**PSYCHOLOGY 862: COGNITIVE BEHAVIORAL THERAPY WITH ADULTS I**

Instructors: Sarah Fischer Nowaczyk, Ph. D.

 Michelle Gryczkowski, Ph. D.

Office: DKH, Room 2018 Emergency Phone: Will be provided to students on the first day of class.

Meeting Time: Wednesdays 9:00-11:40;

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Office Hours/Individual Meetings – Schedule as needed

Course Description:

This course is designed to instruct you in the theory, principles, and application of cognitive-behavioral therapy for a variety of psychological problems. From a theoretical perspective, we will review behavioral theory, the cognitive model of emotion, and the basic steps in forming a cognitive-behavioral conceptualization. From an applied perspective, we will review the principles of conducting cognitive-behavioral therapy, basic behavioral and cognitive techniques, and how to apply these techniques using a coherent cognitive-behavioral conceptualization.

This course will utilize several modes of learning, including readings, lecture, discussion, example video/audiotapes, homework, role plays, presentations, and supervision of actual clinical cases. Each aspect of the coursework is **essential** to the development of your ability to apply cognitive-behavioral therapy. Initially, class time will be comprised of didactic instruction, but as the semester progresses, we will begin to split class time between didactics and group supervision of cases. You will be asked to write a cognitive behavioral case conceptualization on one of your initial cases, and give a presentation to the class on this case. You will not have tests and the grades will simply be “Satisfactory” or “No Credit.” This should not, however, give you the impression that you can “slide by” on readings or assignments. Receiving credit for the course will require (a) completion of all didactic elements of the course and (b) appropriate and ethical conduct in the delivery of therapy. This includes record-keeping and other associated clinic duties.

The course is not intended to convey that cognitive-behavioral therapy is the only acceptable therapy to practice. Rather, it is intended to inform you of (a) the problems for which cognitive-behavioral therapy has been shown to be efficacious and/or effective, (b) the steps and techniques involved in conducting cognitive-behavioral therapy, and (c) the flexibility of this therapy when it is based on a coherent case conceptualization. A list of treatment manuals for various psychological problems will be provided for your reference, but you will not be expected to learn each manual. Rather, you will learn the theory that underlies the application of the therapy to any problem.

Course Goals:

1. To foster the development of your professional identity as a therapist.
2. To competently conduct a diagnostic assessment and provide feedback to a client on their diagnosis.
3. To learn the basic tenets and principles of behavioral theory and cognitive theory.
4. To learn how to develop a comprehensive and cohesive cognitive-behavioral case conceptualization.
5. To understand how issues of diversity (e.g., age, race, ethnicity, culture, sexual orientation, etc.) can be incorporated into a cognitive-behavioral conceptualization.
6. To learn behavioral and cognitive therapy techniques, and to develop a basic level of competence in applying these techniques in practice situations (e.g., role plays).
7. To be able to develop a basic treatment plan based on a cognitive-behavioral case conceptualization.
8. To begin to be able to carry out a basic cognitive-behavioral treatment plan, understanding how the case conceptualization will drive all therapeutic activity.
9. To appreciate the importance of the therapeutic relationship to cognitive-behavioral therapy.
10. To understand existing knowledge regarding the potential influence of race, ethnicity, age, sex, sexual orientation, and other forms of diversity on the effects of treatment and on treatment delivery.

Technology Usage:

Important announcements and study questions may be distributed by email and must be distributed by Mason email (see official policy statement below). ***Please note that email cannot be considered confidential, so no identifying information regarding clinical cases should be included in email.***

**Mason Official Policy:** Mason uses electronic mail to provide official information to students. Examples include communications from course instructors, notices form the library, notices about academic standing, financial aid information, class materials, assignments, questions, and instructor feedback. Students are responsible for the content of university communication sent to their mason e-mail account, and are required to activate that account and check it regularly

Disabilities:

If you are a student with disability and you need academic accommodations, please see me and contact the Disability Resource Center (DRC) at 709-993-2474.  All academic accommodations must be arranged through that office. Please note that accommodations MUST BE MADE BEFORE grades are assigned. I cannot adjust your grade after the fact.

Class Cancellations

In the event that I need to cancel class because of illness, I will make arrangements to meet with students individually to discuss their cases. In the event that I need to cancel class because I do not have child care coverage, we will either arrange individual meetings or use Zoom for meetings.

**Required Texts**

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond (2nd ed.).* New York: Guilford.

*The competencies required to deliver effective cognitive and behavioural therapy for people with depression and with anxiety disorders* – DHS

 **Semester Organization**

**Group Meetings:**

1. Brief mindfulness practice
2. Agenda setting, including list of clients to discuss.
3. Role Play
4. Discussion of cases (this may include conceptualization)

**Individual Case Presentations:**

When we discuss your case, please come prepared with the following questions/points of discussion.

1. Brief presentation of case – this should not be a step by step review, but rather a summary of the client’s presenting problem, recent stressors, and what you did in the last session.
2. Summary of process in the session. How do you think the session went? Were there moments that you felt like you clicked really well with the client? Were there moments that you felt like you were not connecting with the client? What was happening when you felt something change in the session?
3. Question for supervision – please think about what question would be most helpful for you to discuss with the class for supervision. Your supervisors will also give you feedback about the session, but we would like to start with what you view as the most important question about the session.

Note – when your session is a diagnostic interview, we will spend most of the time talking about possible diagnoses and conceptualization.

**Semester Role Playing/Skills:**

**Note – We will also discuss case conceptualization and treatment planning, this is a tentative list of role plays for the semester**

**Jan 23 -** Giving feedback about diagnoses

**Jan 30 –** Identification of automatic thoughts/ Selection of thoughts to restructure **– Beck – “**Identifying automatic thoughts**”;** DHS pamphlet

**Feb 6 – Note – Sarah will be out of town/** identification of automatic thoughts/ Selection of thoughts to restructure/ exposure? **– Beck –** “Identifying Emotions”

**Feb 13 –** Explaining Cognitive Distortions to Clients

**Feb 20 –** Restructuring Automatic Thoughts **– Beck- “**Evaluating Automatic Thoughts”

**Feb 27 –** Restructuring Automatic Thoughts – Beck – “Responding to Automatic Thoughts”

**March 6 –** When clients challenge you

**March 13 – Spring Break – Clinic will be open – TBD supervision**

**March 20 –** Identification of Intermediate Beliefs – Beck – “Identifying and Modifying Intermediate Beliefs”

**March 27 –** Providing feedback about intermediate beliefs to clients

**April 3 -** Restructuring intermediate beliefs

**April 10 – Case Conceptualization Paper Due –** A separate set of instructions will be sent out about this paper

**April 17** TBD

**April 24** TBD

**May 1** TBD

**May 8** TBD

**Practicum Supervision Contract**

This is an agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee), and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisor) for clinical work associated with child practicum at George Mason University’s Center for Psychological Services.

Effective Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(start date) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(end date).

Regular supervision days/times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(day of week) at \_\_\_\_\_\_\_\_\_\_\_(time).

This contact should facilitate conversation between practicum students and their supervisors about the legal, ethical, and clinical issues of the supervisory relationship. It is also intended to set expectations related to dates and frequency of supervision, as well as training expectations.

The purpose of supervision is to monitor and ensure the welfare of clients, facilitate the supervisee’s personal and professional development in preparation for careers as psychologists, ensure services are provided within the supervisee’s level of competence, promote accountability, and fulfill the requirements of the supervisee’s graduate training program and Virginia State laws governing the practice of psychology. The supervisory relationship is a two-way process through which growth is enhanced and mentoring is accomplished. Across the supervisor-supervisee-client triad, attention and respect will be accorded to developing competence related to culture and diversity.

1. **Context of Services**
	1. Unless otherwise specified and approved by the supervisor (e.g., for purposes of exposure), all services will be provided at George Mason University Center for Psychological Services at 10340 Democracy Lane Suite 202 in Fairfax, Virginia.
	2. Practicum students will provide evidence-based assessment and therapy services to adults. The evidence-based treatments provided to adults will depend on the needs of the clients, focus of the course associated with practicum experience, and the experience and training of both the supervisor and supervisee.
2. **Goals and Objectives of the Training Experience**

By the conclusion of the training experience, the supervisee will demonstrate:

* 1. Knowledge of research related to the treatment and development of mental disorders in adults. Understanding of the rationale and empirical evidence base for mental health treatments.
	2. Competency in assessment and diagnosis of mood and behavioral difficulties in adults.
	3. Competency delivering therapeutic techniques (e.g., exposure, cognitive restructuring, behavioral activation) to adults.
	4. Effective communication with third parties, (such as psychiatrists or office of disability resources) regarding client care.
	5. Demonstrate clinical judgement commensurate with developmental level.
	6. Accurately assess risk related to child abuse, elder abuse, suicidal ideation/behavior and homicidal ideation/behavior and report to supervisors and protective agencies appropriately
	7. Manage any potential ethical, legal, or interdisciplinary difficulties competently, with supervisory support
	8. Respectful and professional behavior that adheres to program rules and regulations.
	9. Respectful of individual and cultural differences.
1. **Nature of Supervision and Training Experience**
	1. For a practicum student, time each week will be allotted approximately as follows:
		1. 2 hours delivering outpatient therapy to adults (each student is expected to carry 2 cases)
		2. 2-3 hours of indirect time (preparing for sessions, treatment planning, clinical documentation, preparing receipts, scheduling sessions, case management)
		3. 2 hours of regularly scheduled, face-to-face group supervision during child practicum course meeting time (individual supervision is available upon request, and supervisors are available during office hours for additional support)
	2. Each supervisee’s developmental clinical level, training goals, and professional goals will be considered when assigning clients and providing feedback and suggestions within supervision.
	3. If a student has an interest in adding additional responsibilities into his or her training program (e.g., taking on an additional weekly outpatient therapy case), his or her current caseload, competencies, and professional goals will also be taken into account and discussed with the primary supervisor(s), his or her academic advisor, and the director of the center in making the decision to take-on additional work.
2. **Method of Evaluation**
	1. Supervisor will review supervisee’s work during every session via audio or video tape
	2. Informal feedback will be provided to the supervisee during each supervisory session.
	3. Formal feedback will be provided in form of a student evaluation at the end of the training experience.
		1. Specific feedback will focus on the supervisee’s demonstrated clinical skills, documentation, ethics, and professionalism.
	4. The supervisee will also complete an evaluation of the supervisor at the end of the training experience.
3. **Responsibilities of the Graduate Training Program**
	1. Provide current ongoing malpractice insurance for each student’s clinical work.
	2. Respond to concerns raised by practicum supervisors in a timely manner.
	3. Communicate any misconduct of student to supervisors if it may impact clinical work.
4. **Responsibilities of the Supervisor**
	1. Attend scheduled supervision and be available on an as-needed basis. Arrange back-up supervisory coverage if out of office.
	2. Commensurate with supervisee’s developmental level, ensure that the supervisee understands and delivers the diagnostic assessments and treatments outlined in the client’s treatment plan.
	3. Provide feedback and sign all documentation in a timely manner.
	4. Review each session via video or audio recording. At least once per semester, review a video recording or provide live observation of a session \*\*\*
	5. Maintain weekly supervision notes.
	6. Facilitate a positive learning relationship that encompasses respect, encourages autonomy, and enhances the training experience.
	7. Help the supervisee explore and clarify thoughts and feelings which underlie his/her practice. Identify and bring to the supervisee’s attention any personal and/or professional difficulties that may directly affect the supervisee’s ability to provide competent clinical care and recommend a course of action to address them. This information will be shared with the co-supervisor of the course to allow for: (a) provision of any needed support by both supervisors; and (b) ethical and competent supervision and resultant client care.
	8. Intervene if client welfare is at risk.
	9. Consult with co-supervisor and/or director of the center around any immediate concerns about supervisee’s ability to conduct clinical work competently.
	10. Discuss disagreements or conflicts in the supervisory relationship as soon as possible with the supervisee. If the situation cannot be resolved in the context of these discussions, let the supervisee know that the supervisor will be seeking consultation with the supervisee’s advisor and/or the Director of Clinical Training.
	11. If a supervisee is not meeting practicum expectations, the supervisor will discuss concerns with the supervisee. The supervisor may inform the supervisee’s advisor within the program if the supervisee is not meeting practicum expectations and notify supervisee of contact with advisor. With the supervisee and the advisor, develop a plan to support the supervisee in completing the practicum successfully. The Director of Clinical Training may also be consulted as needed.
	12. Ensure that ethical guidelines are upheld during provision of clinical services.
	13. Conduct activities in accordance with George Mason University Center for Psychological Services policy and procedures, APA guidelines, and applicable state and federal law.
5. **Responsibilities of the Supervisee**
	1. Maintain a caseload of two individual clients throughout the year.
	2. Complete clinical documentation of service directly after provision of service.
		1. Forward note to supervisor for review and signature within **24 hours** of delivering a clinical service.
		2. Complete clinical intake summary within one week of intake session, unless instructed by supervisor to enter a note and complete intake the following week.
		3. Complete termination summary within one week of discharge.
		4. Close clinical file within two weeks of discharge.
