Course: Case Conceptualization, Consultation, and Supervision
CRN: 15774
Course#: 315
Section: 01
Semester: Spring, 2015
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Case Conceptualization is like hypothesis testing. One can never be 100% sure of their approach because there are always competing perspectives. A good case conceptualization, though, provides a method of approximation, constantly evolving with at each stage of the therapy process, constantly seeking feedback, and using multiple data points to assess progress, prevent harm, and protect the patient's trust and integrity.

In addition, to conceptualizing a client's problems and treatment options, this course covers the skills needed to conceptualizing system wide problems. Students will develop consultation skills that are needed in a variety of education and health systems. Finally, we will learn how to conceptualize the supervision process for different levels of clinical experience.

Complex Case Conceptualization has five distinct learning objectives:

1. To become familiar with the research on consultation and different consultation models as well as to give a consultation based on your case study.

2. To learn how to assess and treat clients in a culturally appropriate manner that reflects the highest professional standards, built on a theoretical perspective, couched in knowledge of the presenting problem, evidence based practices, best practices and emerging practices.

3. To be able to develop and implement a treatment plan that follows logically from one's assessment procedures.

4. To be able to theoretically conceptualize the dynamics, assessments, treatments and cultural variables that lead to improved patient status and verbally present one's conceptualizations.

5. To experience peer supervision, and be supervised on the supervisory experience and different models of supervision. This includes becoming proficient in the ICCE Outcome and Alliance Measures and the research in this area.

The culmination of the class is to have a verbal defense of a written case study. This serves as the first half of the clinical comprehensive exam. Students who fail the oral

exam (either because of deficiencies in the written document or the oral presentation) have one additional opportunity to take this portion of the comprehensive exam.

Required Book
Barbara Lichner. 2006. Clinical Case Formulations: Matching the Integrative Treatment Plan to the Client. New York: John Wiley and Sons. (or another case conceptualization book of your choice)

Highly Recommended Books:

Steven Jay Lynn, Scott O. Lilienfeld and Jeffrey M. Lohr. 2002. **Science and the Pseudoscience in Clinical Psychology.** New York: Guilford Press.

Scott T. Meier. 2004. **Bridging Case Conceptualization, Assessment and Intervention**. New York: Sage Publications.

Consultation Readings:
Thomas J. Kampwirth. 2011. Collaborative Consultation in the Schools: Effective Practices for Students with Learning and Behavior Problems: New York: Prentice Hall

Nancy Breen Ruddy. The Collaborative Psychotherapist: Creating Reciprocal Relationships with Medical Professionals (1/28/2008) Washington, DC: American Psychological Association.

Janet T. Thomas. The Ethics of Supervision and Consultation: Practical Guidance for Mental Health Professionals (1/15/2010). Washington, DC, American Psychological Association.

Berg-Cross, L. ., Denee Thomas Mwendwa, Ph.D., Stacey L. Crump, M.S. and Richard Griffith, M.S. (2007). Behavioral Health and Primary Care Training at the Doctoral Level. *The Register Report*. Winter. v33, 18-26

Supervision Books:

Casebook for Clinical Supervision: A Competency-Based Approach / Edition 1.
Carol A. Falender (Editor) and Edward P. Shafranske (Editor). 2008. Washington, D.C. American Psychological Association

Clinical Supervision: A Competency-Based Approach, Carol A. Falender and Edward P. Shafranske , 2004. Washington, DC, American Psychological Association.
Jernigan, M., Green, C, Helms, J., Perez-Gualdron, L. & Henze, K. (2010). An examination of people of color supervision dyads: Racial identity matters as much as race. *Training and Education in Professional Psychology, 4,* 42-63.

Kahn, J.S. (2011). Feminist therapy for men: Challenging assumptions and moving forward. *Women and Therapy, 34,* 59-76.

Millan, F. (2010). On supervision: Reflections of a Latino psychologist. *Training and Education in Professional Psychology, 4,* 78-83.

