

**Child and Family Practicum
Fall 2008
Wednesday 9 am to 12pm
Child and Family Center
195 W. 12th
Counseling, Clinical and School Psychology Programs**

CPSY 609: Advanced Child and Family Intervention

SPSY 609: Child and Family Practicum

PSY 609: Child and Family Practicum

Instructors:

Beth Stormshak, Ph.D. Counseling Psychology Program: 346-2152; 346-3538; 912-3792; 343-3724

Tom Dishion, Ph.D. School Psychology Program: 346-3620, 346 5560, 206-9800, 946-2011

Jenny Mauro, Ph.D. Child Clinical Training Director: 342-3932; 687-5963

Karrie Walters, M.S. Child and Family Intern:

email: bstorm@uoregon.edu

dishion@uoregon.edu

jamauro@uoregon.edu

kwalters@uoregon.edu

Clinic Coordinator:

Sebrina Anderson, MS. Child and Family Center,

sanders4@uoregon.edu

Front Desk: Pamela Beeler

pbeeler@uoregon.edu; 346-4805

Course Objectives:

This practicum emphasizes an ecological model of child psychopathology and intervention, with a focus on providing empirically supported interventions to children and families in the community. The practicum will provide an opportunity to integrate various intervention and assessment practices within a comprehensive framework. The practicum is centered at the Child and Family Center (CFC), which provides services to children and families of diverse cultural and ethnic backgrounds. A specific focus of this practicum is to support the use of culturally sensitive interventions by means of background readings, guest speakers, shared expertise of instructors and participating doctoral students.

This professional training practicum prepares doctoral students to assume leadership roles in promoting adaptation and preventing maladaptation in children and adolescents. The practicum prepares individuals to design and deliver the best possible intervention services to children and families based on previous research in this field. Each student will develop a set of individualized goals with their supervisor based on their level of experience. The following are some of the course objectives and skills we expect students to achieve this year:

1. Conducting intake interviews with children and families
2. Conduct interventions including family assessments, feedback sessions, parenting groups, brief family interventions, family therapy, and school consultation in the community.

3. Conceptualize cases within an ecological framework and present cases to the group.
4. Professional and collegial conduct when working in an interdisciplinary team;
5. Use data to guide and evaluate effectiveness of intervention services
6. Learn about ethical and legal issues when providing services to children and families
7. Write professional reports and keep appropriate chart notes, complete all paperwork involved in seeing clients in a timely fashion
8. Become familiar with child and adolescent diagnoses using the DSM-IV.
9. Learn about the APA task force guidelines in the treatment of children and families.

History of Collaboration and the Clinic:

This practicum is a product of a collaborative effort between the Counseling, Clinical and School Psychology programs at the University of Oregon that began in 1996. Before 1996, there was no doctoral level training in child and family intervention that was provided as content in any of the 3 APA accredited psychology programs. Our clinical practicum initially began as part of the Counseling Psychology program and was housed in Debusk. In 2000, the practicum moved to the CFC and has been in this clinic since that time. Students from Counseling, Clinical, and School psychology have taken the practicum over the years.

Practicum Description:

The primary clinical work that you will be doing this year will be housed at the Child and Family Center clinic on 12th and Charnleton. The following is a summary of some of the opportunities you will have on this practicum.

1) Child and Family Center: Clinical work will consist of intakes, thorough family assessment and feedback interventions, family therapy, direct interventions with children and adolescents, and parent groups. Intervention and assessment services will follow the client needs as they unfold during the year. Direct clinical research on the efficacy of interventions may also be included. Supervision and support will be provided individually and in the practicum meetings. All students will carry about 3-5 cases throughout the year at any given time. Students will primarily work in teams of 2, with 1 therapist assigned to the child and the other assigned to the family/parents.

2). Home based services: This practicum involves assessment in families homes as well as intervention support that occurs in the home. You will be conducting video-taped observations of parents and children in their home. You will also provide support, as needed, to parents in their homes.

3). Parenting Groups: There are a variety of opportunities to run parenting groups at the University of Oregon, the CFC, and/or in both middle schools and elementary schools. These opportunities will be forthcoming as the school year gets started and we begin our work with teachers and school counselors.

All practicum activities are oriented to family-based intervention and assessment services. Students will be provided with empirically-based strategies for conducting intakes and assessments (the "family check up"), a curriculum for conducting parenting groups for families with young and older children. Brief training modules in individual work with children and adolescents and family therapy will be provided in the context of case discussion and group supervision in the practicum.

Clinic Paperwork

Each case opened in either CFC will require the following paperwork.

1. Weekly progress notes documenting treatment goals, plan, and interventions (to be signed by supervisor)
2. Intake report summarizing your first meeting with the family.
3. Assessment report to be written after the feedback sessions with families. This report should include goals for treatment and case formulation.
4. Closing report, or treatment summary, to be written at termination.

More information on the content of each of these reports will follow in class. In each case, your supervisor should sign the reports and progress notes on a weekly basis. Students will fail practicum if paperwork is not complete at the end of the quarter!!!

Sebrina Anderson, the CFC clinic coordinator, will update us weekly on the progress of paperwork.

Supervision and Time Commitment

This practicum will involve a time commitment of 8-15 hours per week per student. Time spent on this practicum will likely fall within 8-15 hours per week including class time. The practicum will require a year commitment. We will meet at this time all year. Due to the nature of this work, your time will fluctuate and your schedule will change to meet the needs of the families.

Supervision will be primarily conducted in a group format during class. The following provides a structure of the supervision and class organization.

1. **Email** : Email is a great way to get a quick question answered or to get brief supervision. We do use email to talk about families, but we never use identifying information on email. Example: For the family with the 12-year-old anxious boy, should I start the Coping Cats curriculum this week, or talk more about the suicide attempt from last week?
2. During Fall quarter, there will be a lot of information provided in the CFC workshop and in the class. As we assign cases, we will move into our structure that includes the large class meeting, small group supervision, and individual supervision.
3. In the large class, students typically present up to 2 cases with intensive group supervision provided. Video-taped sessions and background information should be provided. More information will follow on the specific format of these presentations. Each student is expected to show video-tape and present a case each quarter. Depending on the nature of your cases and the other cases in the class, you may present multiple times per quarter. Video-taped segments should include both a segment in which you feel the goal of the interaction was achieved, and a segment in which you want supervision or assistance.
4. As the quarter progresses, we will break off into smaller supervision groups meeting 1 hour per week. Small group supervision times will be scheduled with your supervisor.
5. Individual supervision will be provided in a number of different ways. First, each student will meet with their faculty supervisor at least once per quarter to review goals, and additionally on an as needed basis. Each student will be responsible for developing personal goals and reviewing those goals with their supervisor. Students will receive a mid year and an end of year evaluation as well as feedback at the end of each quarter. Students are

responsible for making sure they get feedback from their supervisors and schedule these meetings.

6. When individual supervision is needed, students are responsible for contacting their supervisor and scheduling these meetings. Supervisors do not track down students to schedule supervision. The expectation is that when consultation is needed, students will take the initiative to schedule meetings with their supervisor. Individual supervision is required before giving feedback to families (for the Family Check-Up). Please make sure you allow enough time to schedule this with your supervisor.
7. Supervision support: Karrie Walters will be providing supplemental supervision to students this year. During Fall quarter, each student is responsible for watching a tape of themselves with a client with Karrie Walters. Karrie will provide feedback on basic counseling skills, process skills, and content around working with families. Please schedule these meetings with Karrie as soon as you have a tape to view with her.

Grading

The course is pass/no pass. All students are expected to attend class, complete paperwork for clinic cases, and participate actively in class discussions and supervision. Students will meet individually with their supervisors and receive feedback each quarter. Failure to complete appropriate paperwork by the end of the quarter in clinic files will result in a grade of “no pass”.

Readings

This class does not have a reading schedule and reading assignments, however, you are responsible for reading the following material. You are also responsible for outside reading directly related to the work you are doing with children and families. For example, if you have a child with toileting problems, you need to read about how to handle these and the best, evaluated strategies for toilet training. Your instructors have readings or recommendations for most topics. You will find that you actually will do a lot of reading for this class.

Several books have been ordered and should be available at the University of Oregon bookstore. They include:

Dishion, T. J. and Stormshak, E. (2007) Intervening in Children's Lives: An ecological, family-centered approach to mental health care. Washington D.C.: American Psychological Association.

Dishion, T. J. & Kavanagh, K (2003). Intervening on Adolescent Problem Behavior: A Family-centered Approach. New York: Guilford Press

Dishion, T. & Patterson, S. (2005) Parenting Young Children with Love, Encouragement and Limits. Research Press: Champaign, Ill., Or.

Patterson, G. & Forgatch, M. (1985). Parenting Adolescents. Castalia Publishing Co, Eugene, Ore.

Miller, W. (2002). Motivational Interviewing. New York: Guilford Press

Stormshak, E. A., & Dishion, T. J. (2002). An ecological approach to clinical and counseling psychology. Clinical Child and Family Psychology Review, 5, 197-215

Roberts, M .C., et al (1998). A model for training psychologists to provide services for children and adolescents. Professional Psychology: Research and Practice, 29, 293-299.

