

STMC 557 Practicum III

Master of Arts in Pastoral Counseling (MAPC)
School of Theology & Ministry, Seattle University
901 12th Ave, PO Box 222000
Seattle, WA 98122-1090
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TEXT & MATERIALS:

Required:

American Psychiatric Association. *Diagnosis and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM IV-TR). Washington, D.C., 2000.

Kehoe, N. (2009). *Wrestling with our inner angels: Faith, mental illness, and the journey to wholeness*. San Francisco, CA: Jossey-Bass, A Wiley Imprint. ISBN: 978-0-470-45541-8

McCarron, R. M., Xiong, G. L., & Bourgeois, J.A. (Eds). (2009). *Lippincott's Primary Care Psychiatry*.

<http://www.epocrates.com/online>

if you have a smart phone, you may wish to download the epocrates app (not required)

Recommended:

Thomson PDR Staff. *PDR Drug Guide for Mental Health Professional*, 3rd Edition. Montvale, NJ. Thomson, 2007. Also: <http://www.pdrhealth.com/drugs/drugs-index.aspx>

Other optional and required readings may be assigned.

The organizing theme of Seattle University's graduate programs in Pastoral Counseling can be summarized by the following mission statement: "Preparing students for high quality work in multiple settings by providing solid theological, psychological, and clinical education/training." To this end, this course is designed to meet the core content, coursework equivalency requirement in the area of "counseling practicum or internship" in the mental health counselor education and licensing guidelines for Washington State. (WAC 246-809-221, last updated 7/8/09)

COURSE DESCRIPTION:

This course represents the second of six quarters of Pastoral Counseling/Mental Health practicum. This quarter will focus on the continuing integration of theory and practice, with a special emphasis on diagnosis and knowledge of drug therapy. Biopsychosocial-spiritual dimensions will also be addressed.

COURSE OBJECTIVES:

As integrated clinicians and professionals, students will:

1. Develop a systemic theoretical orientation to working with clinical cases;
2. Refine basic hypothesizing, goal setting, and treatment planning skills necessary for clinical work;
3. Reflect and refine theologically one's personal philosophy and the application of this to clinical work;

MAPC Students will:

- Demonstrate intention to approach all of one's work with openness to the presence of diversity
- Demonstrate ability to assist and facilitate growth toward mental and/or spiritual, emotional, interpersonal, behavioral health and wholeness and/or maturity. Students will understand and reflect with clients' spiritual/faith assumptions and practices.
- Demonstrate ability to produce written documentation and oral presentation for purpose of clinical practice: in support of client treatment, for legal purposes, for reference to colleagues for guidance, and for professional development. Students will adhere to APA written guidelines.
- Demonstrate ability to read and interpret research; ability to research clinical material in support of client treatment.
- Demonstrate ability to assess/diagnose, create and implement a treatment plan using standards of the DSM.
- Demonstrate commitment to ongoing growth, to implementing self-awareness and use of self in clinical practice.
- Demonstrate in clinical practice, the capacity to draw on spiritual/theological and psychological/behavioral insights and principles.
- Make good use of supervision and consultation

COURSE REQUIREMENTS

1.	Class interaction	40 points
2.	Clinical Reflections	40 points
4.	<u>Journal/ Personal Reflection</u>	<u>20 points</u>
	Total	100 points

Notice: A 5% deduction per day is assessed to late work. No work will be accepted after the last due date on the agenda. An incomplete grade will be assigned only in the case of a health emergency. Final grades determined in consultation with site supervisor. If site supervisor documents that progress is not being made, intern may not be able to move to Practicum IV or beyond. Please refer to Clinical Handbook.

COURSE ASSIGNMENTS:**1. Attendance & Class Interaction (40 points)**

Attendance and class interaction count for a substantial portion of the grade; group supervision is MANDATORY! Students are expected to be on time for class and not to leave early. Only medical emergencies or severe crisis situations (family, community, etc.) are excused.

Prepare for each class, attend, and regularly participate in class. It is important for you to share clinical experiences, give your peers feedback, and to listen to feedback given while promoting a safe and diverse learning environment.

Please email me chart below with a self-rating on the day of the last class. Final responsibility for the interaction grade is determined by the instructors. In addition to the scale below, 8 points of the total 100 points will be reduced for each unexcused absence. Three (3) points will be deducted for each time you arrive late or leave early.

