still ongoing) and students enrolled in GSAPP's Clinical Program.

General Objectives: The goal of this course will be to provide pre-doctoral clinicians with:

- 1) Supervision in the provision of evidence-based assessment strategies, case conceptualization, and therapy for clients with psychopathology in the context of clinical practicum.
- 2) *In vivo* experience using multiple supervision techniques and modalities in group, individual and peer settings, through video review, role-play and demonstration.
- 3) Training in the provision of advanced application of second- and third-wave cognitive behavioral intervention for the treatment of psychological disorders in the context of clinical practicum.
- 4) Training and supervision in clinical documentation (e.g., SOAP notes, suicide risk documentation, treatment planning, case formulation)
- 5) Training in clinical supervision: The competency-based approach (Falender & Shafranske, 2017) includes six major areas: (1) development of the supervisory working alliance; (2) development of competence; (3) formative and cumulative assessment; (4) identifying areas for improvement; (5) understanding of competence as a lifelong process; and (6) simultaneously supports the development of competence and client welfare.

Specific Training Goals and Expectations for Supervision I:

- **Caseload:** All students are expected to carry a caseload of at least two clients. Students are expected to build this caseload within the first four weeks of the course via coordination with the GSAPP clinic. Specifically, students should identify potential clients via phone screen review. Subsequent intakes and intake reports should be conducted immediately thereafter in coordination with GSAPP. Next, cases will be presented at the next weekly case conferences, held at GSAPP on Wednesday, 12-1:30 PM. Following GSAPP clinic approval, cases will be transferred to our supervision team.
- **Applied Practice:** Implement cognitive and behavioral intervention during practicum placement, develop basic clinical skills, including diagnostic assessment and intervention. Learning will occur through assigned readings, instructional video, modeling, peer interaction during class, and experiential practice.
- **Consultation and Supervision:** Understand principles of clinical note writing and documentation, case conceptualization, peer consultation, models of supervision, and therapeutic skills (specific and non-specific). Learning will occur by weekly student pre-review of treatment session, in-class review of treatment session including video review, and peer-consultation meetings.

Classroom Decorum: Please make your best effort to arrive on time! Please be respectful of your clinical supervisor and fellow trainees. This means, refrain from using social media apps during class, turn off cell phones upon arrival to class (not vibrate, not silent), and refrain from side conversations.

Academic Honor Code: Students are expected to uphold the Academic Integrity Policy published by Rutgers. This policy is based on the premise that students must: (1) acknowledge and cite all use of ideas, results or words of others; (2) acknowledge all contributors of work; (3) submit work that is his/her own without the aid of impermissible materials or collaboration; (4) obtain data and results ethically and report with accuracy; (5) treat all students in a manner that preserves their integrity; and (6) uphold the ethical and professional code in accord with the profession you pursue. It is imperative that all students abide by the Academic Integrity Policy to maintain the integrity of the University community. (Paraphrased from <http://academicintegrity.rutgers.edu/academic-integrity-policy>). Under no circumstances will cheating or plagiarism be tolerated.

Special Considerations for Students with Disabilities: The Americans with Disabilities Act (ADA) requires that all qualified person should have equal opportunity and access to education, regardless of the presence of any disabling conditions. If you have a documented disability and need special permissions, please contact the Office of Disability Services for Students, Lucy Stone Hall, Livingston Campus, 54 Joyce Kilmer Ave., Suite A 145, Piscataway, NJ 08345 (Phone: 848.445.6809) and notify me during the first week of class. I will do whatever I can to accommodate your legitimate needs. All information and documentation of disability is strictly confidential.

Medical, Mental Health, and Personal Emergencies: If you experience an unexpected emergency, please let me know as soon as possible. If you experience ongoing difficulty attending and participating, please discuss your situation with me as soon as possible. I may ask that you supply me with a note from the emergency dean or your area chair. Do not wait until the end of the semester or until the problem has been resolved to contact me.

****NOTE: This syllabus is subject to change, with proper notice, throughout the semester.**

Course Expectations

Attendance and Participation: We expect that you receive weekly clinical supervision as part of the ethical responsibilities as pre-doctoral clinicians. If you are unable to attend class, please notify your instructor(s) ASAP so that you can arrange for individual supervision. As graduate students, we expect that you come to class prepared (as outlined below).

