

**[Scroll down for all lectures. Posted on internship website.]**

**Jul 11 Ethics and Ethics Committees- Dr. Linton**

**Tag: Ethics**

**Course:** Psychology Interns

**Topic:** Ethics and Ethics Committees: There Must be 50 Ways to Lose Your License

**Faculty:** John C. Linton, PhD, ABPP

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This will provide interns with an indepth introduction to professional ethics in psychology at the independent practice level, explain how ethics committees are organized and carry out their duties across states and professional organizations, and underscore methods to increase awareness of potentially challenging ethical situations.

**Key words:** Ethics, Professionalism

**Objectives:**

1. Understand how the APA Code of Ethics is designed regarding aspirational vs. enforceable standards
2. Learn to differentiate personal from professional ethics
3. Understand how ethics committees are organized
4. Understand how the process of ethics charges unfolds, and the ways one should respond
5. Learn to recognize potentially risky or ethically challenging issues before they develop
6. Learn critical incidents in professional psychology that place one at risk for ethics breaches
7. Learn the three phases of specific risk for early career, mid-career and late career professionals
8. Discuss current controversies in professional ethics in psychology
9. Discover situations virtually guaranteed to place one at risk for ethics charges

**Handouts provided:**

- *Ethical Dilemmas Encountered by Members of the American Psychological Association: A National Survey*  
Kenneth S. Pope & Valerie A. Vetter  
  
*American Psychologist*, vol. 47, No. 3, 397-411
- *21 Ethical Fallacies: Cognitive Strategies to Justify Unethical Behavior*  
Kenneth S. Pope, Ph.D., ABPP & Melba Vasquez, Ph.D., ABPP

Adapted from the chapter "Ethics & Critical Thinking" in the book *Ethics in Psychotherapy and Counseling: A Practical Guide, Fourth Edition*, by Kenneth S. Pope,

Ph.D., ABPP, and Melba J. T. Vasquez, Ph.D., ABPP (San Francisco: John Wiley & Sons, 2011), used with permission of the holder of the copyright

- *Confronting an Impasse*  
Kenneth S. Pope, Janet L. Sonne & Jean C. Holroyd

Adapted from the chapter of the same name by Ken Pope, Ph.D., Janet Sonne, Ph.D., and Jean Holroyd, Ph.D., which appears on pages 179-190 of their book [\*Sexual Feelings in Psychotherapy: Explorations for Therapists and Therapists-in-Training\*](#), published by the American Psychological Association. Copyright ©American Psychological Association.

**Jul 18      Health Psychology Ethics- Dr. Linton**

**Tag:** Ethics, Health Psychology

**Course:** Psychology Interns

**Topic:** Health Psychology Ethics

**Faculty:** John C. Linton, PhD, ABPP

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This will provide interns with an indepth introduction to professional ethics in clinical health psychology at the independent practice level, discuss the unique challenges presented in the medical setting, and underscore methods to increase awareness of potentially perplexing ethical situations.

**Key words:** Ethics, Professionalism

**Objectives:**

1. Understand how the APA Code of Ethics often comes in conflict with the demand characteristics of medical settings
2. Learn to cope with varying roles from setting to setting within the larger institution
3. Become sensitive to boundary threats in a stimulating and professionally seductive environment
4. Understand why relatively few ethics charges are brought against clinical health psychologists in spite of their often complex presentations
5. Learn to recognize potentially risky or ethically challenging issues before they develop
6. Learn critical incidents in clinical health psychology that place one at risk for ethics breaches
7. Understand the critical need for high fidelity peer support
8. Discuss the benefits vs. challenges of treating patients with medical conditions that have personal meaning, through having the condition or family members who do
9. Be aware of controversies regarding whether psychologists have an ethical obligation different than dentists or dermatologists

**Handouts provided:**

**Guidelines for psychological practice in health care delivery systems.**

*American Psychologist*, 2013 Jan; 68(1):1-6. doi: 10.1037/a0029890.

**Jul 25      Job Search Preparation: Tips, Tricks, What to Avoid- Dr. Linton**

**Tag: Professional Development**

**Course:** Psychology Interns

**Topic:** Job Search Preparations: Tips, Tricks; What to Avoid

**Faculty:** John C. Linton, PhD, ABPP

**Method:** Didactic Presentation, Strategy Discussion

**Emphasis:** This lecture will present interns with an opportunity to understand the process of applying for postdoctoral positions, whether fellowships or employment opportunities. Focus will be on a general overview of the timeline for applying for fellowships and employment, where to look for information on availability, learning what factors are important in the decision, viz. salary, geographic location, and career enhancement to the next step. This is a practical discussion geared to the specific needs of each intern, and introduces the internship long conversation that will be held with each of them individually as the year progresses relative to their distinctive plans for the future.

**Key words:** Professional Development

**Objectives:**

1. Understand the way the CV should be re-written for position applications (this is individually red-lined by the training director for feedback)
2. How to research a potential position on line, learning subtleties that are tips to how psychologists are viewed there
3. How to submit an application, what to write, how to send it, how to follow up, and how to avoid over vs. under emphasizing one's interest
4. What to consider when applying, how to learn about the reputation of a site from the internet and back channel from other contacts, for example the incumbent or those still working in the setting.
5. The importance of the "gut"; if it doesn't seem like a good fit at the early stages, chances are not good it will improve
6. How to deal with the fears associated with not hearing; it is a student's highest priority, but it is the lowest priority of the potential employer, so anxiety can grow
7. The approach-approach conflict when comparing two opportunities
8. The interview, who pays, how to interview, what to wear, how to manage, what to ask and how to get a true read on a place
9. What to do in follow-up after a visit and waiting
10. And individual questions and answers from participants

**Handouts provided:**

<http://www.apa.org/careers/early-career/> website resource

Novotny, A. Grow your own postdoc. Retrieved from  
<http://www.apa.org/gradpsych/2010/01/cover-postdoc.aspx>

Bailey, D. S. The skinny on the postdoc. Retrieved from  
<http://www.apa.org/gradpsch/2004/01/postdoc-skinny.aspx>

## Aug 1 Introduction to DBT I – Dr. Kerr

**Tag: EST, Psychotherapy (same outline for both parts)**

**Course:** Psychology Internship

**Topic:** How and Why We Do Dialectical Behavior Therapy (parts 1 and 2)

**Faculty:** Patrick L. Kerr, PhD

**Method:** Didactic Presentation, Video demonstrations, Case Examples

**Emphasis:** Using an integrated didactic, discussion, and multi-media format, this two-part lecture provides interns with an introduction to Dialectical Behavior Therapy. Interns are introduced to the biosocial theory; philosophical foundations of DBT; core treatment strategies; core communication strategies; the skills taught in DBT; strategies for skills training; strategies for skills coaching; and consultation team structure.

**Key words:** Intervention

**Objectives:**

1. Learn and understand Linehan's Biosocial Model of Borderline Personality Disorder and how this applies to other forms of psychopathology.
2. Learn and understand the clinical assumptions and functions of treatment in DBT.
3. Learn and understand the necessary components of DBT.
4. Learn and understand core treatment strategies for individual therapy in DBT
5. Learn and understand the skills taught in DBT
6. Learn and understand core skills training strategies
7. Learn and understand the steps and procedures for skills coaching in DBT

**Handouts provided:**

1. Ben-Porath, D. D. (2014). Orienting Clients to Telephone Coaching in Dialectical Behavior Therapy. *Cognitive and Behavioral Practice*.
2. Crowell, S. E., Beauchaine, T. P., & Linehan, M. M. (2009). A biosocial developmental model of borderline personality: Elaborating and extending linehan's theory. *Psychological bulletin*, 135(3), 495.
3. Linehan, M. M. (2011). Dialectical behavior therapy and telephone coaching. *Cognitive and Behavioral Practice*, 18(2), 207-208.
4. Lynch, T. R., Chapman, A. L., Rosenthal, M. Z., Kuo, J. R., & Linehan, M. M. (2006). Mechanisms of change in dialectical behavior therapy: Theoretical and empirical observations. *Journal of clinical psychology*, 62(4), 459-480.
5. Manning, S. Y. (2011). Common errors made by therapists providing telephone consultation in dialectical behavior therapy. *Cognitive and Behavioral Practice*, 18(2), 178-185.
6. Miller, A. L., Koerner, K., & Ranter, J. (1998). Dialectical Behavior Therapy: Part II. Clinical Application of DBT for Patients with Multiple Problems. *Journal of Psychiatric Practice*, 4(2), 84-101.
7. Rizvi, S. L. (2011). Treatment failure in dialectical behavior therapy. *Cognitive and Behavioral Practice*, 18(3), 403-412.

## Aug 8 Ethical and Cultural Issues in Treating Children and Adolescents

**Drs. Cloonan/Luzier**

**Tag: Diversity, Ethics, Service Delivery, Child/Teens**

**Course:** Psychology Internship

**Topic:** Ethical & Cultural Issues in Treating Children & Adolescents

**Faculty:** Jess Luzier, Ph.D., ABPP, and Holly Cloonan, Ph.D.

**Method:** Didactic Presentation; Case Example

**Emphasis:** This will provide interns with an overview of the 2002 Ethics Code that includes steps in ethical decision making and review of standards that are particularly relevant to the practice of child and adolescent psychology. We will discuss the role of culture in families with adolescents, with a focus on Appalachian culture, and highlight ethical and cultural issues in a case presentation.

**Key words:** Ethics, Culture, Appalachia, Children & Adolescence

### Objectives:

1. Learn a brief history of the APA Code of Ethics leading up to the present 2002 code
2. Develop familiarity with steps for ethical decision-making when faced with an ethical dilemma
3. Understand which ethical standards are relevant to the practice of child and adolescent treatment
4. Increase awareness of how psychologists may become involved in ethical dilemmas regarding competence, confidentiality, multiple relationships, etc.
5. Learn WV state law relevant to psychological treatment
6. Discover how Appalachian history and culture may be important in how psychologists interact with children, adolescents, and families
7. Learn how Appalachian culture provides a context for understanding parenting practices that are specific to this region

### Handouts provided:

1. APA Ethical Principles of Psychologists and Code of Conduct 2002
2. APA Guidelines for Child Custody Evaluations in Family Law Proceedings 2009
3. APA Practice Organization *GOOD PRACTICE* Winter 2011 article on *Working with Children and Adolescents*
4. *Appalachian Cultural Systems, Past and Present*

Patricia D. Beaver

In the book *Appalachian Mental Health* by S.E. Keefe (Lexington, KY: University Press of Kentucky, 1988)

5. *Parenting Practices and Interventions among Marginalized Families in Appalachia: Building on Family Strengths*

The Rural and Appalachian Youth and Families Consortium  
*Family Relations*, Vol. 45, No. 4, October, 1996 (pp. 387-396)

**Reference:**

*Decoding the Ethics Code: A Practical Guide for Psychologists* 2<sup>nd</sup> edition  
Celia B. Fisher (SAGE publications, Inc., 2009)



**Aug 15 Introduction to DBT II – Dr. Kerr**

**Tag: EST, Psychotherapy**

**Course:** Psychology Internship

**Topic:** How and Why We Do Dialectical Behavior Therapy (parts 1 and 2)

**Faculty:** Patrick L. Kerr, PhD

**Method:** Didactic Presentation, Video demonstrations, Case Examples

**Emphasis:** Using an integrated didactic, discussion, and multi-media format, this two-part lecture provides interns with an introduction to Dialectical Behavior Therapy. Interns are introduced to the biosocial theory; philosophical foundations of DBT; core treatment strategies; core communication strategies; the skills taught in DBT; strategies for skills training; strategies for skills coaching; and consultation team structure.

**Key words:** Intervention

**Objectives:**

1. Learn and understand Linehan's Biosocial Model of Borderline Personality Disorder and how this applies to other forms of psychopathology.
2. Learn and understand the clinical assumptions and functions of treatment in DBT.
3. Learn and understand the necessary components of DBT.
4. Learn and understand core treatment strategies for individual therapy in DBT
5. Learn and understand the skills taught in DBT
6. Learn and understand core skills training strategies
7. Learn and understand the steps and procedures for skills coaching in DBT

**Handouts provided:**

1. Ben-Porath, D. D. (2014). Orienting Clients to Telephone Coaching in Dialectical Behavior Therapy. *Cognitive and Behavioral Practice*.
2. Crowell, S. E., Beauchaine, T. P., & Linehan, M. M. (2009). A biosocial developmental model of borderline personality: Elaborating and extending linehan's theory. *Psychological bulletin*, 135(3), 495.
3. Linehan, M. M. (2011). Dialectical behavior therapy and telephone coaching. *Cognitive and Behavioral Practice*, 18(2), 207-208.
4. Lynch, T. R., Chapman, A. L., Rosenthal, M. Z., Kuo, J. R., & Linehan, M. M. (2006). Mechanisms of change in dialectical behavior therapy: Theoretical and empirical observations. *Journal of clinical psychology*, 62(4), 459-480.
5. Manning, S. Y. (2011). Common errors made by therapists providing telephone consultation in dialectical behavior therapy. *Cognitive and Behavioral Practice*, 18(2), 178-185.
6. Miller, A. L., Koerner, K., & Ranter, J. (1998). Dialectical Behavior Therapy: Part II. Clinical Application of DBT for Patients with Multiple Problems. *Journal of Psychiatric Practice*, 4(2), 84-101.

## Aug 22 Cultural and Ethical Issues in Rural Primary Care- Dr. Selby-Nelson

**Tag: Diversity, Ethics, Health Psychology**

**Course:** Psychology Interns

**Topic:** Cultural and Ethical Issues in Rural Integrated Primary Care.

**Faculty:** Emily M. Selby-Nelson, PsyD

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This seminar will provide interns with an indepth introduction to professional ethics in Integrated Primary Care (IPC) psychology and address rural issues as they apply to the APA ethics guidelines and standards. Content covered will include detailed presentation of typical ethical dilemmas that occur in rural IPC settings, recommend best practices in resolving these dilemmas, and case examples to provide clinical context.

**Key words:** Ethics, Interprofessionalism, rural Issues

### **Objectives:**

1. Learn the most prevalent ethical dilemmas that present in both rural and IPC settings.
2. Understand the nuances and varied facets of IPC and rural practice that may create ethical challenges for psychologists.
3. Learn specific strategies for early identification of risk factors in rural and IPC practice to prevent involvement in ethical dilemmas.
4. Discuss case examples of ethical dilemmas and identify appropriate ethical response and resolution.
5. Discuss best practices for setting limits and educating others in your interprofessional team to create an ethical rural and/or IPC practice.

### **Handouts provided:**

Runyan, C., Robinson, P, and Gould, D. (2013). Ethical Issues Facing Providers in Collaborative Primary Care Settings: Do Current Guidelines Suffice to Guide the Future of Team Based Primary Care? *Families, Systems, & Health, vol. 31, 1-8.*

Hudgins, C., Rose, S., Fifield, P., and Arnault, S. (2013). Navigating the Legal and Ethical Foundations of Informed Consent and Confidentiality in Integrated Primary Care. *Families, Systems, & Health, vol. 31, 9-19.*

Ethical Matters in Rural Integrated Primary Care Settings. (2013). Daniel Mullin, PsyD, and Joseph Stenger, MD. *Families, Systems, & Health, vol. 31, 69-74.*

**Aug 29      Anxiety in Children and Adolescents - Dr. Cloonan**

**Tag: EST, Diagnosis, Treatment, Child/Teens**

**Course:** Psychology Interns

**Topic:** Anxiety in Children & Teens

**Faculty:** Holly A. Cloonan, Ph.D.

**Method:** Didactic Presentation; Case Example

**Emphasis:** This will provide interns with an overview of childhood anxiety including prevalence rates, changes in DSM-5, developmentally appropriate fears, the functions of school refusal, child anxiety disorders, and using CBT with anxious children and adolescents. *What anxiety looks like at school* will be highlighted and multisite clinical studies of treatment for anxious children and adolescents will be covered.

**Key words:** Anxiety, CBT, Children & Adolescence

**Objectives:**

1. Understand how anxiety differs from normal developmental fears
2. Learn how anxiety is diagnosed in children and adolescents
3. Learn what changes have been made in DSM-5
4. Understand how anxiety symptoms may present at school
5. Discuss findings of multisite clinical studies of child and adolescent anxiety treatments
6. Become familiar with the application of CBT principles and strategies for the alleviation of anxiety symptoms

**Handouts provided:**

1. *Cognitive Behavioral Therapy, Sertraline, or a Combination in Childhood Anxiety*  
John T. Walkup, MD, Anne Marie Albano, Ph.D., John Piacentini, Ph.D. et al.  
*New England Journal of Medicine*, vol. 359, No. 26, 2008, online summary
2. *Remission After Acute Treatment in Children and Adolescents with Anxiety Disorders: Findings from the CAMS*  
Golda S. Ginsburg, Philip C. Kendall, Dara Sakolsky, Scott Compton, et al.  
*JCCP*, Vol. 79, No. 6, 2011, online summary
3. *Parent Handouts on Child/Adolescent Anxiety from: New York Child Study Center*  
([www.aboutourkids.org](http://www.aboutourkids.org)); *National Association of School Psychologists* ([www.nasp.org](http://www.nasp.org));  
*American Academy of Child & Adolescent Psychiatry* ([www.aacap.org](http://www.aacap.org)); *National Alliance on Mental Illness* ([www.nami.org](http://www.nami.org))

**References:**

*Cognitive-Behavioral Psychotherapy for Anxiety and Depressive Disorders in Children and Adolescents: An Evidence-Based Medicine Review* by S.N. Compton, J.S. March, D. Brent,

A.M. Albano, V.R. Weersing, and J. Curry in *J. Am. Acad. Child Adolesc. Psychiatry*, 43:8, August 2004 (pp. 930-959)

Cognitive Therapy Techniques for Children & Adolescents by R.D. Friedberg, J.M. McClure, and J.H. Garcia-2009 (Guilford Press)

Separation Anxiety in Children and Adolescents: An Individualized Approach to Assessment and Treatment by Andrew R. Eisen and Charles E. Schaefer-2005 (Guilford Press)

Phobic and Anxiety Disorders in Children and Adolescents: A Clinician's Guide to Effective Psychosocial and Pharmacological Interventions by Thomas H. Ollendick and John S. March-2004 (Oxford University Press)

When Children Refuse School: A Cognitive-Behavioral Therapy Approach (2<sup>nd</sup> Edition) Therapist Guide by Christopher Kearney and Anne M. Albano-2007 (Oxford University Press)

Freeing Your Child from Anxiety: Powerful, Practical Solutions to Overcome Your Child's Fears, Worries, and Phobias by Tamar E. Chansky- 2004 (Random House, Inc./Broadway Books)

**Sept 5<sup>th</sup> No lecture; Labor Day**

## Sep 12 Eating Disorders Etiology: Current Research- Dr. Luzier

**Tag: Diagnosis, Clinical Research**

**Course:** Psychology Interns

**Topic:** Etiology of Eating Disorders

**Faculty:** Jess Luzier, Ph.D., ABPP

**Method:** Didactic Presentation; Discussion of Article

**Emphasis:** This lecture provides an example of how genes and environment affect the development of eating disorders. It highlights the relationships between different causal factors and reviews how these factors affect prevention and treatment. An interactive discussion follows a didactic portion with extensive student input on a reading I provided to them in advance.

**Key words:** Etiology, Eating disorder, Neuroscience, Culture

### Objectives:

1. Discuss heritability, genetics, neurological markers, temperamental factors and animal models linked to the development of eating disorders.
2. Discuss environmental impacts on the development of eating disorders, including culture, media, and family.
3. Review three types of gene – environment correlation.
4. Review how these factors affect prevention and treatment efforts with individuals with eating disorders.
5. Critically review and discuss a recent peer-reviewed article relating to etiology of eating disorders (examples have included beauty pageants, father-daughter relationships, and social media in the past three years).

### Handouts provided:

1. Maseo, S.E., & Bulik, C.M. (2009). Environmental and genetic risk factors for eating disorders: What the clinician needs to know. *Child and Adolescent Psychiatry in North America*, 18, 67-82.
2. Copy of powerpoint and reference list (see below).
3. \*Recent article of choice to critically review and discuss. Provided to interns one week before presentation to allow adequate time to read and review.

### References:

1. Agras S, Hammer L, & McNicholas F. (1999). A prospective study of the influence of eating-disordered mothers on their children. *International Journal of Eating Disorders*, 25, 253.
2. Birch LL, & Fisher JO. (2000). Mothers' child-feeding practices influence daughters' eating and weight. *American Journal of Clinical Nutrition*, 71, 1054.

3. Bulik C, Sullivan PF, Joyce PR, et al. (1995). Temperament, character, and personality disorder in bulimia nervosa. *Journal of Nervous and Mental Disorders*, 183, 593.
4. Bulik, CM. (2004) Genetic and Biological Risk Factors. In: Thompson, JK., (ed.) *Handbook of Eating Disorders and Obesity*. John Wiley & Sons: Hoboken, NJ.
5. Cassin S, & von Ranson KM. (2005). Personality and eating disorders: A decade in review. *Clinical Psychology Reviews*, 25, 895.
6. Corstorphine E, Mountford V, Tomlinson S, et al. (2007). Distress tolerance in the eating disorders. *Eating Behavior*, 8, 91.
7. deZwaan M, Biener D, Bach M, et al. (1996). Pain sensitivity, alexithymia, and depression in patients with eating disorders: Are they related? *Journal of Psychosomatic Research*, 41, 65.
8. Dobson K, & Dozois D. (2004). Attentional biases in eating disorders: A meta-analytic review of Stroop performance. *Clinical Psychology Review*, 23, 1001.
9. Fairburn C, Doll HA, Welch SL, et al. (1998). Risk factors for binge eating disorder: a community-based, case-control study. *Archives of General Psychiatry*, 55, 425.
10. Fassino S, Abbate-Daga G, Amianto F, et al. (2002). Temperament and character profile of eating disorders: A controlled study with the Temperament and Character Inventory. *International Journal of Eating Disorders*, 32, 412.
11. Folkman S, Lazarus RS, Dunkel-Schetter C, et al. (1986). Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes. *Journal of Personality and Social Psychology*, 50, 992.
12. Folkman S, Lazarus RS, Gruen RJ, et al. (1986). Appraisal, coping, health status, and psychological symptoms. *Journal of Personality and Social Psychology*, 50, 71.
13. Francis LA, Hofer SM, & Birch LL. (2001). Predictors of maternal-child feeding style: Maternal and child characteristics. *Appetite*, 37, 231.
14. Hill AJ, Weaver C, & Blundell JE. (1990). Dieting concerns of 10-year old girls and their mothers. *British Journal of Clinical Psychology*, 29, 346.
15. Johnson SL, & Birch LL. (1994). Parents' and children's adiposity and eating style. *Pediatrics*, 94, 653
16. Klump KLSM, Bulik CM, Thornton L, et al. (2004). Personality characteristics of women before and after recovery from an eating disorder. *Psychological Medicine*, 34, 1407.
17. Lacey JH, & Smith G. (1987). Bulimia nervosa: The impact of pregnancy on mother and baby. *British Journal of Psychiatry*, 150, 777.
18. Maine, M. (2004). *Father hunger: Fathers, Daughters, and the Pursuit of Thinness*.
19. Maseo, S.E., & Bulik, C.M. (2009). Environmental and genetic risk factors for eating disorders: What the clinician needs to know. *Child and Adolescent Psychiatry in North America*, 18, 67-82.

## Sep 19 Treatment of BN and BED with CBT- Dr. Luzier

**Tag: EST, Diagnosis, Treatment**

**Course:** Psychology Interns

**Topic:** CBT Treatment of Bulimia Nervosa and Binge Eating Disorder

**Faculty:** Jess Luzier, Ph.D., ABPP

**Method:** Didactic Presentation; Case Example

**Emphasis:** This lecture provides interns with an overview of CBT-Eating Disorders, including a review of the evidence-base for BN and BED, plus a discussion of the treatment model and first two treatment targets. We conclude the lecture with a case presentation and discussion highlighting the issues presented in the didactic portion.

**Key words:** Behavior, CBT, Eating disorder, Evidence-based treatment

### Objectives:

1. Understand the evidence-based psychological treatments for Bulimia Nervosa and Binge Eating Disorder.
2. Review the assessment criterion to begin CBT-E, including self-monitoring.
3. Provide an overview of the CBT-E treatment model and case conceptualization.
4. Review the components of treatment, including therapeutic alliance, session structure, and treatment sequence.
5. Review treatment targets and interventions, beginning with regular eating and overvaluation of body shape and weight.
6. Briefly discuss the extended treatment model, highlighting interventions for clients with interpersonal problems and mood intolerance.
7. Discuss a case that either Dr. Luzier or an intern is currently treating with CBT-E.

### Handouts provided:

4. Various worksheets and clinical illustrations from: Fairburn, C.G. (2008) *Cognitive behavioral therapy and eating disorders*. New York: Guilford Press.
  - a. Assessment targets
  - b. CBT-E conceptualization
  - c. "Feeling fat" worksheet
  - d. Defining regular eating
  - e. Self-monitoring forms
5. Copy of powerpoint and reference list (see below)

### References:

20. Fairburn, C.G. (2008) *Cognitive behavioral therapy and eating disorders*. New York: Guilford Press.

21. Grilo, C.M., et al. (2007) natural course of BN and EDNOS: 5 year prospective study of remissions, relapses, and the effects of personality disorder pathology. *Journal of Clinical Psychiatry*, 68, 738-746.
22. Hayes, S.C., Luoma, J.B., Bond, F.W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes, and outcomes. *Behavior Research and Therapy*, 44, 1-25.
23. Loeb, K.L., Wilson, G.T., et al. (2005). Therapeutic alliance and treatment adherence in two interventions for BN: A study of process and outcome. *Journal of Consulting and Clinical Psychology*, 73, 590-598.
24. Marlatt, G. A. (1985) *Relapse prevention*. New York: Guilford press.
25. Teasdale, J., et al. (2002). Metacognitive awareness and prevention of relapse in depression: Empirical evidence. *Journal of Consulting and Clinical Psychology*, 70, 275-287.
26. Veale, D., & Riley, S. (2001). Mirror, mirror, on the wall, who is the ugliest of them all? The psychopathology of mirror gazing in body dysmorphic disorder. *Behavior Research and Therapy*, 39, 1381-1393.
27. Vitousek, K., Watson, S., & Wilson, G.T. (1998). Enhancing motivation for change in treatment-resistant eating disorders. *Clinical Psychology Review*, 18, 391-421.
28. Vrabel, K.R., et al. (2010). Five year prospective study of personality disorders in adults with longstanding eating disorders. *International Journal of Eating Disorders*, 43, 22-28.
29. Wilson, G.T. (2010) Cognitive behavioral therapy for eating disorders. In W.S. Agras (Ed.), *Handbook of eating Disorders*. New York: Oxford University press.
30. Wilson, G.T., Grilo, C., & Vitousek, K. (2007). Psychological treatment of eating disorders. *American Psychologist*, 62, 199-216.
31. Wilson, G.T. & Schlam, T.R. (2004). The transtheoretical model and motivational interviewing in the treatment of eating and weight disorders. *Clinical Psychology Review*, 24, 361-378.
32. Neumark-Sztainer, D.R., Wall, M.M., Haines J.I., et al. (2007). Shared risk and protective factors for overweight and disordered eating in adolescents. *American Journal of Preventive Medicine*, 33, 359.
33. Pike KM, Wilfley D, Hilbert A, et al. (2006). Antecedent life events of binge-eating disorder. *Psychiatry Research*, 142, 19.
34. Russell GFM, Treasure J, & Eisler I. (1998). Mothers with anorexia who underfeed their children: Their recognition and management. *Psychological Medicine*, 28, 93.
35. Shafran R, Lee M, Cooper Z, et al. (2008). Effect of psychological treatment on attentional bias in eating disorders. *International Journal of Eating Disorders*, 41, 348.
36. Schulken E, Pinciario PJ, Sawyer RG, et al. (1997). Sorority women's body size perceptions and their weight related attitudes and behaviors. *Journal of American College Health*, 46, 69.
37. Schmidt UH, Troop N, & Treasure JL. (1999). Events and the onset of eating disorders: Correcting an "age old" myth. *International Journal of Eating Disorders*, 25, 83.
38. Stein A, Murray L, Cooper P, et al. (1996). Infant growth in the context of maternal eating disorders and maternal depression: A comparative study. *Psychological Medicine*, 26, 569.



39. Timlin M, Pereira MA, Story M, et al. (2008). Breakfast eating and weight change in a 5-year prospective analysis of adolescents: Project EAT (Eating Among Teens). *Pediatrics*, 121, e638.
40. Vaughn K, & Fouts G. (2003). Changes in television and magazine exposure and eating disorder symptomatology. *Sex Roles*, 49, 313.
41. Wade T, Gillespie N, & Martin NG. (2007). A comparison of early family life events amongst monozygotic twin women with lifetime anorexia nervosa, bulimia nervosa, or major depression. *International Journal of Eating Disorders*, 40, 679.
42. Wade T, Tiggemann M, Bulik C, et al. (2008). Shared temperament risk factors for anorexia nervosa: a twin study. *Psychosomatic Medicine*, 70, 239.
43. Welch S, Doll H, & Fairburn C. (1997). Life events and the onset of bulimia nervosa: A controlled study. *Psychological Medicine*, 27, 515.

**Sep 26      Cardiac Psychology- Dr. Chelf Sirbu**

**Tag: Health Psychology, Adult**

**Course:** Psychology Interns

**Topic:** Cardiac Psychology and Cardiac Rehabilitation

**Faculty:** Melisa Chelf Sirbu, Ph.D.

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This lecture will provide interns with an introduction to the field of cardiac psychology, examining psychosocial factors associated with cardiac functioning. The role of cardiac rehabilitation as an effective intervention for patients with heart disease is explored.

**Key words:** Cardiac Psychology, Cardiac Rehabilitation

**Objectives:**

1. Understand how psychological factors contribute to recovery from cardiac events
2. Identify key psychosocial factors associated with cardiac functioning, and understand how these factors manifest in patients
3. Learn the components of hardy personality, and how these components can enhance cardiac recovery
4. Discuss the unique challenges faced by African Americans with cardiovascular disease
5. Learn how cardiac rehabilitation assists in recovery from heart disease, and the role behavioral health specialists play in this process

**Handouts provided:**

1. *Heartfelt Interventions*  
Tori DeAngelis *Monitor on Psychology*, vol. 41, No. 2, 48-51
2. *Minding the Heart* Rebecca A. Clay *Monitor on Psychology*, vol. 44, No. 6, 44-49
3. *A Cardiac Psychologist in Action* Rebecca A. Clay Practice Profile in *Monitor on Psychology*, vol. 44, No. 6, 50-51
4. *Depression's Toll on the Heart* Rebecca A. Clay *Monitor on Psychology*, vol. 45, No. 5, 24-25

## Oct 3 Depression in Children and Adolescents- Dr. Cloonan

**Tag:** Diagnosis, Treatment, Child/Teens

**Course:** Psychology Interns

**Topic:** Depression in Children & Adolescents

**Faculty:** Holly A. Cloonan, Ph.D.

**Method:** Didactic Presentation; Case Example

**Emphasis:** This will provide interns with an overview of childhood depression including prevalence rates, changes in DSM-5, risk factors for suicide, and using CBT with depressed children and adolescents. Signs and symptoms for depression at each developmental stage will be highlighted and NIMH studies of treatment for depressed adolescents will be covered.

**Key words:** Depression, CBT, Children & Adolescence

### Objectives:

7. Understand how depression differs from normal stress and sadness
8. Learn how depression is diagnosed in children and adolescents
9. Learn what changes have been made in DSM-5
10. Understand how depressive symptoms change according to developmental stage
11. Discuss findings of recent NIMH treatment studies of adolescent depression
12. Become familiar with the application of CBT principles and strategies for the alleviation of depressive symptoms

### Handouts provided:

4. *Treatment for Adolescents with Depression Study (TADS)*, published 5/09 JCP online
5. *Treatment of Resistant Depression in Adolescence (TORDIA)*, published 3/11 JAAC&AP
6. *Parent Handouts on Child Depression & Suicide from: New York Child Study Center* ([www.aboutourkids.org](http://www.aboutourkids.org)); *National Association of School Psychologists* ([www.nasp.org](http://www.nasp.org)); *American Academy of Child & Adolescent Psychiatry* ([www.aacap.org](http://www.aacap.org)); *National Alliance on Mental Illness* ([www.nami.org](http://www.nami.org))

### References:

1. *Freeing Your Child From Negative Thinking: Powerful, Practical Strategies to Build a Lifetime of Resilience, Flexibility, and Happiness*  
Tamar E. Chansky, Ph.D. (Da Capo Press, A Member of the Perseus Books Group, 2008)

*Mood Disorders: Phenomenology and a Developmental Emotion Reactivity Model*  
Joan L. Luby and Andy C. Belden in the book *Handbook of Preschool Mental Health: Development, Disorders, and Treatment* edited by Joan L. Luby (New York: The Guilford Press, 2006)

## Oct 10 Self-Injury in Teens Dr. Walker Matthews

**Tag: Diagnosis, Treatment, Teens**

**Course:** Psychology Interns

**Topic:** Teen Self-Injury: Theories and Clinical Interventions

**Faculty:** Susan Walker-Matthews, PhD

**Method:** Didactic Presentation, Case Examples

**Emphasis:** Interns will receive an introduction to the definition of self-injury as it pertains to non-developmentally disabled populations as well as typical characteristics of a teen who engages in self-injury. Theories of the cause of self-injurious behavior will be discussed with a focus on biopsychosocial models and interventions will be discussed. Interventions will include recommendations for school personnel as well as parents along with different treatment options for the clinician.

**Key Words:** Self-injury, Teen Psychology

### Objectives:

1. Understand theoretical models of the development of Self-Injury (SI)
2. Describe the warning signs/symptoms of SI and differentiate them from suicidal behavior or developmentally typical body modification
3. Outline appropriate triage interventions to use in the school setting and understand treatment strategies that will likely be used by referral agencies

### Recommended Reading:

1. Brown, L.K., Houck, C., D., Hadley, W. S., & Lescano, C.M. (2005). Self-cutting and sexual risk among adolescents in intensive psychiatric treatment. *Psychiatric Services*, 56(2), 216-218.
2. Conterio, K. & Lader, W. (1998). *Bodily Harm*. NY:Hyperion Press.
3. Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. NY: Guilford Press.
4. Linehan, M. M. (1993). *Skills training manual for treating borderline personality disorder*. NY:Guilford Press.
5. Jacobs, Bruce. (2005). *Adolescents and self-cutting (self-harm): Information for Parents*. Flier: New Mexico State University.
6. Ross, S.H. & Heath, N.L. (2003). Two models of adolescent self-mutilation. *Suicide and Life Threatening Behavior*, 33(3), 277-287.
7. Sandman, C. A., Touchette, P. (2002). Opioids and the maintenance of self-injurious behavior. In Schroeder, S. R., Oster-Granite, M. L., & Thompson, T. (Eds.) *Self-injurious behavior: Gene-brain-behavior relationships* (pp. 191-204). Washington, DC:APA
8. Kettelwell, C. (1999). *Skin Game: A Cutter's Memoire*. NY: St. Martin's Press.

9. Symons, F.FI (2002). Self-injury and pain: Models and mechanisms. In Schroeder, S.R., Oster-Granite, M. L., & Thompson, T. (Eds.), *Self-injurious behavior: Gene-brain-behavior Relationships* (pp.223-234). Washington, DC: APA.
10. Walsh, B. W. (2006). *Treating Self-Injury: A Practical Guide*. NY: Guilford.

**Oct 17      Sleep Disorders I – Dr. Drake**

**Tag: EST, Diagnosis, Treatment, Health Psychology**

**Course:** Psychology Interns

**Topic:** Sleep Disorders 1: Focus on Insomnia

**Faculty:** Elise Drake, PhD

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This will provide interns with information on identifying and diagnosing disorders of sleep. The impact of problematic sleep is discussed. Interns will be informed of DSM-5 diagnostic criterion for insomnia. Interns will gain an understanding of treatments of insomnia, with a particular focus on cognitive-behavioral approaches to treating disordered sleep.

**Objectives:**

- Describe the impact of sleep loss on personal and professional well-being
- Recognize common complaints regarding sleep in outpatient setting
- Discuss symptoms and DSM-5 criteria related to insomnia
- Explain sleep hygiene education and recommendations for improving sleep quality
- Utilize behavioral and cognitive techniques used to treat insomnia

**Handouts provided:**

- Sample Sleep Diary from [sleepfoundation.org](http://sleepfoundation.org)
- Schutte-Rodin, S., Broch, L., Buysse, D., Dorsey, C., & Sateia, M. (2008). Clinical guideline for the evaluation and management of chronic Insomnia in adults. *Journal of Clinical Sleep Medicine*, 4, 487-504.
- Morin, C.M., Bootzin, R.R., Buysse, D.J., Edinger, J.D., Espie, C.A., Lichstein, & K.L. (2006). Psychological and behavioral treatment Of Insomnia: Update of the recent evidence (1998-2004). *SLEEP*, 29, 1398-1414.

**Oct 24      Sleep Disorders II – Dr. Drake**

**Tag: EST, Diagnosis, Treatment, Health Psychology**

**Course:** Psychology Interns

**Topic:** Sleep Disorders II

**Faculty:** Elise Drake, PhD

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This will provide interns with an understanding of treatments for common sleep disorders, as well as ways to identify and diagnose disorders of sleep. Resources for patients and for those offering treatment are provided. Several assessment tools used to assess sleep disorders are described. The importance of diversity and multicultural awareness in the area of sleep disorders is emphasized, and examples of cultural/ethnic variability are provided.

**Objectives:**

- Discuss symptoms and DSM-5 criteria related to common sleep disorders (excluding insomnia)
- List commonly-used assessment techniques for sleep disturbances
- Utilize behavioral and cognitive techniques used to treat disordered sleep
- Describe potential cultural impacts on sleep disorder presentation and assessment
- Select potential resources for treating and improving problematic sleep

**Handouts provided:**

- Epworth Sleepiness Scale (Johns, 1991).



**Oct 31                                      Neuropsychological Screening- Dr. DiPino**

**Tag: Psychological Assessments, Neuropsychology, Adult, Geriatric**

**Course:** Psychology Interns

**Topic:** Neuropsychological Assessment

**Faculty:** Raymond Kim DiPino, Ph.D.

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This will provide interns with an introduction to neuropsychology assessment at the independent practice level. The presentation will explain the role of the neuropsychologist, address the various domains measured over the course of a full battery neuropsychological evaluation, and explain how that information is interpreted and synthesized taking into account biological, psychological, and cultural factors to determine an individual's level of neurocognitive functioning and provide meaningful information to patients and referral sources to address treatment and other real world issues.

**Key words:** Neuropsychology, Assessment

**Objectives:**

1. Understand the role of a neuropsychologist
2. Understand conditions evaluated in neuropsychological assessments and the interaction of brain functions and behavior.
3. Learn different approaches to and goals of assessment.
4. Understand the importance of obtaining relevant background information as the context for interpreting obtained test results.
5. Be able to describe the main neurocognitive domains measured over the course of the assessment and name several tests sampling aspect of each domain.
6. Understand the importance of clearly communicating results to referral sources and patients in order to have a positive impact on treatment
7. Discuss relevant and appropriate aspects of specific neuropsychological cases.

**Handouts provided:**

1. Clinical applications of neuropsychological assessment. Philip D. Harvey, Dialogues in Clinical Neuroscience. vol. 14, no. 1 91–99.
2. The contribution of neuropsychology to psychiatry. Keefe RS. American Journal of Psychiatry. Vol 152, No. 1, 6-15.
3. *Indications for neuropsychological assessment* Kulas, J. and Naugle, R. I. Cleveland Clinic Journal of Medicine vol 70, No. 9, 785-6, 788, 791-2.
4. *The importance of neuropsychological assessment for the evaluation of childhood learning disorders*, NAN Policy and Planning Committee, Silver, C, Blackburn, L., Arffa, S., Barth, J., Bush, S., Koffler, S., Pliskin, N., Reynolds, C., Ruff, R., Troster, A., Moser, R., Elliott, R. *Archives of Clinical Neuropsychology*, vol. 21, 741-744

**Nov 7 Delirium, Dementia and Depression- Dr. DiPino**

**Tag: Diagnosis, Assessment, Adult, Geriatric**

**Course:** Psychology Interns

**Topic:** Losing your Mind: Delirium, Dementia, and Depression

**Faculty:** Raymond Kim DiPino, Ph.D

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This will provide interns with an introduction to the clinical manifestations of delirium, dementia, and depression. It will assist interns in distinguishing among the different conditions, provide strategies for accurate diagnosis and offer possible treatment strategies that may be employed in an independent practice setting.

**Key words:** Delirium, Dementia, Depression, Affective Disorders.

**Objectives:**

1. Understand DSM-V criteria for Delirium, Dementia, and Affective Disorders, particularly Depression.
2. Describe the essential features involved with each disorder, including cognitive, perceptual, and emotional features.
3. Understand the causes, treatments and prevalence of the different disorders.
4. Understand the stages of dementia, different types of dementia and possible treatment options.
5. Understand the presentation of affective disorders and how depression can not only mimic, but be an initial symptom of dementia.
6. Distinguish among delirium, dementia, and depression and have strategies for accurate diagnosis in a clinical setting.

**Handouts provided:**

5. *A Comparison of Neuropsychiatric and Cognitive Profiles in Delirium, Dementia, Comorbid Delirium-Dementia, and Cognitively Intact Controls* Meagher, D., Leonard, M., Donnelly, S., Conroy, M., Saunders, J., et al. *Journal of Neurology, Neurosurgery, and Psychiatry*, vol 81, No. 8, 876-881
6. *Overdiagnosis of depression in the general hospital*, Boland, R, Diaz, S., Lamdan, R., Ramchandani, D., McCartney, J. *General Hospital Psychiatry*, vol 18, No. 1 28-35
7. *Geriatric Psychiatry Review: Differential Diagnosis and Treatment of the 3-D's-Delirium, Dementia, and Depression*, Downing, L., Caprio, T, Lyness, J. *Current Psychiatry Reports*, vol 15, No 5, 1-10

**Nov 14 Third Wave CBT Techniques- Dr. Wilhelm**

**Tag: EST, Psychotherapy, Adult**

**Course:** Psychology Intern Lecture Series

**Topic:** Third-Wave CBT

**Faculty:** Laura Wilhelm, PhD

**Method:** Didactic Presentation, Role-plays/Demonstrations, Case Examples, Video Clips

**Emphasis:** This presentation will highlight the similarities and differences among more traditional and newer “third-wave” cognitive-behavioral therapy approaches. Diagnosis-specific, transdiagnostic, and cultural/diversity considerations will be addressed throughout the discussion.

**Key words:** Acceptance, Acceptance and Commitment Therapy, Behavioral Activation, Cognitive-Behavioral Therapy, Cognitive Defusion, Cognitive Restructuring, Cognitive Therapy, Dialectical Behavioral Therapy, Exposure, Mindfulness, Mindfulness-Based Cognitive Therapy, Rational Emotive Behavioral Therapy, Values

**Objectives:**

10. Understand historical development of CBT approaches
11. Recognize “core features” of effective CBT
12. Identify key ingredients of Cognitive Therapy and REBT
13. Learn about development of “third-wave” approaches and their essential foci
14. Learn and practice strategies to use/differentiate cognitive restructuring and cognitive defusion interventions
15. Understand and implement values work
16. Incorporate instructor and learner case examples as well as video clips to reinforce concepts presented

**Handouts provided:**

- Lecture outline
- References to CT, REBT, ACT, DBT, BA, and MBCT resources
- “Key Constructs in “Classical” and “New Wave” Cognitive Behavioral Psychotherapies: Relationships Among Each Other and With Emotional Distress” in Journal of Clinical Psychology, Vol 69, 584-599 (2013).
- Special Series in Cognitive and Behavioral Practice, Volume 20, Issue 1, February 2013, 1-63 – articles focused on “Clinical Considerations in Using Acceptance and Mindfulness-Based Treatments with Diverse Populations.”

**Nov 21 CBT for Anger Management- Dr. Wilhelm**

**Tag: Diagnosis, Psychotherapy, Adult**

**Course:** Psychology Intern Lecture Series

**Topic:** CBT for Anger Management

**Faculty:** Laura Wilhelm, PhD

**Method:** Didactic Presentation, Role-plays/Demonstrations, Case Examples, Video Clips

**Emphasis:** This presentation will provide interns with a comprehensive overview of strategies for assessing and intervening with anger management problems across a variety of diagnoses and with sensitivity to diversity issues.

**Key words:** Anger, Cognitive-Behavioral Therapy

**Objectives:**

17. Understand biological/evolutionary basis and cultural associations of anger
18. Learn about evidence-based ways to assess problems with anger
19. Recognize empirically-supported interventions for anger problems
20. Become sensitized to important therapeutic issues in working with anger problems
21. Discuss and practice a variety of evidence-based strategies for anger management/reduction
22. Incorporate instructor and learner case examples as well as video clips to reinforce concepts presented

**Handouts provided:**

- Lecture outline
- Examples of anger monitoring logs/anger diaries/thought records
- References to online anger resources
- Cognitive Behavioral Case Conference on Anger in Cognitive and Behavioral Practice, Volume 18, Issue 2, May 2011, 209-255—series of anger articles
  - “A Composite Case Study of an Individual with Anger as a Presenting Problem”
  - “Cognitive-Behavioral Conceptualization and Treatment of Anger”
  - “Application of a Flexible, Clinically Driven Approach for Anger Reduction in the Case of Mr. P”
  - “A Comprehensive Treatment Program for a Case of Disturbed Anger”
  - “The Application of Acceptance and Commitment Therapy to Problem Anger”
  - “Perspectives on Anger Treatment: Discussion and Commentary”

**Nov 28 CBT for Panic Disorder- Dr. Wilhelm**

**Tag: EST, Diagnosis, Psychotherapy, Adult**

**Course:** Psychology Intern Lecture Series

**Topic:** Cognitive-Behavioral Approach to Panic Disorder

**Faculty:** Laura Wilhelm, PhD

**Method:** Didactic Presentation, Role-plays/Demonstrations, Case Examples, Video Clips

**Emphasis:** This presentation will provide interns with a comprehensive overview of strategies for assessing and intervening with panic attacks and panic disorder. Transdiagnostic and cultural considerations will be infused throughout the discussion.

**Key words:** Panic, Cognitive-Behavioral Therapy, Interoceptive Exposure, Anxiety Sensitivity

**Objectives:**

23. Understand biological/evolutionary basis and cultural associations of anxiety and panic
24. Learn about evidence-based ways to assess problems with panic
25. Increase familiarity with concept of anxiety sensitivity and implications for treatment
26. Understand safety behaviors and treatment considerations
27. Learn empirically-supported interventions for panic disorder
28. Learn and practice specific interoceptive exposure exercises
29. Incorporate instructor and learner case examples as well as video clips to reinforce concepts presented

**Handouts provided:**

- Lecture outline
- Examples of panic attack monitoring forms
- References to online anxiety and panic resources
- “Addressing Relapse in Cognitive Behavioral Therapy for Panic Disorder: Methods for Optimizing Long-Term Treatment Outcomes” in Cognitive and Behavioral Practice, Volume 18, 306-315 (2011).

**Dec 5 Primary Care Psychology- Dr. Fields**

**Tag: Health Psychology**

**Course:** Psychology Interns

**Topic:** Primary Care Psychology

**Faculty:** Scott Fields, Ph.D.

**Method:** Didactic Presentation, Case Examples

**Emphasis:** Integrated primary care provides an opportunity for psychologists to contribute to the mental and physical health of patients in their community. Research suggests that integrated primary care provides a valuable service for patients, is rewarding for psychologists, and that healthcare providers are appreciative of quality behavioral health interventions. While integrated care offers numerous benefits to all involved, key challenges exist for mental health professionals who wish to work in the primary care arena. Chief among these challenges are learning to provide brief, short term interventions and working on timely, effective collaboration with medical providers.