10: I attended all classes, and was fully prepared for each class meeting, and regularly participated in class activities, discussions, and small group work.
 9: I attended all classes, and was mostly prepared for each class meeting, and regularly participated in class activities, discussions, and small group work.
 7: I attended all classes, and was minimally prepared (did about 75%+ of the readings) for each class meeting, and minimally participated in class activities, discussions, and small group work.
 5: I attended all classes, and was minimally prepared (did 50%+ the readings) for each class meeting, and minimally participated in class activities, discussions, and small group work.
 1: I basically checked out.

My self-rating:

2. Clinical Reflection/ Write Up and Presentation (2 @ 20 points each)

During the quarter, students will write up and present two clinical cases. Students shall write a comprehensive pastoral clinical assessment (CPA) describing the relevant elements of the client’s history and presenting problem, leading to the five-axis diagnosis. Students are expected to review the symptoms associated with the disorder and associate each with criteria from DSM-IV-TR disorders. Papers will be graded based upon the student’s ability to provide an adequate conceptual basis for the diagnosis across all axes as described by the DSM-IV-TR. Include knowledge related to medications (reference Epocrates and PDR guide). Grading will also be based upon awareness of any necessary cultural mores and behaviors, as well as relevant gender considerations. It is not expected that students will need to provide a reference list for these papers.

Students will sign up for two oral presentations (approx 45 minutes, with question and answer time). Students will provide team a ONE page (summarized from the above paper) write-up. This one page handout will guide the conversation as it is impossible to cover the entire CPA in the oral presentation. Students are also required to present an audio or video clip as part of their presentation. Student may expect to receive feedback regarding treatment.

The following rubric will be used in grading:

Clinical Case Write Up Rubric—Please attach to your paper

	A-range	B-range	C-range
Client ID			
Date			
Demographics (gender, DOB, socioeconomic, race/ethnicity)			
Presenting Problem/Reason for			

Referral			
Mental Status			
History: <ul style="list-style-type: none"> • Family • Social/Cultural • Religious/Spiritual • Psychological • Medical 			
Medication Knowledge			
Dynamic Formulation of the Problem			
DSM-IV-TR (5 Axis)			
Recommendations			
Professionalism of Written Presentation			
Professionalism of Oral Presentation			

Comments:

3. Personal Reflection (20 points total; 10 for each entry)

During the course of the quarter you are likely to encounter many new challenges and experiences related to diagnosis and medication. The best way to maximize your learning is to actively reflect on what you are doing/seeing/hearing. The following journal exercise will assist in that endeavor. For the Spring quarter, you have the following specific journal assignment:

Twice during the quarter, you should choose to write about one counseling or clinic activity in which you engaged that *relates to diagnosis and/or client's medication*. Please type in a memorandum format (APA not required) addressed to me with the subject heading being the activity about which you are writing. Each journal memo should include four paragraphs of at least five sentences each. Please reference knowledge acquired from required readings, esp PDR Drug Guide.

Paragraph 1: Describe the activity. This should be the who, what, when, where, how part of the memo and should be fairly specific. Remember, relate the memo to knowledge/awareness/skills of diagnosis/medication.

Paragraph 2: Discuss what you were thinking during the activity, any questions you had, and why.

Paragraph 3: Discuss the feelings you had during the activity and why. Be careful not to confuse feelings with thoughts. For example, "I felt that it was useful" is really a thought not a feeling. Feelings include: frustration, anxiety, anger, nervousness, happiness, being relaxed, annoyed, bored, satisfied, etc.

Paragraph 4: Discuss how you might apply what you learned from the experience—something specific you can do in the future. Be sure to describe this in behavioral terms, not just ultimate goals. For example, don't just say that next time you will be more prepared to answer the client's questions. Rather, discuss what research you will do before the next client interview.

Course Outline

Date	General	Topic/Reading	Didactic Presenters*	Clinical Presentation	Clinical Presentation
1 3/27	Intro	Spiritual Assessment			
2 4/3	Send in Signed Hours to HeatherJoy Boi	Depression Lippincott (L) chap 1 & 2		1	
3 4/10		Bipolar Depression (L) 3		2	1
4 4/17		Anxiety Disorders (L) 4		3	2
5 4/24	First Journal DUE	Psychotic Disorders (L) 5		4	3
6 5/1	Send in Signed Hours to Heatherjoy Boi	Suicide/Violence Risk Assessment (L) 14		5	4
7 5/8		Substance Use Disorders (L) 6 & 7		6	5
8 5/15		Cognitive/Dementias (L) 12		7	6
9 5/22		Sleep Disorders (L) 13			7
10 5/29	Wrap Up Second Journal DUE	Spiritual Integration Read KEHOE			

Didactic Presentations

The purpose of this assignment is to induct pastoral counselors into the medical model of communication.

Please present a two minute case presentation related to the topic. Please use a client from your current or past internship case load. If you don't have one that fits the diagnostic category then please use the case example from one of your texts.

Briefly describe (provide each student/supervisor a one page handout, 16 copies):

- Age
- Chief complaint
- HPI (history of present illness)
- Past psychiatric history
- SIHI/AVH/Delusions
- Medical problems

ACADEMIC HONESTY

The School of Theology and Ministry strictly adheres to the Academic Policy concerning Academic Honesty as published in the Seattle University Student Handbook.

DISABILITY SUPPORT SERVICES:

If you have, or think you may have, a disability (including an “invisible disability” such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in this class, you are encouraged to discuss your needs and arrange support services and/or accommodations through Disabilities Services staff in the Learning Center, Loyola 100, 206-296-5740.

RESPECT FOR DIVERSITY:

In order to thrive and excel, a culture must honor the rights, safety, dignity, and well being of all members no matter their race, gender, religion, sexual orientation, socioeconomic status, national origin, religious beliefs, or physical and cognitive ability. The concept of diversity encompasses acceptance and respect in understanding that each individual is unique. To the extent possible and appropriate, this course will explore these differences in a safe, positive, and supportive environment.

SELECTED BIBLIOGRAPHY:

- Barlow, David H., Editor. *Clinical Handbook of Psychological Disorders*. 3rd Ed. New York: Guilford Press, 2001.
- Ciarrocchi, Joseph W. *A Minister's Handbook of Mental Disorders*. New York: Integration Books, 1993.
- Gregory, Robert. *Psychological Testing: History, Principles, and Applications*, 3rd Ed. Boston: Allyn & Bacon, 2000.
- Hicks, James W. *50 Signs of Mental Illness*. New Haven: Yale U. P., 2005.
- Jongsma, Arthur E., and L. Mark Peterson. *The Complete Adult Psychotherapy Treatment Planner*. 3rd Ed. Hoboken, NJ: John Wiley & Sons, 2003.
- Kaplan, Harold I., and Benjamin J. Sadock. *Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry*. 9th Ed. Philadelphia: Lippincott Williams & Wilkins, 2002.
- Kok, James R., and Arthur E. Jongsma. *The Pastoral Counseling Treatment Planner*. Hoboken, NJ: John Wiley & Sons, 1998.
- Sadock, Benjamin J. and Virginia A. Sadock. *Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry* 10th Ed. New York: Lippincott Williams & Wilkins, 2007.
- Scharf, Richard S. *Theories of Psychotherapy and Counseling: Concepts and Cases*. 4th Ed. Stamford, CT: Brooks/Cole, 2007.
- Wicks, Robert J., Richard D. Parsons, and Donald Capps, Editors. *Clinical Handbook of Pastoral Counseling, Volume 1*. Expanded Edition. New York: Integration Books, 1985.
- Wicks, Robert J., and Richard D. Parsons, Editors. *Clinical Handbook of Pastoral Counseling, Volume 2*. Expanded Edition. New York: Integration Books, 1993.
- Zuckerman, Edward L. *Clinician's Thesaurus: The Guidebook for Writing Psychological Reports*. 6th Ed. New York: Guilford Press, 2005.

What follows is the general Practicum Syllabus

**PASTORAL COUNSELING CLINICAL PRACTICUM
Syllabus for STMC 555, 556, 557, 558, 559, 560
Practicum Group: Winter Quarter 2010**

SEQUENCE DESCRIPTION

This is a Pastoral Counseling/Mental Health practicum. The practicum helps the student to integrate theory and practice with behavioral science and theology/religion. The sequence continues for six consecutive quarters. Each course session is scheduled for four hours. One hour per week will be spent in a special topics didactic. These will include topics such as: WAC state code and professional ethics, psychopharmacology, testing instruments, human sexuality and therapy, therapist self-care, special pastoral psychotherapy concerns, marketing/referral networking strategies, and Integrating Psychotherapy and Spirituality in a Pastoral Counseling Framework. Topics may be shifted or added as the director and PC-faculty determine the need for guidance in the students' clinical growth. In each session, the student, in addition to special topics, will spend three hours per week in group supervision. The student will also spend at least one hour per week (more if required) in individual supervision, case conference, and other structures of supervision. Throughout the six quarters, students carry a caseload of 10-15 clients, with a required 600 hours of internship to be completed by the end of the practicum sequence. Theological reflection informs the practicum. Cultural dynamics and understandings will be an intricate part of the supervision.

In addition to this syllabus, students need to be aware that each faculty of the practica may have an additional section, specifying aspects of the syllabus as it relates to their particular course. Each faculty has their own style of teaching and supervision. This gives students the opportunity to experience different ways of encountering the learning material and broadening the methodology of clinical education. Videotaping of counseling sessions is required of all student interns in the Practicum.

PREREQUISITES:**Personal Therapy**

All students in the Pastoral Counseling program must be in their own personal therapy with an experienced therapist who does therapy using the psychodynamic and possibly systems method of treatment, and approved by the PC faculty. Personal therapy is a vital part of the practical training of a therapist. It is an adjunct to supervision that enables the transformation that must take place in the person of the therapist. (See Corey 2005, pp. 19-21) Personal therapy is part of your formation. When interviewing and choosing your therapist, remember that NO STM students or faculty are permitted to counsel other STM students as it is a dual relationship situation presenting conflicts of interest. Counselors chosen must have at least 10 years experience after licensure. For a list of therapists, please visit the following sites:

- Seattle Counselors Association: <http://www.seattlecounselors.org/website/home.htm>
- Downtown Seattle Counseling: <http://www.downtown-seattle-counseling.com/>
- Lutheran Counseling Network: <http://lutherancounseling.net/original/index.html>

Prerequisite Courses

Students must have completed all of the following prerequisite courses prior to beginning the practicum sequence: STMM 500, 553; STMA 561, 581; STMC 552, 570, 571, 572. Please have read and consult the texts from those classes.

PURPOSES:

1. To create a safe structure (for clients and students) in which students can experience delivering therapeutic services at sufficient depth to assess their own fitness for and commitment to therapy as a vocation.
2. To provide sufficient intensity of supervision so that every encounter with the process of therapy delivery (in the therapy hour, in supervision, and in administrative structures) can become an opportunity for reflection and learning.
3. To bring the student to awareness of those barriers or deficiencies in their own character structure and/or experiences that interfere with the delivery of quality service so that they may be addressed in clinical work or one's own therapy.
4. To provide sufficient intensity of counseling experience to satisfy graduation, accreditation, and licensure requirements, and to prepare the student for the typical experiences of beginning practice. Specific requirements for licensure or membership by a professional licensing board/body should be explored by the student in conjunction with appropriate program/accreditation body guidelines, and is the responsibility of the student.

OBJECTIVES:

1. To prepare the student, by the end of six quarters, to successfully compete in the psychotherapy/mental health market.
2. To be certified as an AAPC Member Associate. Knowledge of specific requirements and attainment is the responsibility of the student.
3. To have established the foundation for a professional lifetime of continued deepening and broadening of therapeutic ability.
4. Practicum requirements for licensure in the State of Washington.

REQUIREMENTS:

Students are expected to do the following...

Seattle University's *Master of Arts in Pastoral Counseling* (MAPC) requires 600 contact hours of supervised pastoral counseling field education and the successful completion, with a course grade of "B" or higher, of six academic quarters of practicum. Supervised clinical hours are usually defined as "face-to-face" clinical hours with individuals, couples, families, or groups. In order to insure the appropriate continuity and quality of care for your clients, practicum students should be prepared to commit approximately 14-18 clinical hours per week at their practicum site, including those weeks of the year that university classes are not in session. Each practicum student will be given appropriate time off for holidays and vacation, to be negotiated with the administrators of your practicum site and Director of the STM PC Program.

Students will be evaluated and graded based on the following criteria:

Criteria for Work with Clients

- Establishment of basic rapport with client
- Basic capacity for effective, reflective listening (i.e., mirroring, active listening, redefining, etc.)
- Capacity for basic empathy
- Beginnings of effective mirroring at both emotional and cognitive levels
- Reliability in fundamental contracting with client (keeps appointments, manages paperwork, returns calls, keeps appropriate records of sessions, etc.)

Criteria for Use of Supervision

- Participates in individual supervision and case conferences by coming prepared with all written requirements

- Makes available a sufficient number of hours per week for case load to appropriately develop skills
- Routinely tapes (audio or video) all counseling hours and routinely makes those recordings available to supervisor
- Learns and accurately performs office procedures
- Demonstrates beginning willingness/ability to integrate supervisory suggestions/interventions/requirements in therapeutic hour
- Demonstrates beginning ability/willingness to expose and utilize countertransferential and other Self-of-the-Therapist issues in supervision