Readings: Readings will be assigned on a weekly basis. Please complete readings ahead of our meetings. This will greatly aid in your ability to grasp the information and fully participate. **Please see *Weekly Readings and Assignments for additional details.*** ***Copyright Statement:** Some course materials may be copyrighted and provided in compliance with the provision of the Teach Act. This means that these materials are intended for use only by students registered and enrolled in the course and for activities associated with and for the duration of the course. They may not be retained in another medium or disseminated further.

Clinical Records/Case Notes: Pe-doctoral trainees are expected to use Therasoft for keeping track of therapy progress. Clinical record keeping is expected to occur immediately following provision of care and no later than 72 hours following care.

Consultation: Students will be paired with a peer at the beginning of the semester. They will be expected to meet with their partner weekly to review their session summary. This peer review process is meant to help students develop consultation skills with peer clinicians, and to bolster supervision via process-based discussion around intervention content, non-specific factors, and highlight key areas of focus (e.g., timestamps during video) during supervision meetings.

Pre-Supervision Summary of Session: Pre-doctoral trainees are expected to complete a detailed summary of each therapy session prior to supervision meetings. These summaries are meant to serve: as an opportunity for students to watch themselves and reflect on their performance independent of supervision, identify key points and emergent themes from the session, and to identify questions to inform the focus of supervision. Students should provide the time stamp from their video session for each summary point. This summary should be submitted ahead of supervision no later than 72 hours following care. Supervisors are aware of inherent anxiety involved in reviewing therapy sessions. Having the supervisee summarize their feelings about the session and level of satisfaction beforehand may diffuse some anxiety.

Video Review: Research has demonstrated the effectiveness of video recording for clinical training, particularly when used to teach skills. Video recording can additionally be used to process a number of issues: reviewing content of session, reviewing affective and cognitive aspects of session; processing relationship issues with the supervisee. On a rotating basis, and at least four times per semester, students will be required to present a 15-minute video segment of a therapy session. Students are expected to set goals for video review prior to supervision, informed by **pre-supervision summary** and **consultation meeting**. During video review, supervisor will stop tape at regular intervals, at which point supervisees will comment on the segment first, which provides trainee with a sense of control. The goal is to focus on session sections that highlight something the supervisee did well or when s/he experienced difficulty or got stuck with the client. Throughout video review, supervisor will highlight part of session where supervisee demonstrated a particular skill; supervisees will be prompted to reflect on the dynamics of the relationship, ethical dilemmas, and multicultural issues; supervisor/supervisee will examine all or parts for a cognitive-behavioral viewpoint (i.e., thoughts about sessions and attributions, meaning of events and processing self-talk during session).

Evaluation: Students' progress and performance will be based on: attendance and participation during supervision, completion of peer-consultation meetings, and growth and development based on 17 core clinical competencies (see Competency Assessment form). Students will be provided with regular feedback about their performance and progress toward each of the core competencies.

Readings:

September 9, 2019: Webinar: Competency-Based Clinical Supervision: The Missing Ingredient

September 23, 2019: Chapter 1: Groundwork and Rationale, pp. 3-16

October 7, 2019: Chapter 2: Implementing Competency-Based Clinical Supervision and Best Practices, pp. 17-46

October 21, 2019: Chapter 3: Illustration: Excerpt From a Transcript of a Supervisory Session, pp. 47-58

November 4, 2019: Chapter 5. Addressing Personal Factors, Responsiveness, and Reactivity, pp. 73-84

Intervention Manuals: Focus on anxiety and mood disorders

[Unified Protocol for Transdiagnostic Treatment of Emotional Disorders *Therapist Guide, 2e*](#)

[Mastery of your Anxiety and Worry *Therapist Guide*](#)

[Mastery of your Anxiety and Panic *Therapist Guide*](#)

[Mastering your Fears and Phobias *Therapist Guide*](#)

[Managing Social Anxiety: A Cognitive-Behavioral Therapy Approach *Therapist Guide*](#)

[Exposure and Response \(Ritual\) Prevention for Obsessive Compulsive Disorder: Therapist Guide \(2 ed.\)](#)

[Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences *Therapist Guide*](#)

[Cognitive Remediation for Psychological Disorders *Therapist Guide*](#)

[Overcoming Depression: A Cognitive Therapy Approach *Therapist Guide*](#)