**Key words:** Primary Care, Integrated Primary Care

**Objectives:**

1. Participants will learn the origins of integrated care, the present state of practice, and the future trends that will impact the healthcare industry and psychology's role within the big picture.
2. Participants will increase their understanding of the types of interventions in integrated primary care settings. From various theoretical models, to the standard intake evaluation, all the way to the more time sensitive, problem-focused 20 minute intervention, and participants will learn brief strategies shown to help patients in a busy primary care setting.
3. Participants will learn about the value of consultation with the medical team in a primary care setting. From lunchtime rounds to curbside consultation with healthcare providers, the value of working side by side with medical providers (e.g., doctors, nurses) will be explored. Strategies to make psychologists more accessible and available for consults "on the fly" will also be highlighted.

**Handouts provided:**

1. Blount, A. (2003). Integrated primary care: Organizing the evidence. *Families, Systems, and Health*, 21, 121-133.
2. Runyan, C. (2011) Psychology can be indispensable to health care reform and the patient-centered medical home. *APA*, 8, 53-68.
3. 2010 APA Convention – Moving into Primary Care – Barbanel, Levine, Linton, Bruns & Ruddy (*APA Monitor*, 41, 9, p. 68, Oct 2010).

**Dec 12      Smoking Cessation- Dr. Fields**

**Tag: Health Psychology, Adult**

**Course:** Psychology Interns

**Topic:** Tobacco (Smoking) Cessation

**Faculty:** Scott Fields, Ph.D.

**Method:** Didactic Presentation, Case Examples

**Emphasis:** Although it is the number one killer nationwide, tobacco smoking is still underestimated as the prominent threat that it is for primary care patients. From increased medical comorbidities to increased hospital utilization, prior studies have found that tobacco smoking puts patients at greater risk for problems and those patients who smoke are more likely to have to go to a hospital for their medical maladies. Psychologists can play a key role in helping patients cut back and eventually quit using tobacco helping them lead physically and mentally healthier lives.

**Key words:** Tobacco Use, Smoking Cessation, Nicotine Dependence

**Objectives:**

1. Participants will learn about the comorbidities of tobacco use and how one year of tracking comorbidities can demonstrate significant differences for smokers as compared to never smokers.
2. Participants will learn about the one year differences in hospital utilization rates for tobacco smokers as compared to never smokers.
3. Participants will learn more about the relationship between tobacco smoking and propensity toward other addictions and behavioral health issues.
4. Participants will learn about the five A's of tobacco cessation and will learn cognitive and behavioral strategies to assist patients in their quit attempts.

**Handouts provided:**

1. Centers for Disease Control and Prevention, 2013; 2009. Behavioral Risk Factor Surveillance System. CDC Website. <http://www.cdc.gov/brfss/>. Updated 2014. Accessed January 30, 2014.
2. Handout adapted from: Fiore, M., Bailey, W, Cohen, S., et al. (2008). Treating Tobacco Use and Dependence. Practice guideline update. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service.

**Dec 19      Psycho-Oncology- Dr. Hancock**

**Tag: Health Psychology, Adult**

**Course:** Psychology Interns

**Topic:** Psycho-Oncology: Managing Distress in Cancer Patients

**Faculty:** Jennifer Hancock, PsyD

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This will provide interns with an introduction to the history of psycho-oncology in order to emphasize current National Comprehensive Cancer Network (NCCN) guidelines for recognizing and treating psychosocial distress. Barriers and challenges to distress screening will be highlighted as well as an in-depth discussion of common ethical situations encountered by psycho-oncologists.

**Key words:** Screening, Ethics

**Objectives:**

- ▶ Describe the history of psycho-oncology
- ▶ Verbalize an understanding of NCCN Guidelines for the identification of distress in cancer patients
- ▶ Name behavioral health screeners typically used to identify distress in cancer patients
- ▶ Recognize patients who are at increased risk of distress and periods of increased vulnerability
- ▶ Demonstrate an understanding of the protocol used at the Cancer Center and on 5 South to identify and refer distressed patients to behavioral health services
- ▶ Discuss common ethical concerns in Psycho-Oncology

**Handouts provided:**

1. Lederberg, M. S. *Negotiating the Interface of Psycho-Oncology and Ethics*. 625-629. Holland, J. C., Breitbart, W. S., Jacobsen, P. B., Lederberg, M. S., Loscalzo, M. J., & McCorkle, R. , Eds. (2010) *Psycho-Oncology, Second Edition*. New York: Oxford University Press. 3-12.
2. Lazenby, M, Tan, H., Pasacreata<sup>1</sup>, N, Ercolano, E., & McCorkle R. (2015). The five steps of comprehensive psychosocial distress screening. *Current Oncology Reports*, 17:22. DOI 10.1007/s11912-015-0447-z
3. Pirl, W. F., Fann, J. R., Greer, J. A., Braun, I., Deshields, T., Fulcher, C., et. al. (2014). Recommendations for the implementation of distress screening programs in cancer centers: Report from the American Psychosocial Oncology Society (APOS), Association of Oncology Social Work (AOSW), and Oncology Nursing Society (ONS) Joint Task Force. *Cancer*, 2946-2954.



**Dec 26**      **Holiday break**

**Jan 2**      **Mental Health Problems in Young Children- Dr. Cloonan**

**Tag: Diagnosis, Treatment, Child**

**Course:** Psychology Interns

**Topic:** Emotional and Behavioral Challenges in Young Children

**Faculty:** Holly A. Cloonan, Ph.D.

**Method:** Didactic Presentation; Case Example

**Emphasis:** This will provide interns with an overview of mental health problems occurring in the preschool age range to include a summary of normative development, developmental considerations in information gathering and interviewing, the nature of specific problems arising in early childhood, diagnosis, and treatment approaches including parent-child interaction therapy.

**Key words:** Preschool Mental Health, Behavior Disorders

**Objectives:**

13. Understand how to differentiate clinically significant preschool problems from normal developmental challenges
14. Learn about sleep, appetite and elimination: what's normal and what's not
15. Understand the challenges of diagnosing disorders in this early age range
16. Learn the clinical relevance of temperament research
17. Discuss how to recognize sensory processing deficits and importance of referral
18. Learn about interview questions and techniques suited to young children
19. Become familiar with the empirically-supported treatments for preschoolers and their parents

**Handouts provided:**

1. Adapted from *How to Solve Your Child's Sleep Problems: New, Revised, and Expanded Edition*  
Richard Ferber  
2006, Fireside Edition
2. Adapted from *The Out-of-Sync Child: Recognizing and Coping with Sensory Processing Disorder*  
Carol Stock Kranowitz  
2005, The Berkley Publishing Group/Penguin
3. Adapted from *Clinical and Forensic Interviewing of Children and Families: Guidelines for the Mental Health, Education, Pediatric, and Child Maltreatment Fields*  
Jerome Sattler  
1998, Jerome Sattler Publisher

**References:**

*Handbook of Preschool Mental Health: Development, Disorders, and Treatment* edited by Joan L. Luby (New York: The Guilford Press, 2006)

*The Zuckerman Parker Handbook of Developmental and Behavioral Pediatrics for Primary Care*

Marilyn Augustyn, Barry Zuckerman, and Elizabeth Caronna  
3<sup>rd</sup> Edition, Lippincott, Williams and Wilkins, 2010

*The Explosive Child: A New Approach for Understanding and Parenting Easily Frustrated, Chronically Inflexible Children*

Ross W. Greene  
4<sup>th</sup> Edition, Harper, 2014

**Jan 9 CBT for Psychosis- Dr. Kerr**

**Tag: EST, Diagnosis, Psychotherapy, Adult**

**Course:** Psychology Internship

**Topic:** Cognitive-Behavioral Treatment of Psychosis

**Faculty:** Patrick L. Kerr, PhD

**Method:** Didactic Presentation, Case Examples

**Emphasis:** Using an integration of didactic, multi-media, and case material, this lecture introduces interns to the application of cognitive-behavioral therapy to the treatment of psychosis with an emphasis on Schizophrenia. Interns are introduced to the CBT conceptualization of psychosis; the empirical support for CBT for treating patients diagnosed with Schizophrenia; and CBT techniques and strategies for treating patients with Schizophrenia. Part of the lecture involves critical analysis of CBT for psychosis research, and discussion of the role of clinical psychologists in treating patients with chronic and severe psychiatric disorders in general.

**Key words:** Intervention

**Objectives:**

1. Review the diagnostic criteria and epidemiological data for psychotic disorders
2. Learn and understand CBT models of psychosis, including cognitive models proposed by Beck and Kingdon & Turkington
3. Learn and understand the scientific evidence for CBT for psychotic disorders
4. Learn and understand the application of CBT strategies adapted for working with people diagnosed with psychotic disorders
5. Understand challenges to treatment, treatment access, and treatment outcomes imposed by bias and discrimination for patients from non-majority cultures

**Handouts and Articles Provided:**

1. *Diary of Voices & Visions Diary* from Kingdon & Turkington (2005), p. 201
2. *Understanding Voices* handout from Kingdon & Turkington (2005), pp. 190-191
3. *Understanding What Others Think* handout from Kingdon & Turkington (2005), pp. 192-193
4. Jauhar, S., McKenna, P. J., Radua, J., Fung, E., Salvador, R., & Laws, K. R. (2014). Cognitive-behavioural therapy for the symptoms of schizophrenia: systematic review and meta-analysis with examination of potential bias. *The British Journal of Psychiatry*, 204(1), 20-29.
5. Velthorst, E., Koeter, M., van der Gaag, M., Nieman, D. H., Fett, A. K., Smit, F., ... & de Haan, L. (2015). Adapted cognitive-behavioural therapy required for targeting negative symptoms in schizophrenia: meta-analysis and meta-regression. *Psychological medicine*, 45(03), 453-465.
6. van der Gaag, M., Valmaggia, L. R., & Smit, F. (2014). The effects of individually tailored formulation-based cognitive behavioural therapy in auditory hallucinations and delusions: a meta-analysis. *Schizophrenia research*, 156(1), 30-37.
7. Turner, D. T., van der Gaag, M., Karyotaki, E., & Cuijpers, P. (2014). Psychological interventions for psychosis: a meta-analysis of comparative outcome studies

**Jan 16**      **No lecture: Martin Luther King, Jr. day**

**Jan 23**      **CBT for Bipolar Disorder- Dr. Kerr**

**Tag: EST, Diagnosis, Psychotherapy, Adult**

**Course:** Psychology Internship

**Topic:** Cognitive-Behavioral Therapy for Bipolar Disorder

**Faculty:** Patrick L. Kerr, PhD

**Method:** Didactic Presentation, Multi-Media, Case Examples

**Emphasis:** This lecture integrates didactic, multi-media (video), and case material to introduce the family of cognitive behavioral therapy-based interventions for Bipolar Disorder. The lecture discusses the CBT case conceptualization of Bipolar Disorder; the scientific evidence for the use of CBT-based interventions for treating patients diagnosed with Bipolar Disorder; and CBT techniques and strategies for treating patients with Bipolar Disorder. Part of the lecture involves critical analysis of CBT for Bipolar Disorder research.

**Key words:** Intervention

**Objectives:**

1. Review the updated diagnostic criteria and epidemiological data for Bipolar Disorder
2. Learn and understand CBT models of case conceptualization for Bipolar Disorder, including models proposed by Basco and Rush (2005) and the Interpersonal and Social Rhythm therapy model proposed by Frank (2008)
3. Learn and understand the scientific evidence for CBT for Bipolar Disorder
4. Learn and understand the application of CBT techniques and strategies adapted for working with people diagnosed with Bipolar Disorder
5. Understand challenges to treatment, treatment access, and treatment outcomes in Bipolar Disorder imposed by bias and discrimination for patients from non-majority cultures

**Handouts and Articles Provided:**

1. *Mood Chart* from Basco & Rush (2005)
2. *Symptom Summary Worksheet* from Basco & Rush (2005)
3. Reinares, M., Sánchez-Moreno, J., & Fountoulakis, K. N. (2014). Psychosocial interventions in bipolar disorder: what, for whom, and when. *Journal of affective disorders*, 156, 46-55.
4. Miziou, S., Tsitsipa, E., Moysidou, S., Karavelas, V., Dimelis, D., Polyzoidou, V., & Fountoulakis, K. N. (2015). Psychosocial treatment and interventions for bipolar disorder: a systematic review. *Annals of general psychiatry*, 14(1), 19.

**Jan 30**                      **Interpersonal Psychotherapy I- Dr. Linton**

**Tag:** EST, Diagnosis, Psychotherapy, Adult

**Course:** Psychology Interns

**Topic:** Interpersonal Psychotherapy I

**Faculty:** John C. Linton, PhD, ABPP

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This lecture will introduce interns to the theoretical background of IPT, the overview of stages of therapy and commonly used tools

**Key words:** Psychotherapy technique

**Objectives:**

1. Present the initial phase of treatment, support understanding of symptoms, particularly depression, using an interpersonal inventory
2. Identification of the four most common problems areas addressed by IPT.
3. Learn the IPT approach to interpersonal role disputes
4. Learn the IPT approach to role transitions

**Handouts provided:**

Robertson, M., Rushton, P. & Wurm, C. (2008). Interpersonal psychotherapy: an overview. *Psychotherapy in Australia*, 14, 3, 46-54

PowerPoint Presentation

**Feb 6            Interpersonal Psychotherapy II- Dr. Linton**

**Tag: EST, Diagnosis, Psychotherapy, Adult**

**Course:** Psychology Interns

**Topic:** Interpersonal Psychotherapy II

**Faculty:** John C. Linton, PhD, ABPP

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This lecture will introduce interns to two additional therapeutic targets in IPT.

**Key words:** Psychotherapy technique

**Objectives:**

1. Review initial phase of treatment, support understanding of symptoms, particularly depression, using an interpersonal inventory
2. Learn the IPT approach to assessment and intervention with grief reactions, focusing on treatment goals, strategies and techniques to include differentiating normal from abnormal grief, non-judgmental exploration and behavioral activation, as well as treatment barriers unique to this population.
3. Learn the symptoms of complicated bereavement
4. Learn the IPT approach to interpersonal deficits, focusing on assessment of three levels of interpersonal connection, goals and strategies to include reduction of social isolation and corrective emotional experiences, and how to avoid therapeutic mistakes unique to this class of patients

**Handouts provided:**

Simon, N.M. (2013) Treating complicated grief. *JAMA*, 3; 310(4):416-423.  
doi:10.1001/jama.2013.8614.

PowerPoint Presentation

**Feb 13 Future Bioethical Challenges Facing Psychology-Dr. Linton**

**Tag: Ethics, Professional Development**

**Course:** Psychology Interns

**Topic:** Future Bioethical Challenges Facing Psychology

**Faculty:** John C. Linton, PhD, ABPP

**Method:** Didactic Presentation

**Emphasis:** This will provide interns with an indepth introduction to bioethical challenges of the future where the Ethics Code will be unable to keep pace with the speed of innovation. Psychologists will have to not only be prepared to make decisions on limited information, but also recognize and seize the opportunities presented for professional expansion as new technology and scientific breakthroughs offer unique opportunities for practice.

**Key words:** Ethics, Professionalism

**Objectives:**

1. Present ethics megatrends psychologists will be required to understand and respond to in a rapidly emerging landscape of breakthroughs in medical science, research and practice, as well as dramatic shifts in social connection and mores as yet undeveloped.
2. Understand how the APA Code of Ethics will become increasingly aspirational since specific regulations in such a comparatively static document will be impossible
3. Understand this new era as the fifth dramatic paradigm shift over the past 300 years
4. Define and understand transhumanism, with examples of cognitive enhancing drugs, genetic engineering, synthetic biology and the challenges these present
5. Understand the concerns presented by physician assisted suicide
6. Discuss neuroethics and brain imaging for forensic and marketing purposes
7. Distinguish between basic, social and anthropomorphic robotics, and implications for future relationships of humans and machines
8. Understand health care shifting to home by use of medical apps, which carry considerable ethical complications
9. Exposure to precision medicine and psychiatry, and how mental illnesses will be classified as brain diseases
10. Contemplate the dangers of cloud storage of patient data and use of risk analyses to mitigate potential damage to privacy

**Handouts provided:**

PowerPoint

Linton, J.C. (2010). 2020 Foresight: Practicing ethically while doing things that don't yet exist. *Journal of Clinical Psychology in Medical Settings*, 17, 278-284.

Linton, J.C. (2011) On the Boundaries: Some Ethics Considerations in Social Networking and Cyberspace. *The Register Report*, fall.

**Feb 20      Avoiding Ethical Pitfalls in the Practice of Diagnostic Assessment -  
When Patients Fake Bad Dr. Blair**

**Tag: Psychological Assessment, Forensic**

Course:      Psychology Interns

Topic:      Avoiding Ethical Pitfalls in the Practice of Diagnostic Assessment - When your  
“clinical intake” becomes an “IME”.

Faculty:      C. David Blair, PhD

Method:      Didactic presentation, interactive discussion, case examples

Emphasis:      This will provide interns with an in-depth discussion of how the evaluation process often evolves, from initial presentation and subjective self-reports to requests for records and opinions in disability or other contexts that were not initially apparent or anticipated. It will also provide methods to increase awareness of potentially challenging situations and to more effectively evaluate validity.

Key words:      Ethics, Professionalism, Assessment, Validity

Objectives:

1. Understand multiple influences on the ethical conduct of assessment, diagnosis, and consultation, in the clinic, consultation, or forensic environments.
2. Understand various situations that may affect the purpose of evaluations, how the results may be used by various parties, and the meanings ascribed to our diagnostic statements.
3. Understand how the context of an evaluation can affect which data we pay attention to and influences the basis of the findings and recommendations.
4. Learn to recognize potential agendas that may not be apparent in the referral or the exam presentation.
5. Create a more advanced understanding of issues related to the reliability and validity of various sources of data, including the use of validity analysis and performance validation measures.
6. Clarify differences between subjective and objective data, in order to create supportable opinions.
7. Discuss the broad effects that our opinions have, based on our training and title.
8. Discuss advocacy, ideology, and beliefs that may accompany and influence our decisions and judgments.
9. Discuss what specific, common tests actually “measure” and how to integrate this knowledge into diagnostic formulations.
10. Discuss validity indicators in psychological assessment, from a process approach that involves analysis of multiple convergent data sources.

Handouts provided:

Chafetz, M.D., Abrams, J. P., and Kohlmaier, J. (2007) Malingering on the Social Security disability consultative exam: A new rating scale. *Archives of Clinical Neuropsychology*, 22, 1-14.



SSI Case Study (identity disguised) for discussion

Typical Validity Statements (and what they really mean). Handout by C. David Blair, PhD from presentations to the West Virginia Psychological Association (WVPA) 2013 Spring Conference.

Reference list: Ethical Challenges in Psychological Assessment.

**Feb 27      Use of Standardized Patients in Training – Dr. Drake**

**Tag: Training, Adult Learning Techniques**

**Course:** Psychology Interns

**Topic:** Standardized Patients in Medical and Clinical Training

**Faculty:** Elise Drake, PhD

**Method:** Didactic Presentation, Video Examples

**Emphasis:** This will provide interns with an understanding of definitions and roles of standardized patients in medical and clinical training and assessment. Advantages of using standardized patients in the simulation setting and for evaluation are highlighted. Examples of competency areas assessed through standardized patient scenarios are provided. Ways to use standardized patients to evaluate cultural competence are discussed.

**Objectives:**

- Discuss the benefits of simulation for clinical training and evaluation
- List advantages of the role of standardized patients in the simulation setting
- Describe programmatic use of standardized patients at CAMC

**Handouts provided:**

McNaughton, N., Ravitz, P., Wadell, A., & Hodges, B.D. (2008). Psychiatric education and simulation: A Review of the literature. *The Canadian Journal of Psychiatry, 53*, 85-93.

Scalese, R.J., Obeso, V.T. & Issenberg, S.B. (2007). Simulation technology for skills training and competency assessment in medical education. *Journal of General Internal Medicine, 23*, 46-49.

**Mar 6 Introduction to Forensic Psychology- Dr. Clayman**

**Tag: Forensic, Adult**

**Course:** Psychology Interns

**Topic:** Introduction to Forensic Psychology

**Faculty:** David A. Clayman, Ph.D.

**Method:** Didactic Presentation, Case Examples

**Emphasis:** This presentation provides an overview of the field of forensic psychology and the professional and ethical challenges of working in the usually adversarial world of the courts as assistants to triers of fact. The unique contributions that can be made by psychology are emphasized based on our training as clinicians grounded in a true bio-psycho-social orientation with research underpinnings.

**Key words:** Forensic Psychology, Expert Witness

**Objectives:**

1. Identify the numerous areas involved in forensic psychology.
2. Differentiate between the roles of the treating clinician and the forensic evaluator.
3. Define the roles and responsibilities of the expert witness and the potential ethical dilemmas faced by the forensic evaluator.
4. Understand jurisdictional influences such as state v. federal law.
5. Learn the basic concepts involved in criminal courts doing evaluations of Competence to Stand Trial, Criminal Responsibility, Diminished Capacity and Risk.
6. Gain a basic understanding of the issues and challenges involved in dealing with sex offenders.
7. Learn the ways in which training in behavioral medicine/health psychology put psychologists in a unique position to work with personal injury, testamentary capacity, workers' compensation, disability and Social Security cases.
8. Examine a functional versus diagnostic orientation to assessing damages in civil litigation cases.
9. Discover the responsibility and social value of doing the job correctly and in line with the Forensic Guidelines as well as the APA ethical code.
10. Understand the pressures of dealing with stressful situations that challenge one's personal values and sometimes sensibilities.

**Selected Resources:**

1. Melton, G.B., Petrila, J., Poythress, N.G., & Slobogin, C. (2007). *Psychological Evaluations for the Courts*. New York: The Guilford Press.
2. Binder, M. (2014). *Psychiatry in the Everyday Practice of Law 4<sup>th</sup> Edition*. Eagan, MN: Thomson Reuters.
3. Drogin, E.Y., Dattilio, F.M., Sadoff, R.L., & Gutheil, T.G. [Eds.] (2011). *Handbook of Forensic Assessment – Psychological and Psychiatric Perspectives*. Hoboken, NJ: John Wiley & Sons.
4. Rogers, R. [Ed.] (2008). *Clinical Assessment of Malingering and Deception*. New York: The Guilford Press.
5. McDonald, J.J. & Kulick, F.B. [Eds.] (2001). *Mental and Emotional Injuries in Employment Litigation*. Washington DC: The Bureau of National Affairs.
6. Grisso, T. [Ed.] (2003). *Evaluating Competencies: Forensic Assessments and Instruments – 2<sup>nd</sup> Edition*. New York: Kluwer Academic/Plenum Publishers.

**Mar 13 Fee-for-Service Private Practice- Dr. Walker Matthews**

**Tag: Professional Development**

**Course:** Psychology Interns

**Topic:** Models for Opening Your Own Private Practice

**Faculty:** Susan Walker-Matthews, PhD

**Method:** Didactic Presentation

**Emphasis:** Interns will learn about a variety of business and clinical models for establishing a private practice. Consideration will be given to details about financing, use of professional services in the community, pros and cons of getting on panels for different insurance payors, and ethics in development of a private practice.

**Key Words:** Private Practice, Ethics, Insurance

**Objectives:**

1. Participants will be able to describe variables to consider when choosing a private practice business structure.
2. Learn and be able to discuss pros and cons of different private practice delivery models.
3. Understand ethical considerations in building practice parameters, developing paperwork, flow of clientele through the process of the intake, and maintenance of standards of practice.

**Recommended Reading:**

1. Godin, S. (2009). *Purple cow, new edition: Transform your business by being remarkable.* New York, NY: Portfolio.
2. Kim, W. & Mauborgne, R. (2005). *Blue ocean strategy: How to create uncontested market space and make competition irrelevant.* New York, NY: Harper Collins.
3. Lynch, W. R. (2012). Starting and Growing Concierge Psychotherapy and Psychiatric Practices. In Stout, C. El, eds. *Getting Better at Private Practice* (pp. 253-264). NJ: Wiley.
4. Verhaagen, D. & Gaskill, F. (2014). *How we built our dream practice: Innovative ideas for building yours.* Camp Hill, PA: TPI Press.
5. Walfish, S. (2012) Developing a Practice Outside of Managed Care. In Stout, C. E., eds. *Getting Better at Private Practice* (pp. 266-278). NJ: Wiley.
6. Walfish, S. & Barnette, J. (2009). *Financial success in mental health practice: Essential tools and strategies for practitioners.* Washington, DC: APA Books.

**Mar 20      Issues Facing Early Career Psychologists - Dr. Selby Nelson**

**Tag: Professional Development**

**Course:** Psychology Interns

**Topic:** Early Career Psychologist Development

**Faculty:** Emily M. Selby-Nelson, PsyD

**Method:** Didactic Presentation, Professional Examples

**Emphasis:** This seminar will provide interns with an overview of the expectations that face Early Career Psychologists (ECPs) including deciding on postdoctoral and initial career positions, identifying and evolving a professional niche and identity, licensure requirements, professional and career development, balance/maintenance of varied professional activities and roles (e.g. clinical, training, research, advocacy, leadership), and work-life balance. Interns will learn important strategies for making the most out of their ECP professional phase including finding a mentor, networking with other ECPs, getting involved in leadership in regional and national associations, participating in advocacy, and identifying and using resources for ECPs through APA and other national associations. Specific examples of such activities will be discussed and interns will have the opportunity to explore how these recommendations may be tailored for their own implementation.

**Key words:** Professional development, Career planning, Mentorship

**Objectives:**

11. Understand the definition of ECP and the opportunities for support and guidance in the psychology community.
12. Learn about licensure requirements.
13. Develop skills to prepare for the EPPP and the licensure oral exam.
14. Discuss the importance of finding your professional identity and niche, and learn how to get involved in your preferred domain/field of psychology.
15. Learn about opportunities for ECPs in leadership through regional and national organizations.
16. Learn about opportunities for psychologists in advocacy.
17. Discuss the importance of work-life balance and identify ways to prevent burnout and isolation as an ECP.

**Handouts provided:**

In the Sea of Psychology, Dive Deeper

APA Divisions: Early Career

(Handout summarizing APA Divisions with information about the benefits to ECPs and how to get involved.)

Tips for Nomination to APA Boards & Committees  
Committee on Early Career Psychologists, 2012

The State Leadership Conference: A History and Appreciation  
Michael J. Sullivan, Russ Newman, and Daniel J. Abrahamson  
*Psychological Services, Vol. 4, No. 2, 123-134*

List of internet resources for ECPs:

- APA Early Career Psychologists main page:
  - o <http://www.apa.org/careers/early-career/index.aspx>
- PsycCareers link:
  - o <http://www.apa.org/careers/psycareers/index.aspx>
- APA page on Career Development (making the transition and licensure):
  - o <http://www.apa.org/careers/early-career/career-development/index.aspx>
- APA page on financial planning:
  - o <http://www.apa.org/careers/early-career/financial/index.aspx>
- APA page on work-life balance:
  - o <http://www.apa.org/careers/early-career/work-life/index.aspx>
- APA page on grants and funding:
  - o <http://www.apa.org/careers/early-career/funding/index.aspx>
- APA Committee on Early Career Psychologists:
  - o <http://www.apa.org/careers/early-career/committee/index.aspx>
- Link to ways of getting connected with ECP resources:
  - o <http://www.apa.org/careers/early-career/get-connected/index.aspx>
- APA Career Development page:
  - o <http://www.apa.org/careers/resources/index.aspx>

**Mar 27 Post Licensure Self- Assessment: Life Long Learning- Dr. Linton**

**Tag: Professional Development**

**Course:** Psychology Interns

**Topic:** Post-Licensure Self-Assessment and Life Long Learning

**Faculty:** John C. Linton, PhD, ABPP

**Method:** Didactic Presentation

**Emphasis:** This will provide interns with information regarding the need for continuing professional development beyond formal training

**Key words:** Ethics, Professionalism, Continuing Professional Development

**Objectives:**

1. Interns will be apprised of the half-life of knowledge in professional psychology
2. Discuss how it is an ethical imperative to continue learning across the professional lifespan
3. Understand the weak coordination through stages of training from practica to internship to post-doctoral training and post-licensure, and the vital responsibility professionals retain for their own continuing education
4. Discuss low vs. high fidelity continuing education
5. Understand the limitations of self-assessment of competence, and the importance of developing a competence constellation with peers
6. Learn the value of ongoing peer review and specialty certification via respected organizations

**Handouts provided:**

Kerns, R.D., Berry, S., Frantsve, L.M. & Linton, J.C. (2009). Life-long competency development in clinical health psychology. *Training and Education in Professional Psychology*. Vol 3(4), Nov 2009, 212-217. <http://dx.doi.org/10.1037/a0016753>

Linton, J.C. (2013) Cultivating Relationships and Coordinating Care with Other Health Professionals. In J. P. Koocher, J.C. Norcross & B.A. Greene (Eds) *Psychologists' Desk Reference*, New York: Oxford University Press.

Linton, J.C. (in press). Professional Development. In J.C. Norcross, G.R. VandenBos, & D.K. Freedheim (Eds), *APA Handbook of Clinical Psychology*. American Psychological Association, Washington, DC.

PowerPoint



**Apr 3            Treating Disruptive Kids- Dr. Luzier**

**Tag: Psychotherapy, Child**

**Course:** Psychology Interns

**Topic:** Disruptive Behavior in Children: Diagnosis and Treatment

**Faculty:** Jess Luzier, Ph.D., ABPP

**Method:** Didactic Presentation; Case Example

**Emphasis:** This lecture provides interns with an overview of DSM-V diagnosis of behavior problems in children. We then discuss best practice treatment guidelines for these challenging behaviors, including behavior therapy interventions, cognitive-behavioral, and social skills training (along with their evidence-base). We conclude the lecture with a case presentation and discussion highlighting the issues presented in the didactic portion.

**Key words:** Behavior, Diagnosis, CBT, BT, Children & Adolescents

**Objectives:**

1. Review Neurodevelopmental Disorders (ADHD) and changes in classification from DSM-IV to DSM-V.
2. Review Disruptive, Impulse-Control, and Conduct Disorders diagnostic criteria (ODD, Intermittent Explosive Disorder, CD, ASP, Pyromania, Kleptomania,
3. Discuss commonly misdiagnosed conditions, including differential diagnosis of pediatric bipolar disorder and autism spectrum disorder.
4. Review behavioral treatment components, including operant conditioning principles,
5. Provide a sample behavioral treatment intervention by discussing parent-child interaction therapy in brief.
6. Discuss psychosocial interventions such as social skills training.
7. Highlight the importance of treatment of comorbid problems and treatments.
8. Review the evidence-base for psychological treatment of behavior problems.
9. Discuss a case that either Dr. Luzier or an intern is currently treating for behavior problems.

**Handouts provided:**

6. Various worksheets and clinical illustrations from: Friedberg, R.D., & McClure, J.M. (2002). Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts. Guilford Press: New York.
7. Copy of PowerPoint and reference list (see below)

**References:**

- 1 .Barkley, R.A. (1997). Defiant children: A clinician's manual for assessment and parent training (2nd ed.). Guilford Press: New York.

2. Molina, B.S.G., et al. (2009). The MTA at 8 Years: Prospective follow-up of children treated for combined-type ADHD in a multisite study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48 (5). 484-500.
3. Friedberg, R.D., & McClure, J.M. (2002). *Clinical practice of cognitive therapy with children and adolescents: The nuts and bolts*. Guilford Press: New York.
4. MTA Cooperative Group. (1999). A 14-month randomized clinical trial of treatment strategies for ADHD. *Archives of General Psychiatry*, 56, 1073-1086.
5. Spencer, T.J., Biederman, J., et al. (2001). Parsing pediatric bipolar disorder from its associated comorbidity with the DBDs. *Biological Psychiatry*, 49, 1062-1070.
6. Zisser, A., & Eyberg, S.M. (2010). Treating oppositional behavior in children using parent-child interaction therapy. In A.E. Kazdin & J.R. Weisz (Eds.) *Evidence-based psychotherapies for children and adolescents* (2nd ed., pp. 179-193). New York: Guilford.
7. Youngstrom, E.A., Findling, R.L., Youngstrom, J.K., & Calabrese, J.R. (2005). Toward an evidence-based assessment of pediatric bipolar disorder. *Journal of Clinical Child and Adolescent Psychology*, 34, 433-448.

**Apr 10      Developmental Disabilities- Dr. Burum**

**Tag: Assessment, Diagnosis, Treatment, Child**

**Course:** Psychology Interns

**Topic:** Developmental Disabilities

**Faculty:** Jocelyn Burum, Psy.D.

**Method:** Didactic Presentation, Case Example, Group Discussion

**Emphasis:** This presentation will provide interns with a comprehensive introduction to developmental disabilities. Interns will learn about 'warning signs' to look out for in early childhood and factors that are correlated with a higher risk for autism. Diagnostic criteria will be reviewed and interns will learn about the basics of testing for an autism spectrum disorder. Interventions will be reviewed. There will be an opportunity to discuss common myths and misconceptions in the field. Interns will also learn about the changes in autism spectrum diagnoses between DSM-IV and DSM 5. Challenges that urban versus rural families face in seeking a diagnosis/treatment will be reviewed and a case presentation is included.

**Key words:** Autism, Diagnosis, Children, Development

**Objectives:**

1. Identify common 'warning signs' of autism
2. Learn the diagnostic criteria for developmental disabilities
3. Learn to differentiate between similar disabilities pertaining to development
4. Understand common myths/misconceptions about autism and treatments or "cures"
5. Learn the basics of testing for an autism spectrum disorder and supported interventions
6. Understand the changes in diagnoses and diagnostic criteria from DSM-IV to DSM 5
7. Discuss challenges that families face when seeking a diagnosis/treatment
8. Discover local and national resources dedicated to individuals with developmental disabilities and their families

**Recommended reading/Handouts:**

Baio, J. (2014). Prevalence of autism spectrum disorder among children aged 8 years – Autism and developmental disabilities monitoring network. *CDC Morbidity and Mortality Weekly Report*, 63(SS02), 1-21.

Hutton, A. M., & Caron, S. L. (2005). Experiences of families with children with autism in rural New England. *Focus on Autism and other Developmental Disabilities*, 20, 180-189.

**Apr 17 Foster Care – Dr. Storer**

**Tag: Clinical Service, Community Coordination, Child**

Course: Psychology Intern Lecture

Topic: Psychology and the Foster Care System

Faculty: Jennifer Storer, Ph.D.

Method: Didactic Presentation, Video Clip, Case Examples

Emphasis: This will provide interns with an understanding of the foster care system and highlight some of the unique psychological needs of individuals in the foster care system.

Key Words: Foster care, child welfare, child protective services, foster children

Objectives:

1. Understand the history of the child welfare system and the state of foster care today.
2. Gain an understanding of a psychologist's role in the multidisciplinary system of child welfare, as well as the roles of some other key team members.
3. Increase understanding of the multiple pathways by which children can become involved in the child welfare system.
4. Develop an understanding of the basic legal processes involved in the foster care system.
5. Understand the demographic and diagnostic profiles of foster children.
6. Develop awareness of common psychological issues facing children in foster care.
7. Understand unique issues among foster children that complicate assessment and treatment.
8. Understand some of the main challenges facing foster children, foster parents, and biological families involved in the child protective services system.
9. Review case examples that highlight some of the concerns facing children in the foster care system.

Video:

Removed, available at <https://www.youtube.com/watch?v=IOeQUwdAjE0>

**Apr 24      Wrap-around Services for High Risk Youth- Dr. Storer**

Course: Psychology Intern Lectures  
Topic: Wraparound Services for Youth and Families  
Faculty: Jennifer Storer, Ph.D.  
Method: Didactic Presentation

**Tag: Case Management, Community Coordination, Child/Teens**

Emphasis: This will provide interns with information regarding the wraparound model of service provision and understanding of how it differs from traditional service provision models

Key words: Wraparound, residential treatment, youth services

**Objectives:**

1. Understand how wraparound programs differ from traditional service provision models
2. Understand how wraparound programs may be implemented to address particular types of needs and circumstances
3. Learn about the skills required for successful implementation of wraparound services
4. Review one example of a wraparound program to develop understanding of structure and process
5. Understand the theoretical and empirical foundations of wraparound work
6. Learn about fidelity to wraparound principles, as defined by the National Wraparound Initiative

Handouts provided:

Miles, Bruns, Osher, Walker, & National Wraparound Initiative Advisory Group (2006). *The Wraparound Process User's Guide: A Handbook for Families*. Portland, OR: National Wraparound Initiative, Research and Training Center on Family Support and Children's Mental Health, Portland State University.

Suter, J., & Bruns, E. J. (2008). A narrative review of wraparound outcome studies. In E. J. Bruns & J. S. Walker (Eds.),

*The resource guide to wraparound*. Portland, OR: National Wraparound Initiative, Research and Training Center for Family Support and Children's Mental Health

PowerPoint

**May 1      Obesity in Adolescence- Dr. Fields****Tag: Health Psychology, Teens****Course:** Psychology Interns**Topic:** Obesity in Adolescence**Faculty:** Scott Fields, Ph.D.**Method:** Didactic Presentation, Case Examples

**Emphasis:** Obesity is defined as body weight 120% more than what is expected given a person's age, gender, and height. Rates of child and adolescent obesity continue to climb across the United States with some government estimates indicating that 15% of our nation's youth are obese. Effective interventions exist for young patients, but many clinicians are hesitant to intervene for various reasons, including fear, personal discomfort, and issues regarding how to approach the topic delicately. This seminar will highlight techniques that can be utilized by behavioral health specialists to help youth and families of youth battle obesity and weight problems. In addition, behavioral health professionals will learn how they can be part of the "total package" of treatment delivered by health care and mental health professionals for youth with obesity.

**Key words:** Obesity, Overweight, Adolescence, Youth**Objectives:**

1. Participants will learn about child and adolescent obesity including the diagnostic criteria for overweight and obesity, a review of the problem's prevalence in youth, and markers that commonly differentiate youth with obesity from those with less serious weight issues.
2. Participants will increase their understanding about the treatment of child and adolescent obesity through discussion of the research on treating youth and families with serious weight problems. This includes the cognitive, behavioral, and medical interventions that have been found to be effective in helping youth with obesity.
3. Participants will learn how to collaborate with physicians as behavioral health professionals in a medical arena to optimally treat the families of youth with obesity. In addition, an exploration of family issues and the building of personal responsibility for young patients will be addressed.

**Handouts provided:**

1. Latner, J. D., & Stunkard, A. J. (2003). Getting worse: The stigmatization of obese children. *Obesity Research, 11*, 452-456.
2. Rich, L. E. (2004). Bringing more effective tools to the weight-loss table. *Monitor on Psychology, 35*, 52.

**May 8      Adult ADHD-Dr. Fields****Tag: Diagnosis, Treatment, Adult****Course:** Psychology Interns**Topic:** Adult ADHD in Primary Care**Faculty:** Scott Fields, Ph.D.**Method:** Didactic Presentation, Case Examples

**Emphasis:** ADHD is a common childhood disorder affecting around 3-7% of youth in the United States. Evidence indicates that about half of all children with ADHD continue to meet criteria for diagnosis into adulthood. In recent years, primary care clinics have seen an increase in adults presenting with ADHD symptoms. DSM-5 diagnostic criteria for ADHD are somewhat confusing as they are based primarily on child but not adult behavior. Physicians and behavioral health scientists have to adjust the criteria to accommodate adult occupational and educational roles. Assessment of ADHD in primary care consists of taking a thorough history, examining current behavioral markers, and administering brief screenings such as the Adult ADHD Checklist. Other screenings may be necessary to rule out anxiety or mood issues. Further examination by a neuropsychologist or psychiatrist may also be warranted. Physicians are often advised to use caution in prescribing psychostimulant medication to adult patients due a growing body of research indicating that diversion is an issue. Treatment typically consists of cognitive behavioral strategies, family involvement, medication, or a combination of the aforementioned. The role that physicians and behavioral health scientists play in the process of diagnosing and treating this disorder is integral in primary care.

**Key words:** ADHD, Adult, Psychostimulants, Diversion**Objectives:**

- 1) Participants will learn about adult ADHD including the diagnostic criteria, a review of the problem's prevalence and markers that commonly differentiate this DSM-5 disorder from others.
- 2) Participants will increase their understanding about the treatment of adult ADHD in a primary care setting through discussion of the research. Treatment options will include the cognitive, behavioral, family-based and medical interventions that have been found to be effective in helping treat adult ADHD.
- 3) Participants will learn how to collaborate as behavioral scientists in a primary care clinic to optimally treat adult ADHD.

**Handouts provided:**

1. Post, R. & Kurlansik, S. (2012). Diagnosis and management of Attention Deficit /Hyperactivity Disorder in Adults. American Family Physician, 85 (9), 890-896.

2. Perrin, A & Jotwani, V. (2014). Addressing the unique issues of student athletes with ADHD. Journal of Family Practice, 63 (5), E1-E9.



**May 15**                      **Dealing with Patient Suicide- Dr. Luzier**

**Tag: Professional Development, Self-Care**

**Course:** Psychology Interns

**Topic:** Coping with Patient Suicide

**Faculty:** Jess Luzier, Ph.D., ABPP

**Method:** Didactic Presentation; Guided Discussion; Case Example

**Emphasis:** This lecture provides interns with an opportunity to discuss the loss of a patient by suicide. It reviews relevant research on common provider responses, action plans, and coping in the aftermath of the suicide, including ethical and legal concerns. Dr. Luzier shares her experience of a patient in her care who committed suicide in a case review.

**Key words:** self-care, professional development, suicide

**Objectives:**

1. Understand the prevalence of patient suicide.
2. Discuss common provider responses to patient suicide.
3. Discuss the trajectories of grieving and how these relate to a psychologist's professional role.
4. Understand ethical and legal implications of patient suicide.
5. Conduct a "psychological autopsy" and discuss the case of a patient who died by suicide.

**Handouts provided:**

1. Copy of PowerPoint and reference list
2. Hendin, Haas, Maltzberger, Szanto, & Rabinowicz. (2004). Factors contributing to therapists' distress after the suicide of a patient. *American Journal of Psychiatry*, 161 (8), 1442 – 1446.
3. Ting, Jacobson and Saunders. (2011). Current levels of perceived stress among mental health social workers who work with suicidal clients. *Social Work*, 56 (4), 327-336.

**May 22 Ethics of Medical Decision Making and End of Life Care: What Psychologists Can Bring to the Table? -Dr. Hancock**

**Tag: Ethics, Case Management, Health Psychology**

**Course:** Psychology Interns

**Topic:** The Ethics of Medical Decision Making and End of Life Care: What Psychologists Can Bring to the Table

**Faculty:** Jennifer Hancock, PsyD

**Method:** Didactic Presentation, Case Examples

**Emphasis:** Patients and oncologists often face challenges when it comes to deciding to terminate treatment or determining the best course of care for that patient. Psycho-oncologists can become an invaluable member of the medical team. This lecture will provide interns with an introduction to ethical challenges experienced when patients refuse treatment or request to pursue medically futile treatment and the role that psycho-oncologists can play as a member of the medical team. Assessments to aid in decision-making capacity will be discussed, as well as common psychological interventions used to aid patients in navigating these difficult choices and in end of life care.

**Key words:** Intervention, Consultation/Liaison, Ethics

**Objectives:**

- Discuss reasons why patients refuse oncological treatment
- List recommendations to improve decision-making and patient care in cases where treatment is deemed medically futile and the role that psychologists can play as a consultant on this medical team
- List common evaluations used to determine medical decision-making capacity
- Describe common psychological interventions used to aid in End of Life Care

**Handouts provided:** (These articles will be provided to interns)

Howard, D. S., & Pawlik, T. P. (2009) Withdrawing medically futile treatment. *Journal of Oncology Practice*, 5.4, 193-195.

Winkler, E. C., Hiddemann, W., & Marckmann, G. (2012). Evaluating a patient's request for life-prolonging treatment: an ethical framework. *Journal of Medical Ethics*, doi: 10.1136/medethics-2011-100333

Psycho-Oncology Reading List (This reading list will be provided to interns if they are interested to learn more about this topic or in working with cancer patients)

**Death and Dying**

Gawande, A. (2014). *Being mortal: Illness, medicine and what matters in the end.*

Shin, J. & Casarett, D. (2011). Facilitating Hospice Discussions: A Six-Step Roadmap. *Journal of Support Oncology*, 9, 97-102.

### **Family/Caregivers**

Kivowitz, B., & Weisman, R. (2013). *In sickness as in health: Helping couples cope with the complexities of illness*.

### **For the clinician/Psychotherapy**

Barnes, E. , Griffiths, P. , Ord, J. & Wells, D. (eds) (1998) *Face to Face with Distress: The Professional Use of Self in Psychosocial Care*. Oxford: Butterworth Heinemann.

Breitbart, W., & Poppito, S. (2014). *Meaning-centered group psychotherapy for patients with advanced cancer: A treatment manual*.

Goldie, L.E. (2005) *Psychotherapy and the Treatment of Cancer Patients: Bearing Cancer in Mind*. London: Routledge.

### **General info**

Lerner, M. (1996). *Choices in healing: Integrating the best of conventional and complementary approaches to cancer*. Cambridge, Mass.: MIT Press.

Respected cancer websites

- American Cancer Society
- National Cancer Institute
- Cancer.net
- Cancer Care
- American Institute for Cancer Research

NCCN Clinical Practice Guidelines on various issues

- Distress
- Cancer-related Fatigue
- Survivorship
- Pain

### **Medical/ the Science behind cancer**

Antoni MH, Lutgendorf SK, Cole SW, et al. The influence of bio-behavioral factors on tumor biology: pathways and mechanisms. *Nat Rev Cancer*. 2006;6(3):240-248.

Mukherjee, S. (2010). *The emperor of all maladies: A biography of cancer*. New York: Scribner.

Miller AH et al. Neuroendocrine-Immune Mechanisms of Behavioral Comorbidities in Patients with Cancer. *JCO*. 2008; 26(6).

### **Pain Management**

Webster, L., & Dove, B. (2007). *Avoiding opioid abuse while managing pain: A guide for practitioners*. North Branch, MN: Sunrise River Press.

### **Palliative Care**

Hanks, G. (2009). *Oxford textbook of palliative medicine* (4th ed.). Oxford: Oxford University Press.

### **Patient experiences**

Holland, J., & Lewis, S. (2000). *The human side of cancer: Living with hope, coping with uncertainty*. New York: HarperCollins.

Remen, R. (1996). *Kitchen table wisdom: Stories that heal*. New York: Riverhead Books.

### **Psychosocial Oncology**

Holland, J. (2015). *Psycho-oncology* (Third ed.). New York: Oxford University Press

Holland, J., & Alici-Evcimen, Y. (2008). Depression in Cancer Patients. *Supportive Care in Cancer Therapy*, 139-151.

Jarrett, N.J. & Payne, S.A. (2000) Creating and communicating 'optimism' in cancer care communication. *International Journal of Nursing Studies* 37(1): 81–90.

Maguire, P., Faulkner, A., Booth, K., Elliott, C. & Hillier, V. (1996) Helping cancer patients disclose their concerns. *European Journal of Cancer* 32A (1): 78–81.

Spiegel, D., & Classen, C. (2000). *Group therapy for cancer patients: A research-based handbook of psychosocial care*. New York: Basic Books.

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American Psychosocial Oncology Society (APOS) Webinars

**May 29 Intern Choice/Make-up Lecture**