Webster-Stratton, C (1994) The Incredible Years: A trouble-shooting guide for parents of children aged 3-8. Umbrella Press.

An additional reading packet with a parent training curriculum will also be available.

Fall Class Topics

9/25 and 9/26	Intro, Welcome, FCU , and 2 day CFC workshop
10/1	FCU feedback, continued
10/8	ATP Family Management Curriculum (Tom)
10/15	SMALL Groups Start Working directly with children and adolescents (Beth)
10/22	Behavioral Systems (Karrie)
10/29	Dealing with crisis situations, adaptive coping models (Tom)
11/5	Multicultural applications of the model (Kate and Portland Team)
11/12	Family therapy (Tom)
11/19	Case presentations
11/26	No class
12/3	Case presentations

Diversity

It is the policy of the University of Oregon to support and value diversity. To do so requires that we:

- respect the dignity and essential worth of all individuals.
- promote a culture of respect throughout the University community.
- respect the privacy, property, and freedom of others.
- reject bigotry, discrimination, violence, or intimidation of any kind.
- practice personal and academic integrity and expect it from others.
- promote the diversity of opinions, ideas and backgrounds which is the lifeblood of the university.

Documented Disability

Appropriate accommodations will be provided for students with documented disabilities. If you have a documented disability and require accommodation, arrange to meet with the course instructor within the first two weeks of the term. The documentation of your disability must come in writing from the Disability Services in the Office of Academic Advising and Student Services. Disabilities may include (but are not limited to) neurological impairment, orthopedic impairment, traumatic brain injury, visual impairment, chronic medical conditions, emotional/psychological disabilities, hearing impairment, and learning disabilities. For more information on Disability Services, please see <http://ds.uoregon.edu/>

University of Oregon
Counseling and Clinical Psychology Programs
Doctoral Practicum Evaluation
Child and Family Practicum

Student:
Supervisor:
Term:
Level of Training:
(e.g.: year in program)
Date of Evaluation:

Supervisor's Ratings of Student Performance

Please rate and comment on each of the following areas (and any other areas relevant to the particular practicum or field-based experience) in evaluating your supervisee. For each area rate your supervisee as: (1) Below Expected Level, (2) At Expected Level, or (3) Above Expected Level of training for the student's current level of training and practicum.

1. **Case Conceptualization**

This refers to the student's ability to understand developmental issues related to children and families, understand family systems concepts, understand the ecological model, and integrate content from assessment procedures into a case formulation.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

2. **Relationship with Clients**

This includes the ability to form professional relationships with both parents and children of varying developmental levels. Skills demonstrated include appropriate boundaries with families and children, talking to parents and children in appropriate language with sensitivity to developmental level, and forming a working relationship with both parents and children.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

3. Knowledge of Cognitive Behavioral Interventions for Children and Families

This includes understanding interventions appropriate for both children and parents, including parent training, social skill interventions, and family therapy.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

4. Assessment Skills

This refers to student's understanding of family-based assessment, including the family check-up, intake interview with parents, interviewing children, and conducting feedback sessions.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

5. Professional Skills

This refers to students understanding of ethics, confidence with clients, leadership ability, professional attitude and behavior with clients and community contacts, and class participation.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

6. Self-Understanding

This refers to the students understanding of their own issues when applicable, and how these issues may impact their treatment and work with children and families.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

7. Theoretical Understanding

This refers to students understanding of developmental psychopathology and childhood disorders, including research and theory on the development of and maintenance of childhood problems and childhood diagnosis.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

8. Understanding of Human Diversity

This refers to student's sensitivity and understanding of diversity broadly defined, including rural families, ethnic diversity, and cultural differences.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

9. Acceptance of Supervision

This refers to student's enthusiasm and eagerness to gain supervision and feedback from other students as well as supervisors. It also refers to students' ability to take feedback and make changes in their therapy as a result of this feedback.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

9. Problem-Solving Competencies

This refers to students' ability to solve problems in cases independently, student adaptability, and flexibility in therapy.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

10. Process Skills

This refers to students' ability to use process skills in therapy.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

11. Case Management Skills

This refers to students ability to write clear and concise reports and case notes, communicate clearly with other professionals, manage the multiple levels of child and family cases, and present cases clearly in class and supervision.

1 (Below Expected Level) -----2 (At Expected Level)-----3 (Above Expected Level)

Comments:

Supervisor's Summary Evaluation

Student Signature: _____

Date:

Supervisor Signature: _____

Date: