

**Child and Family Practicum**  
**Fall 2005**  
**Wednesday 9 am to 12pm**  
**Child and Family Center**  
**195 W. 12th**  
**Counseling and Clinical Psychology Programs**

CPSY 609: Advanced Child and Family Intervention  
PSY 609: Child and Family Practicum

**Instructors:**

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**Clinic Coordinator:**

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**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.

### **History of Collaboration:**

This practicum is a product of a collaborative effort between the Counseling Psychology and Clinical Psychology programs at the University of Oregon that began in 1996. In an effort to provide doctoral students with experiences conducting intervention with children and families, the Clinical and Counseling program are working collaboratively with the community to connect students, faculty, and community personnel.

### **Practicum Description:**

The Child and Family practicum has in the past placed students at a variety of off-site training sites. As the practicum has developed over the past 8 years, we have developed collaborative relationships with the 4J school district as well as direct links to mental health agencies as referral sites. The result is that we have plenty of cases and opportunities for students that involve individual, family, and school-based mental health work. 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 at least 3-4 cases throughout the year. Students will primarily work in teams of 2, with 1 therapist assigned to the child and the other assigned to the family/parents.

2). 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.

3). Dinosaur Curriculum: Elementary School: This curriculum developed by Carolyn Webster-Stratton was modified by students last year and delivered at River Road elementary school. This year, we will have the opportunity to provide this service again. Students will adapt the curriculum to meet the needs of teachers and students and will become puppet masters as they learn how to teach social skills to first graders!

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. Assessment report (“Intake”) to be written after the feedback sessions with families. This report should include goals for treatment and case formulation.
3. 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, or if students do not seek supervision!!!

### **Supervision and Time Commitment**

This practicum will involve a time commitment of 8-12 hours per week per student. Time spent on this practicum will likely fall within 8-12 hours per week including class time. The practicum will require a year commitment. We will meet at this time all year.

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

1. Email instructors with any specific concerns prior to the class meeting time in order to provide us with adequate time to prepare brief presentations (for example, you are seeing a family in which domestic violence may be an issue and you want more information on this topic).
2. Beginning of class : At the beginning of each class we will do a status check-in of the cases to assess how they are progressing and track referrals. We will also assign cases at this time. As we move into Winter term, students will sign up for presentation slots during class time. Check-ins and brief supervision will be provided only for emergencies.
3. 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. 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.

Individual supervision will be provided in a number of different ways. First, each student will meet with their faculty supervisor at least TWICE per quarter, and additionally on an as needed basis. Each student will be responsible for seeking supervision, developing personal goals and reviewing those goals with their supervisor. Students will receive 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.

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.

### **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:

Henggeler, S., Schonwald, S., Borduin, C., Rowland, M. & Cunningham, P. (1998). Multisystemic treatment of antisocial behavior in children and adolescents. New York: Guilford Press

Dishion, T. J. and Stormshak, E. (in press). An Ecological Approach to Child and Family Intervention. Washington D.C.: American Psychological Association.

Reid, J. , Snyder, J. & Patterson, G. (2002). A Developmental Analysis and the Oregon Model for Intervention. 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

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

- |        |                                                          |
|--------|----------------------------------------------------------|
| 01/11  | Clinical rounds, planning for the term                   |
| 01/18  | Case Presentations                                       |
| 01/25  | Case Presentation and Child Behavior management didactic |
| 02//01 | Case Presentations                                       |

02/08	Case Presentation
02/15	Case Presentations and Empirically Supported Principles Didactic
02/22	Case Presentations
03/01	Case Presentations
03/08	Case presentation and Ethics Didactic and Discussion.
03/15	Case Presentation

### **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**

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

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**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. Understanding Interventions

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: