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Instructor: Peter Mezo, PhD

Email: peter.mezo@utoledo.edu

Office location: UH 1880A

Office hours: Monday: 1:30 pm – 2:30 pm, 4 pm – 5 pm; Wednesday: 12:30 pm – 2:30 pm; Friday: 2:30 pm – 4 pm. Also by appointment.

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This third-year practicum course includes participation, as an experienced student therapist, in a practicum team providing supervision of clinical services provided to children, adolescents, and/or adults seen through the University of Toledo Clinic.

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The purpose of this practicum is to continue to build upon students' knowledge of theory and principles underlying psychological treatments. As a third-year student in this practicum course, your role will be to apply the principles underlying empirically supported interventions in the delivery of effective therapeutic services for clients. This goal will be achieved through the reading of empirical literature on a number of topics relevant to the delivery of empirically supported treatments, class discussions and case presentations, the review of audio-visual materials, skills building exercises, and the practical application of gained knowledge through your clinical work. A major emphasis of this practicum will be the use of empiricism to guide clinical decision making. Not only will students be presented with information on empirically-supported treatments, but students will also become familiar with empirically-supported principles and mechanisms that underlie clinical disorders and effective interventions for these disorders.

An additional focus of this course will be on supervision and consultation skills. Specifically, third-year students enrolled in this course will read selected empirical articles on psychological supervision and consultation and will receive instruction from the faculty supervisor in these domains. Students will be expected to become familiar with models of supervision and consultation and to be able to discuss these models in

the context of their own clinical work.

The touchstone of this practicum will be the use of empiricism to guide how we approach and work with clients. Practicum meetings will be organized such that a thematic area will be discussed, and the following week the application of some of this material will be presented by the clinical trainees in the course of clinical case supervision. Each meeting will include ample time for clinical trainees to discuss clients

readings may be assigned depending on clinical issues that arise with clients, questions about specific topics, or student interest in gaining additional knowledge on specific cognitive-behavioral treatments. Electronic or hard copies will be provided to students.

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Asnaani, A., & Hofmann, S. G. (2012). Collaboration in multicultural therapy: Establishing a strong therapeutic alliance across cultural lines. *Journal of clinical psychology, 68*(2), 187-197.

Bernal, G., Jiménez-Chafey, M. I., & Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice, 40*, 361-368.

Blume, A. W., & Lovato, L. V. (2010). Empowering the disempowered: Harm reduction with racial/ethnic minority clients. *Journal of clinical psychology, 66*(2), 189-200.

Giota, K. G., & Kleftras, G. (2014). Mental health apps: innovations, risks and ethical considerations. *E-Health Telecommunication Systems and Networks, 3*, 19-23.

Olatunji, B. O., Deacon, B. J., & Abramowitz, J. S. (2009). The cruelest cure? Ethical issues in the implementation of exposure-based treatments. *Cognitive and Behavioral Practice, 16*(2), 172-180.

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Crowe, A., & Parmenter, A. S. (2012). Creative approaches to motivational interviewing: Addressing the principles. *Journal of Creativity in Mental Health, 7*(2), 124-140.

Gottlieb, M. C., Younggren, J. N., & Murch, K. B. (2009). Boundary management for cognitive behavioral therapies. *Cognitive and Behavioral Practice, 16*(2), 164-171.

Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy, 35*, 639-665.

Hoffart, A., & Johnson, S. U. (2017). Psychodynamic and Cognitive-Behavioral Therapies Are More Different Than You Think: Conceptualizations of Mental Problems and Consequences for Studying Mechanisms of Change. *Clinical Psychological Science, 5*, 1070-1086.

Jobes, D. A., Rudd, M. D., Overholser, J. C., & Joiner Jr, T. E. (2008). Ethical and competent care of suicidal patients: Contemporary challenges, new developments, and considerations for clinical practice. *Professional Psychology: Research and Practice, 39*, 405-413.

Moses, E. B., & Barlow, D. H. (2006). A new unified treatment approach for emotional

disorders based on emotion science. *Current Directions in Psychological Science*, 15, 146-150.

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Batten, S. V., & Santanello, A. P. (2009). A contextual behavioral approach to the role of emotion in psychotherapy supervision.

8:30 a.m. to 5 p.m. The Center for Student Advocacy and Wellness provides free and