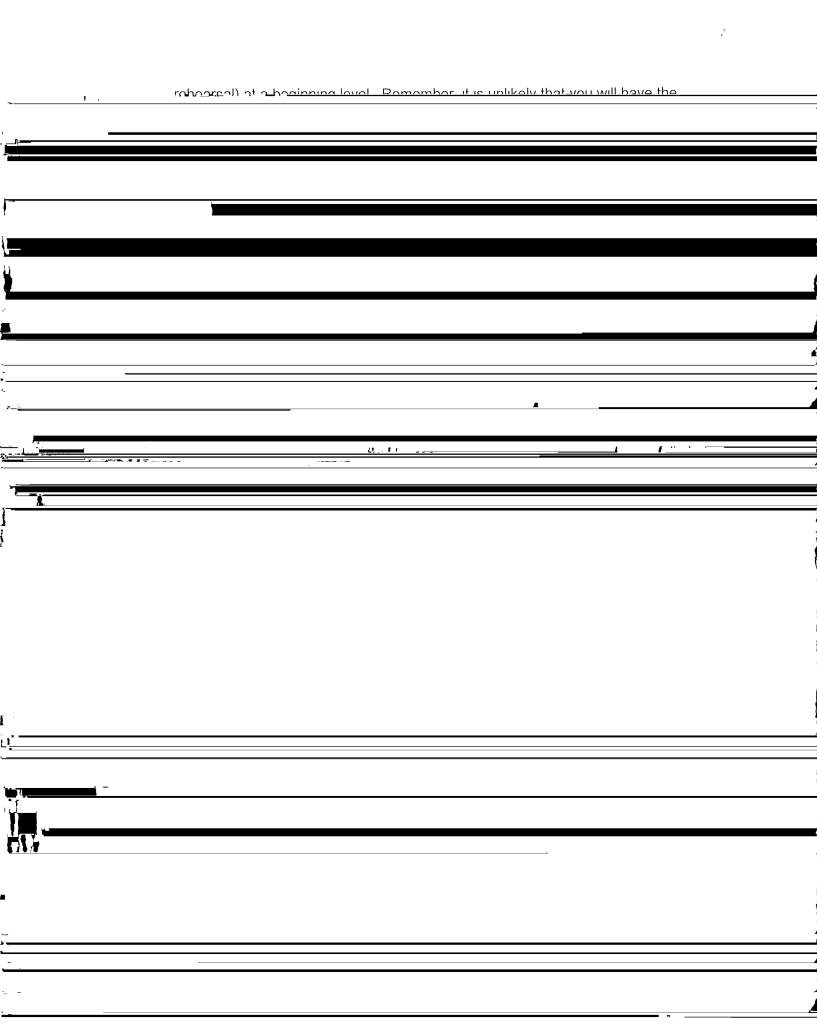
PSY 6810/7810 Child and Adolescent Therapy Practicum Fall 2013/Spring 2014

Instructor.

Dr Laura D Seligman

Office: University Hall, Room 1880b Class Hours: Wednesday 1-3 30 (with individual supervision by appointment) 419-530-4399 It is expected that each student has read and thoroughly understands the APA Ethical Guidelines and the clinic manual. Phineture of Courses

The purpose of this course is for students to competently deliver treatment to youth