	3. Contact your supervisor **immediately (before the client leaves the building) if a client or family member presents with the *potential* for: suicidal ideation or behavior, homicidal ideation or behavior, psychosis, any other concern for the immediate welfare of the child (risk for child abuse, neglect).** This includes if a client endorses risk via any assessment measures, such as weekly OWL measures. This means that all OWL measures must be reviewed BEFORE the client/family leaves the session, and preferably at the start of session to allow for management of any risk issues without having to extend the session. If your supervisor cannot be reached in person or via phone, contact the other practicum supervisor for the course. If that individual cannot be reached, contact the clinical supervisor on call. Supervisees are not permitted to allow a client/family to leave building without having reviewed case/risk with a clinical supervisor. \*\*
		1. If a client presents with risk, clinical documentation of that risk and steps taken to address risk must be completed and note must be forwarded to supervisor for expedient review directly after the appointment, before the supervisee leaves the building.
	4. Receive supervision from supervisor between every session.
	5. Assign and review OWL measures for each client weekly. As noted above, scores on OWL measures should be reviewed before the client leaves the session.
	6. Be punctual at sessions with clients, class, and supervision. If supervisee is delayed for or unable to attend a class or supervision session, it is the supervisee’s responsibility to notify the supervisor ahead of time and make alternate arrangements for supervision prior to the next scheduled session with a client/family.
	7. Be prepared, both for sessions with clients and at supervision. You are expected to (a) have reviewed cases prior to supervision, (b) have followed any specific instructions from your supervisor, (c) have a plan to review the cases and/or issues that you need addressed, and (d) bring client files and receipts to session as needed for review or supervisor signature.
	8. Be receptive to feedback and guidance from your supervisor and follow through on suggestions or instructions.
	9. Inform your supervisor of any difficulties you are having in the areas of delivering services to clients, completing paperwork, or coordinating with other agencies or providers. Share any personal or professional issues or concerns that have the potential to impact your clinical work, consistent with professional ethics. If shared with one supervisor, this information will be shared with the co-supervisor of the course to allow for: (1) provision of needed support by both supervisors; and (2) ethical and competent supervision and resultant client care.
	10. Discuss disagreements or conflicts in the supervisory relationship as soon as possible with the supervisor. If the situation cannot be resolved in the context of these discussions, seek consultation with one’s advisor and Director of Clinical Training (or Department Chair if the Director of Clinical Training is a source of conflict). Manage these situations in a professional manner by limiting conversations around such issues to those involved.
	11. Deliver evidence-based treatment models with fidelity, unless deviations have been specifically discussed and approved by your supervisor.
	12. Ensure that all clients are informed of the supervised nature of your work as a supervisee, and of the ultimate professional responsibility of the supervisor. At intake, provide client with supervisor’s name and credentials (e.g., Licensed Psychologist), and explain how to contact him/her if needed.
	13. Advise your supervisor of all important information and/or changes in a case (e.g., mandated reports, status of case, custody dispute). Any changes in the treatment plan (including termination) must be reviewed with and approved by your supervisor before presented to a client.
	14. Notify your supervisor immediately if you are contacted by an attorney, receive a summons to testify, or you are told that you will be subpoenaed. **Do not*,* under any circumstances, speak about or release any portion of a client’s record to an attorney or anyone else (including the client) without first discussing with the supervisor.**
	15. Seek supervision whenever you are uncertain about a situation. You may consult informally with other supervisors or trainees after the fact, but your primary supervisor must be kept aware of any and all emergencies.
	16. Demonstrate respect for others’ thoughts and opinions during class, including group supervision.
	17. Complete professional tasks within time frames specified by supervisor. For example, if asked to call a psychiatrist for collateral information within a week, be sure to make the phone call within that time frame.
	18. Conduct activities in accordance with George Mason University Center for Psychological Services policy and procedures, APA guidelines, and applicable state and federal law (e.g., privacy, confidentiality and its limits, mandated reporting)
	19. In the event that someone you know from another context is being seen at the Center, you are expected to remove yourself from situations in which that client’s case is being reviewed.
	20. Remember that the supervisor bears liability in supervision, and thus it is essential that the supervisee share complete information regarding clients and files and abide by the supervisor’s final decisions, as the welfare of the client is critical.
6. Grading and Communication of Performance Outside of This Course
	1. Lack of completion of all clinical documentation by the last day of classes will result in an INCOMPLETE (IN) grade which appears as an F on the supervisee’s transcript until the work is turned in. Please be aware that an F on a transcript can jeopardize student funding. If work is not turned in by the college deadline for incompletes, an F remains on the transcript and funding may be revoked.
	2. Repeated lack of compliance with supervisee responsibilities will result in a NO CREDIT (NC) grade and the need to repeat this course. It will also likely result in placement on probation in the Clinical program.
	3. Communication regarding student performance in the course (ability to meet supervisee responsibilities, remediation plans, and grades) will be communicated with the student’s advisor as well as the clinical faculty. It is the faculty’s responsibility to review student progress in all graduate courses to ensure that all students are successfully meeting requirements of graduate program. This information is shared during faculty end-of-semester student review meetings and earlier as needed.

This contract serves as verification and a description of the clinical supervision outlined above, between the parties listed on Page 1 of this Supervision Contract. Additional goals may be jointly developed and specified below.

Supervisee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_