Required Reading:

All students are responsible for reading the cited supervision and consultation articles as well as the case conceptualization book. Each person in the class will have individualized readings depending on his or her case. All students will be reading a number of articles from the following journals:
Journal of Consulting and Clinical Psychology
Journal of Professional Psychology
Journal of Clinical Psychology
Journal of Cognitive Behavior Therapy

Requirements:

- Come to all classes on time ready to add to the discussion.
- Hand in all portions of the report on time.
- Attend the Spring Retreat Day. During our retreat, we do a silent meditative hike together to reflect on your core training and development as a psychologist and as a person during your years at Howard. Afterwards, we have a lunch meeting to go over details for the orals and process our walk. It is an essential and required component of the course.
- **Competencies to master:**

The complex case conceptualization has the following sections that must be orally presented as well as appear in the written document. This paper must demonstrate mastery of an advanced graduate student in each area:

- Review of presenting problem and etiology
- Health Disparity viewpoint
- Assessment
- Theoretical Formulation
- Treatment
- Ethical and legal issues relevant to the case
- Transference, counter-transference and resistance issues
- Trans-cultural issues and making culture a positive force in change
- Outcome assessments
- Consultation skills and theory (see below)
- Supervision models and theory (see below)

We also rate the quality of the powerpoint and the quality of the oral presentation.

Competency evaluations for Case Conceptualization will be based on the written oral comprehensive paper, the oral presentation, and the powerpoint presentation, as judged

by at least three different clinical faculty. Feedback to students will include mean ratings of the faculty and comments.

For the consultation, competency will be evaluated by your non profit project and the research you present during class

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For the supervision portion of the course, peer supervision will be judged by the research you present in class as well as by feedback from your peers and myself. The criteria stressed will include a) timeliness, b) thoroughness, and c) ability to offer non offensive, useful feedback.

This year we are restricting the size of the document to 20 pages…really.

Grading: Each section of the Case Conceptualization paper is equally weighted. If you choose to divide the sections up a little different, that is fine, the credit will be proportional to the sections presented. This will determine the grade you are given in the course. An IC is given unless you have completed the consultation and supervision assignments in a satisfactory manner. Your oral defense will be judged by at least three clinical faculty who will be present at your oral. They will determine if you Pass "P" or Fail "F".

The Consultation Project – (Group Project)

This semester, we are going to focus on developing a workshop for businesses on micro-aggressions. To prove competency in all stages of consultation, the group will:

1. Demonstrate "Entry" skills by each successfully contacting an organization and assessing their interest in having an hour workshop on micro-aggressions
2. Demonstrate "Diagnosis" skills by thinking how to make an hour workshop on micro-aggressions *culturally relevant* to the group that you are giving the presentation to.
3. Demonstrate "Intervention" skills by creating the one hour workshop
4. Demonstrate "Disengagement" skills by creating an evaluation sheet and giving a feedback letter to the organization after the consultation.

Competency will also be assessed by using the Clinical Skills Lab and having a "consultation with a teacher about a child who is being bullied and has ADHD". Each student will need to give the interventions they will attempt BEFOREHAND.

Supervision Assignment – (Small group project)

To demonstrate competency in supervision models and ethics, you will need to write a short paper with two parts: Part A and Part B. Part A is on what you think are the three biggest ethical issues facing supervisees, and the three biggest ethical issues facing supervisors. This should be researched with references. Part B is a discussion of whether supervision models should be chosen based on a) skill level of the supervisee b) competency of the supervisor c) type of training site and/or d) type of presenting problem. Again, this should be researched with references.

Competency will also be assessed by using the Clinical Skills Lab and using a specific supervision model to supervise a new trainee seeing a depressed middle age man who has lost his job, returned to his elderly mother's home, and is unable to pay child support. Each student will need to give the interventions they will attempt BEFOREHAND.

Didactic Schedule

January 13:
Models of Consultation
Stages of Consultation
Ethics in Consultation
Research in Consultation

January 20:
Models of Supervision
Ethics in Supervision
Research in Supervision

January 27:
Building models of intervention based on empirically validated treatments
Advantages and limitations

February 3:
What is assessment really for?
Empirically linking assessment/treatment/outcome
Individualizing assessment packages

February 10:
Health Disparities

February 17:
Peer Supervision on BACKGROUND and ASSESSMENT

February 24:
Therapist Factors that affect treatment outcome
End of session assessments
Making culture a positive force in change

March 3:
Resistance, transference, and countertransference

March 10:
Ethics in psychotherapy

March 17 SPRING BREAK

March 24
PEER Supervision on Ethics, Cultural Relevancy, and Transference, Countertransference and Resistance

March 3, 10, 17 40 minute tutorials with LBC

Case Conceptualization Assignments
DELIVERABLES FOR CASE CONCEPTUALIZATION FOR SPRING, 2014

Consultation workshop must be completed by January 27.
Supervision paper must be completed by February 10.

The latest each written section of your oral comprehensive can be turned in is noted below. There will be corrections and revisions, so you have to allow for turn around time. You should also find a fellow student who will be your peer supervisor. Send them each section at the same time that you send it to me. The peer supervisor will send me their comments when they send them back to you. I will e-mail your section back with corrections. Integrate the two sets of comments at each phase and then return it again to me and the peer supervisor. This process will continue until each section gets the AOK from both of us.

February 24: WRITE UP of **Description of the problem and its etiology**. Include prevalence, incidence and other descriptive data relevant to your clients (e.g. if you are seeing a depressed college student, we have to know issues of depression relevant to college students as well as the incidence and prevalence of depression as it relates to this population). Write up **Health Disparities** section of the problem.

March 3**: WRITE UP** of **Description of your model** (etiology-assessment-treatment) and a copy and description of **all the assessment instruments** you are going to use.

March 10: WRITE UP of **Results of Assessments** (Your interpretation of the client and his/her problems)

March 24: WRITE UP of **Treatment Plan**

March 31: WRITE UP of **Cultural Relevancy Portion** of paper

April 7: WRITE UP of **Transference, Resistance, and CounterTransference** Issues

April 14: WRITE UP of **Ethical Issues**

April 21: Prepare Power Point and RETREAT

April 28: Oral Defense Date

PROFESSIONAL ISSUES

1. Professional Issues, Ethics, Licensing, Board Certification, ABPP, NR, etc

CONSULTATION SECTION

2. Consultation
    - Medical consultations – Health Belief Model, Transtheoretical Model
    - School consultations – Ecological Model, Social Cognitive Model, Behavioral Model
    - Therapy consultations – Systemic Model
    - Corporate consultations – Systemic Model, Leadership Models, Communication Models
3. Research on consultation

Differences between consultation and advocacy

CASE CONCEPTUALIZATION SECTION

4. Conceptualizing the problem and reviewing the literature.
5. Assessment techniques that match the problem

Monitoring progress with the ICCE Outcome and Alliance Measure

6. Ethical challenges throughout the treatment process
7. Creating the intervention: Cognitive behavioral strategies, Psychodynamic strategies, existential psychotherapy
8. Creating the intervention: Systemic Models and Expressive / Humanistic therapies, ACT
9. Resistance, Transference and Counter transference
10. Creating the intervention: Making culture a positive force
11. Evaluating Outcome and Termination – Packaged programs and Outcome Measures

SUPERVISION SECTION

12. Theoretical Models of Supervision:

Developmental Model: Stoltenberg and Delworth(1987)
Functions Model: Kadushin(1976) Proctor (1987)
Key Issues Model: Gilbert and Clarkson
Training Models:Holloway (1995)-A Systems Approach
Process Models: Hawkins and Shohet

- Procedures and policies that govern the supervison relationship.
- Developmental progression in supervision styles
- Ethical and legal issues common in the supervision process
- Boundaries and building a therapeutic alliance in the supervision relationship

13. Supervision Research

14. Tutorial / Retreat
15. The Oral Presentation

INTERVENTIONS FOR DEPRESSION

1. Activity
2. Reframing
3. Community
4. Healing rituals with loss

Rituals of continuity keep in a new way
Rituals of transition from one chapter to the next
Rituals of reconciliation letters
Rituals of affirmation thank you gifts

5. **Medication** when severe
6. Sleep Therapy

INTERVENTIONS FOR ANGER

1. Rethink
2. Relaxation
3. Forgiveness
4. Re-enactments and the dance of change
5. Time outs
6. Mature vs. immature self
7. Windows of tolerance
8. Distress tolerance skills (hands and feet the other way)

INTERVENTIONS FOR ANXIETY

1. Relaxation, Breathing, Somantic Mindfulness
2. Reframing
3. Assertiveness/Behavioral Skills
4. No Blame / No Shame
5. Dependency vs. Autonomy
6. Disaster Training
7. Riding up and down the worry hill
8. PTSD the violator or the lack of protection
9. Courage first, comfort last
10. Belief systems can trump exposure
11. The anxious must learn to feel clumsy, awkward, uncomfortable and uncertain (that is the cure!)
12. Approach-avoidance see saw

13. Worries and Defenses vs. Intentions (I want a life, friends, new job etc.) with resources ("I am brave")
14. Anxiety is a condition looking for a context

Cognitive Behavior Therapy

1. Refuting maladaptive beliefs (cultural)
2. Refuting catastrophic beliefs (Whatever happens, I can handle it)
3. Creating a new narrative or reframe (glass half full)
4. Putting the story in a wider context
5. Understanding the back story
6. From procedural memory to what and why memory
7. Narrative addictions
8. Deal with catastrophizing by making a timeline
9. Beck – negative views about self, others, and future
10. Arbitrary inference, selective attention, over-generalization, and magnification (of negatives) and minimization (of positives).
11. Ellis - ABCDE method
12. Glasser – Reality therapy - choice theory, reality therapy, and lead management
13. Stephen Hayes and Acceptance and Commitment Therapy

Notice, accept and embrace private events

Self as context – human beings can be very destructive, need to look at your negative feelings in context

Systemic Therapy

1. Troubling Secrecy vs. healthy privacy
2. The support system includes the dead
3. Toxic systems and healthy systems
4. Power
5. How are moments of disconnection handled in a system?
6. Group – Healing elements – how can you make this work in the workplace?

Psychodynamic Psychotherapy

1. Process before content
2. Defense before conflict
3. ATTACHMENT AND DEPENDENCY

Expressive Humanistic Therapy

1. The Power of Touch, Massage
2. The Power of journaling
3. The Power of Looking and Seeing
4. The Power of Art
5. The Power of Music
6. Emotions in the body and embedded in the symbolic brain
7. "How would you know if your problems were solved overnight?"

Case Conceptualization Score Sheet

Name_____

Faculty Member_____
Consult:_____
Peer Supervisor_____

(P or F)

1. Presenting problem and background _____
2. Health Disparities Context _____
3. BioPsychoSocialSpiritual Assessment _____
4. Strength Based Assessment _____
5. Theoretical Framework _____
6. Choice of Interventions _____
7. Ethical and Legal Issues _____
8. Transference, Countertransference, and Resistance _____
9. Making culture a positive force in change _____
10. Quality of Presentation _____

11. Supervision Competency

_____

_____

12. Consultation Competency

Strengths:_____

_____

Weaknesses:_____

_____

_____

Competencies to be mastered:

1. Assess and treat clients in a culturally appropriate manner that reflects the highest professional standards, built on a theoretical perspective, couched in knowledge of the presenting problem, evidence based practices, best practices and emerging practices.
2. Understand the role of health disparities as they impact patient presentation, the therapeutic alliance and treatment
3. Learning how to work with transference, counter-transference and resistance issues within every intervention model.
4. Develop and implement a treatment plan that follows logically from one's assessment procedures.
5. Fluency with the appropriateness of using each of the following therapy models: Behavioral, CBT, Humanistic, Systemic (Family, Group, Community and Multi-Systemic), Psychodynamic, and Integrative.
6. Fluency in adapting assessment techniques to be culture appropriate.
7. Making culture a positive force in change.
8. Ability to innovate with assessment strategies.
9. To experience peer supervision
10. To assess outcomes based on a systemic model of change
11. To verbally present, in a professional manner, a complex case that shows understanding of dynamics, assessments, treatments and cultural variables that lead to improved patient status.
12. To learn about consultation models and research
13. To learn about supervision models and research
14. To write up a case SUCCINCTLY and keep focused on key information.
15. To prepare a powerpoint presentation of a case