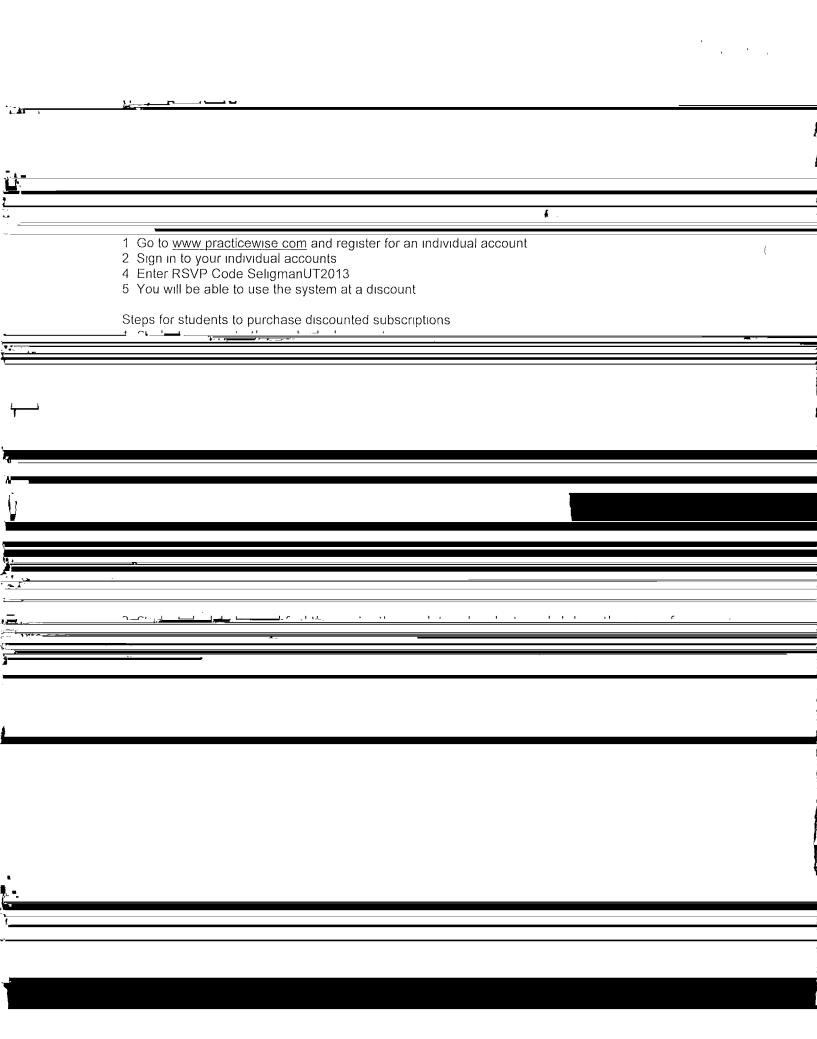


class having completed readings Students are expected to come to each class meeting prepared to TIME a hrief (less than 5 minutes) synancis of each case . show videotape of each case You should be prepared (i.e., have tape cued) to show tape of a point in session where the student experienced a problem (you want feedback) or to a place where you feel that things went well and you want the practicum team to be able to use your experience as a model You should be

| <u></u> | 20 pproperties to the desire of the same was to Observe when the de | |
|-----------------|---|--|
| T | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Y | | |
| | | |
| | | |
| γ̄ | | |
| | · · · · · · · · · · · · · · · · · · · | |
| | | |
| ' | | |
| 1 | ·· · · · · · · · · · · · · · · · · · · | |
| ſ. | | |
| | | |
| <u> </u> | | |
| 1 – | | |
| 1 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| - | | |
| | ` | |
| | | |
| | | |
| 1 | | |
| | | |
| | | |
| | minutes late च or_a session should be asked to reschedule (and this would count as a | |
| | cancellation) Exceptions, based on extenuating circumstances, will be made rarely so | |
| | make sure you client is aware of these policies | |
| | mano dara jou diantila arrana of triodo policido | |
| | Requirements and Grading: | |
| | Your grade will be based on participation, completion of paperwork (quality and | |
| | timeliness) and your mastery of the goals outlined above. For 4 th and 5 th year students | |
| | your grade will also be partially based on the paper described below | |
| | your grade will also be partially based on the paper described below | |
| | A special note about paperwork/client files As you know, client files contain personal, | |
| | A special flote about paperwork/clieft flies. As you know, clieft flies contain personal, | |
| - 6 | | |
| iq _P | | |
| · • | | |
| | | |
| | | |

