

**Advanced Practicum in Clinical Psychology (PSYC 881)**  
**Spring 2021 Syllabus**

**Class Meetings:**

(Child) Mondays, 10:00am – 11:15am, Dr. Robyn Mehlenbeck  
(Adult) Wednesdays 10am-11:15am, Dr. Joanna Marino

(Child) Individual Supervision – Times TBA, virtually  
(Adult) Individual Supervision – Times TBA, virtually

**Professors:** Robyn Mehlenbeck, Ph.D. & Joanna Marino, Ph.D.

**Office Hours:** Dr. Mehlenbeck - Fridays 2-3pm; Marino is TBD

**Phone/Email:** Dr. Mehlenbeck - 703-993-1371, [rmehlenb@gmu.edu](mailto:rmehlenb@gmu.edu); Dr. Marino- 240-271-1727, [JMarino3@gmu.edu](mailto:JMarino3@gmu.edu)

The advanced practicum consists of group and individual supervision of clinical work in the Center for Psychological Services. The main goals of this course are to (a) help students increase their ability to provide evidence-based clinical services, (b) ensure that students work with their clients in a competent and ethical manner, and (c) help students develop their ability to provide constructive feedback on the professional work of their peers. There is no required textbook, but the instructors (and students) will provide relevant readings for discussion throughout the course. References for several required articles are listed at the end of the syllabus. These readings are available on Blackboard. No mental health evaluations will be required. There are no written exams, but there are written documents to be completed from client contacts.

**Learning Outcomes:**

1. Application of Psychological Skills - Evidence Based Practice and Intervention

You will demonstrate the development of successful working alliances with clients, apply clinical theory and research in case conceptualization and treatment for each client, identify and implement evidence based treatments based on your case conceptualization and evaluate treatment progress, demonstrating the ability to modify your treatment plan as appropriate. You will also demonstrate utilization of routine outcome monitoring to help track treatment progress (OWL Outcomes). You will also demonstrate an awareness and application of cultural diversity skills as defined as both self-awareness and awareness of cultural, social and ethnic factors that affect your clients and their treatment.

2. Supervision and Interpersonal Skills

You will demonstrate active participation in supervision sessions, a receptiveness to feedback, incorporation of feedback in clinical work, and ability to give feedback to others in a supportive and professional manner.

3. Professionalism and Ethical Standards

You will demonstrate integrity, ethical conduct and professionalism, including writing progress notes and therapy reports skillfully and in a timely fashion (defined as within 48 hours of the session), adhering to ethical practices, and dealing with staff and colleagues in a respectful and professional manner.

#### 4. Demonstration of understanding of how to function on a DBT consultation team

The adult supervision group will be structured in a DBT consultation team format. Although it is not expected/required that students in the practicum will use DBT informed treatment, everyone will have exposure to the consultation team format and therapy structure. As part of this structure, you will be asked to use self-reflection on your own adherence to treatment plans, your own levels of burnout, and your own emotions in response to clients and discuss this in at least some fashion in the group consultation meeting.

These Learning Outcomes will be evaluated through the listed requirements and assignments below.

#### **Requirements and Assignments:**

1. Participation in Group Supervision. There are two 75-minute group supervision sessions per week (Mondays: child cases, Wednesdays: adult cases) during which there will be discussions of client cases, including conceptualization as well as therapy techniques. Each student is required to attend all group supervision meetings, arrive to the meetings on-time, and is required to participate and contribute to those meetings. If you are unable to attend a group meeting, please email the instructor *\*before\** the meeting. Each student will be required to provide a select number of case presentations throughout the semester. These presentations will include a case presentation (including a case conceptualization) and discussion as well as video of the student's clinical work. Each student will have an opportunity to lead the group supervision after completing a set of supervision readings

In addition to presentations, readings will be provided on case conceptualization, evidence based therapy techniques, supervision, and other topics. Practice providing supervision will be part of the group supervision meetings starting with the Spring semester, with students expected to rotate leading the group supervisions and receive feedback on leading group supervision.

2. Participation in Individual Supervision. Students will meet with both Dr. Mehlenbeck and Dr. Marino individually for 30-60 minutes per week in the Fall semester. Dr. Mehlenbeck will supervise child cases as well as some groups, and Dr. Marino will supervise the adult cases and the DBT groups. Each student is required to attend all individual supervision meetings, arrive to the meetings on-time, and is required to participate and contribute to those meetings. If you are unable to attend an individual supervision meeting, please email the instructor *\*before\** the meeting. Please attend individual supervision prepared with relevant material, such as clinical notes, case conceptualizations, consideration of therapy techniques, assessment results, and relevant empirically-based research findings on treatment effectiveness to discuss at each meeting. Each student needs to upload videos of all therapy sessions to the Advanced Prac folder as these will be reviewed during individual supervision time.

3. Completion of Clinical Assignments. Students will conduct psychotherapy with a caseload of clients totaling at least six contact hours per week at the Center. This includes co-leading one group therapy session per semester (counting for 2 contact hours per week), and working with a combination of individual clients. Each student is expected to carry at least one child case (under 18 years of age) and one

adult case (age 18 and older). The remainder of cases will be assigned based on training needs and training interests.

Please video record every session with your clients so these recordings can be reviewed in supervision. Intake summaries, progress notes, and termination summaries need to be completed in a timely manner for each client. Please prepare progress notes by Friday afternoon each week.

4. Participation in Evaluation. At the end of the semester, students will receive written feedback on their clinical performance. These will be a narrative description of strengths and weaknesses and a quantitative rating of specific skills on the Competency Evaluation Form (described in the Clinical Psychology Doctoral Program Handbook).

Grading: Students' final grades depend on the completion and quality of your clinical work, consistent recording of sessions and the timely completion of reports and progress notes. Administrative responsibility will factor into your grade.

### **Grading Scale:**

A Uniformly excellent work and completion of all requirements.

A- Very good work on each dimension and completion of all requirements.

B+ Above average work on each dimension and completion of all requirements.

B Average work on one dimension and completion of all requirements.

C Substandard work on more than one dimension and completion of all requirements.

F Failure to complete all requirements.

**Honor Code:** The Honor Code of George Mason University deals specifically with cheating and attempted cheating, plagiarism, lying, and stealing. You need to follow the code and policies, set out at <http://catalog.gmu.edu>. The course will be conducted in accordance with these policies.

**Accommodation of Disabilities:** If you are a student with a disability and you need academic accommodations, please see the course instructor and contact the Office of Disability Services (ODS) at 703-993-2474. You need to arrange all academic accommodations through that office.

**Communications and Technology:** We understand that many students use electronic devices to take notes. At the same time, electronic devices often lead to distraction during class. We therefore request that, *if you use electronic devices during class, you disable all forms of communication, specifically including email and social media*. If you anticipate needing access to such communication during class, please inform the instructors ahead of time.

**GMU E-mail:** Mason uses electronic mail to provide official information to students. Examples include communications from course instructors, notices from 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.

**Class Cancellation Policy:** If we need to cancel a class (or if GMU closes that day), we will inform you that the class is cancelled via email the morning of class. If we need to make up a day, we will shift the classes forward.

**Add/Drop Deadlines:**

**Last day to add: February 1, 2021**

**Last day to drop with 100% tuition refund: February 12, 2021**

**Final drop deadline with 50% tuition refund: February 16, 2021**

**Unrestricted withdrawal period: February 17- March 1, 2021**

**Last day of class: April 30, 2021**

**Course Meeting Dates, Topics, and Readings for Child Practicum – Spring 2021**

**1/25 (1): Group Check in, Review Spring Syllabus,**

**2/1 (2): Identity Discussion and relevance to our clients**

**2/8 (3): Supervision – Brief introduction & leading group supervision**

**2/15 (4): Case Presentation:  
Supervisor for the day:**

**2/22 (5): Family Systems Review & Practice**

**3/1 (6): Case Presentation:  
Supervisor for the day:**

**3/8 (7): Wellness check & activity**

**3/15 (8): Case Presentation:  
Supervisor for the day:**

**3/22 (9): Case Presentation:  
Supervisor for the day:**

**3/29 (10): Integrating systems**

**4/5 (11): Case Presentation:  
Supervisor for the day:**

**4/12 (12): TBA**

**4/19 (13): Case Presentation:  
Supervisor for the day:**

**4/26 (14): TBA**

**5/3 (15): End of semester Celebration! 📺 Maybe in person??????? Fingers crossed!**

**Course Meeting Dates and Topics for Adult Practicum – Fall 2019**

**1/27/21 (1): Course Overview, Review Syllabus & Set Didactic Schedule**

**2/3/21 (2): Consultation Team Orientation and Commitment for team members**

**2/10/21 (3):** Bonavitacola, L., Miller, A. L., McGinn, L. K., & Zoloth, E. C. (2019). Clinical Guidelines for Improving Dialectical Thinking in DBT. *Cognitive and Behavioral Practice*, 26(3), 547-561.

Fruzzetti Adherence Scoring Form

**2/17/21 (4): Tape Review with Fruzzetti Adherence Scoring Form**

**2/24/21 (5): Tape Review**

**3/3/21 (6): Tape Review**

**3/10/21 (7): Case Presentation 1c \_\_\_\_\_**

**3/17/21 (8): Case Presentation: 1d \_\_\_\_\_**

**3/24/21 (9): Tape Review**

**3/31/21 (10): Case Presentation: 2a \_\_\_\_\_**

**4/7/21 (11): Case Presentation: 2b \_\_\_\_\_**

**4/14/21 (12): Tape Review**

**4/21/21 (13): Case Presentation: 2c \_\_\_\_\_**

**4/28/21 (14): Case Presentation: 2d \_\_\_\_\_**

**5/3/21 (15): TBD**

**CHILD ARTICLES:**

**Family Systems Articles:**

Cottrell, D., & Boston, P. (2002). Practitioner Review: The effectiveness of systemic family therapy for children and adolescents. *Journal of Child Psychology and Psychiatry*, 43(1), 573-586.

Tomm, K. (1987). Interventive Interviewing: Part II. Reflexive Questioning as a Means to Enable Self-Healing. *Family Processes*, 26:167-183.

Tomm, K. (1988). Interventive Interviewing: Part III. Intending to Ask Lineal, Circular, Strategic, or Reflexive Questions? *Family Processes*, 27: 1-15.

Drotar, D. (2005). Commentary: Involving Families in Psychological Interventions in Pediatric Psychology: Critical Needs and Dilemmas. *Journal of Pediatric Psychology* 30(8), 689–693.

Riley AR, Duke DC, Freeman KA, Hood KK, Harris MA. (2015). Depressive Symptoms in a Trial Behavioral Family Systems Therapy for Diabetes: A Post Hoc Analysis of Change. *Diabetes Care*,38(8):1435-40.

Lee MY, Greene GJ, Hsu KS, Solovey A, Grove D, Fraser JS, Washburn P, & Teater B. (2009). Utilizing family strengths and resilience: integrative family and systems treatment with children and adolescents with severe emotional and behavioral problems. *Family Processes*, 48(3):395-416.

Lock, J. (2015). An Update on Evidence-Based Psychosocial Treatments for Eating Disorders in Children and Adolescents. *Journal of Clinical Child and Adolescent Psychology*, 44(5), 707–721.

### **Culture & Diversity Articles:**

Forehand, R., & Kotchick, B. A. (2016). Cultural diversity: A wake-up call for parent training–  
Republished article. *Behavior therapy*, 47, 981-992.

Coll, C. G., Akerman, A., & Cicchetti, D. (2000). Cultural influences on developmental processes and outcomes: Implications for the study of development and psychopathology. *Development and psychopathology*, 12(3), 333-356.

### **Case Conceptualization Articles:**

Re-read: Friedburg, R.D. & McClure, J.M. (2015). Case conceptualization. In R. Friedburg & J. McClure (Eds) *Clinical Practice of Cognitive Therapy with Children and Adolescents: The Nuts and Bolts*. New York, NY: Guilford Press. Ch. 2, pp. 9-41.

Shirk, S. R. & Russell, R. L. (1996). Formulation-guided child psychotherapy: case studies. *Change processes in child psychotherapy: revitalizing treatment and research* (pp. 297-329). New York, NY: The Guilford Press.

Persons, J. B., Davidson, J., & Tompkins, M. A. (2001). Individualized case formulation and treatment planning. *Essential components of cognitive-behavior therapy for depression*. Washington, DC: American Psychological Association.

**ADULT ARTICLES:**

Bonavitacola, L., Miller, A. L., McGinn, L. K., & Zoloth, E. C. (2019). Clinical Guidelines for Improving Dialectical Thinking in DBT. *Cognitive and Behavioral Practice, 26*(3), 547-561.