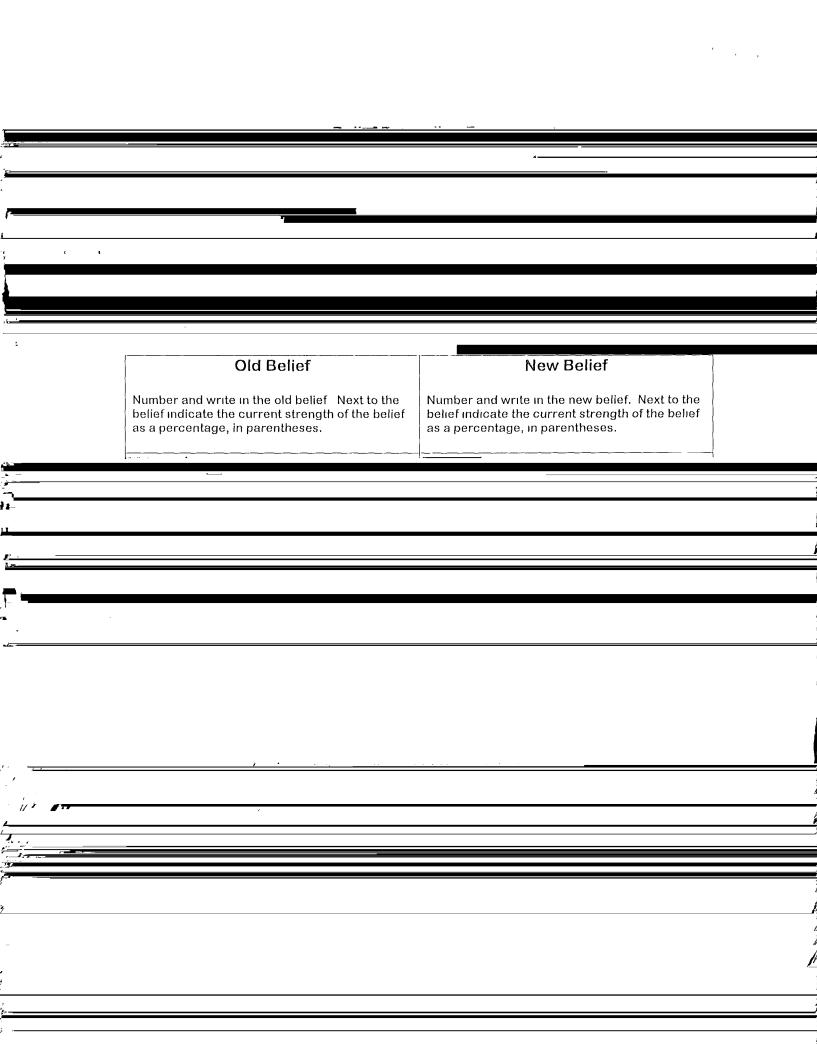
, , , ,

| , | (including presentation of outcome data) We will then, as a group, select cases for a | | | |
|-----------|---|--|--|--|
| , | | | | |
| <u>}-</u> | | | | |
| • | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 3 | | | | |
| | | | | |
| e-al i | | | | |
| | | | | |
| | | | | |
| \u03e4 | | | | |
| (). | | | | |
| | | | | |
| <u>*</u> | | | | |
| | | | | |
| Â | | | | |
| | | | | |
| | | | | |
| · | | | | |
| | include review of videotapes as well as behavioral rehearsal and other supervision methods. As noted above, individual supervision is available when a student (or I) feels | | | |
| | | | | |
| | | | | |
| | | | | |

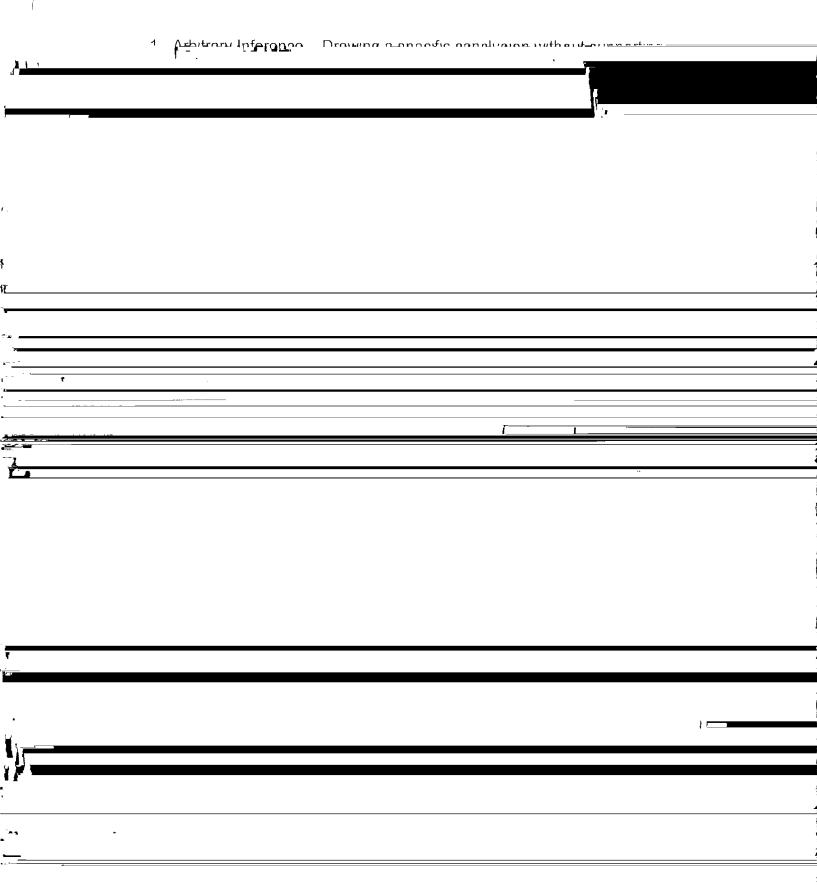


EVALUATION FORM

| Do you understand your treatment plan and why your therapist has recommended this treatment plan? | | | |
|---|---|----|--|
| | | 2. | Did the therapist explain to you what you were going to do in the session and why? |
| | | | • • • • • • • • • • • • • • • • • • • |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | <i>₩</i> |
| | | | |
| | | | |
| | , | | |
| | _ | 1 | |
| | | | |

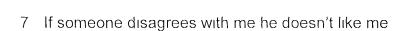


Types of Cognitive Distortions



Common Schemas

- 1 In order to be happy, I must be successful
- 2 In order to be happy, I must be accepted by all people all of the time
- 3 In order to be happy, I must have a husband (wife)
- 4 My worth depends on what others think of me
- 5 I cannot work therefore I am inadequate



CBT Practicum Supervision Log Book

Therapist:

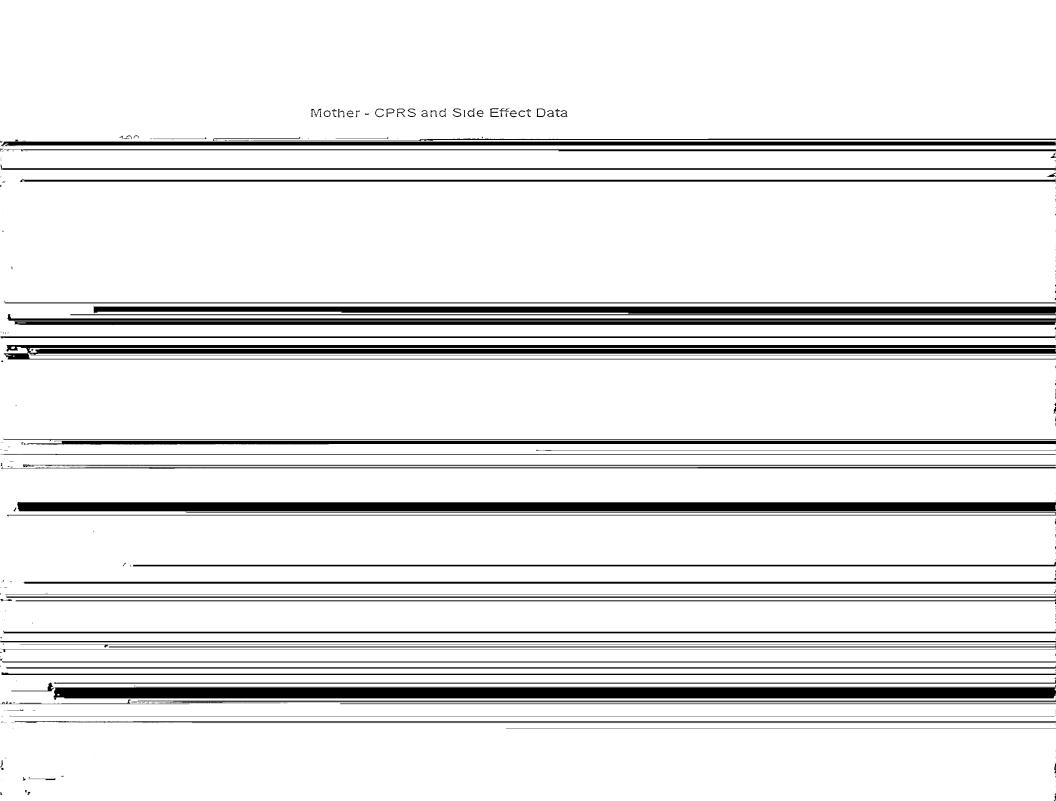
| Supervision Date: |
|---|
| Type of Supervision: |
| B |
| •————————————————————————————————————— |
| Clinical activity (e.g. client contact during past week): |
| |
| |
| Brief record of content of discussions: |

| | - | |
|--|---|---|
| | | |
| | | (|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | (|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | (|
| | | |
| | | |

Treatment Plan

| | Client Name(a). |
|-------------|--|
| | |
| | |
| | |
| | For Minors Parent(s)' Name(s) |
| | For each client goal, problem, and/or diagnosis, state the proposed treatment plan. The treatment plan must include measurable goals, spelled out in specific, behavioral terms. Please list the interventions in the order in which they will be delivered. |
| - | You may write your treatment plan in list form, or use the following grid (which contains an example): |
| | |
| | - |
| <u> </u> | |
| <u></u> | |
| | |
| DANAPARIGHT | |
| Marine Land | |
| * | |
| ·=/==- | |
| | |
| | |
| | |
| • | |
| | |
| | |

| Supervisor Signature: | Date: |
|-----------------------|-------|
| | |



| | · . |
|--|-----|
| | (|
| | |
| | |
| | |
| | • |
| | |
| | |
| | |
| | ſ |
| | |