Clinical Interviewing – Psychology 5551[1]

Academic Year 2019-2020
Department of Psychology – Faculty of Health and Behavioural Sciences

Instructor Information	
Instructor:	Dr. Ron Davis
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Office Hours:	Tuesday and Thursday 4:45pm or by appointment

Course Identification	
Course Number:	PSYC-5551-FA
Course Name:	Clinical Interviewing
Course Location:	Nursing Building, Room SN1002E lab
Class Times:	Wednesdays 2:30 – 5:30 pm

Course Description

Interviewing represents the most common activity of the practising Clinical Psychologist. The purpose of this course is to acquaint 1st year graduate learners with the role of the interview in Clinical Psychology. Learners will practise skills and build a repertoire of intentional and diagnostic interviewing responses. Learners will also begin to familiarize themselves with several critical practice issues that impact on the interviewing process.

Course Learning Objectives

By the end of this course, you will be able to:

1.   competently conduct a mock intake interview and diagnostic interview,
2.   integrate findings of these interviews into a psychological report,
3.   begin to understand your own interviewing style,
4.   appreciate the impact of critical practice issues on the interviewing process.

Required Texts and Materials

1.   Sommers-Flanagan, J., & Sommers-Flanagan, R. (2017). Clinical interviewing (6th ed.). New York: John Wiley & Sons Inc.
2.   First, M.B., Williams, J.B.W., Karg, R.S., & Spitzer, R.L. (2016). Structured Clinical Interview for DSM-5 Disorders—Clinician Version (SCID-5-CV). Washington, DC: American Psychiatric Association Publishing.

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[1] This version September 4, 2019

3. First, M.B., Williams, J.B.W., Karg, R.S., & Spitzer, R.L. (2016). User's Guide for the Structured Clinical Interview for DSM-5 Disorders—Clinician Version (SCID-5-CV). Washington, DC: American Psychiatric Association Publishing.
4. Journal articles available through the electronic holdings of the university library.
5. One SDHC flash memory card for video recording, class 10, minimum capacity of 16 GB

Evaluation of Learner Achievement

1. Class participation. As this is a graduate seminar, expression of your thoughts and conceptualizations is important and necessary. You are expected to attend each class and to be prepared to participate and contribute to class discussion by having read and critically thought about assigned readings. Such participation will include both (a) discussion and verbal participation in class, and (b) generation of class discussion based upon discussion questions that you submit pertaining to assigned readings as indicated below. You will independently prepare two discussion questions on your assigned readings for a given week. You should prepare your written questions with a view toward fostering classroom discussion and debate. Each question will be one paragraph, maximum 150 words, typed in email text, and conform to the following format:

 i. Integrative question (labeled as such): Pose this _one_ question in your effort to integrate the content of the collection of readings pertaining to the given topic under discussion for the class. For example, "Is there a consensus on the meaning of countertransference?" Then give your answer, rationale, and supporting evidence by citing relevant articles in the collection of readings.

 ii. Research question (labeled as such): This question reflects your desire to research an idea that springs to you from the readings. For example, "Are clients aware of clinician's countertransference?" Succinctly state why this is an important question and how you would set about to study it (i.e., _precisely_ operationally define independent and dependent variables, methodology, expected outcomes).

 You must submit both questions to the Professor via email not later than 1:00 pm Tuesday during the week of the Wednesday class under discussion. Make sure you include your name, class topic, and your two questions appropriately labeled. You must also submit via email your two questions only (without rationale, answer, method, etc.) to your class colleagues by 1:00 pm Tuesday. Failure to do so will result a 2-point deduction from your overall attained final grade. Come to class prepared to pose your questions and to participate in the discussion of questions posed by your colleagues. Failure to attend a class without due cause communicated to the Professor within 24 hours will result in a 2-point deduction from your overall attained final grade.

 2. Intake interview. You will conduct a mock intake interview along the lines described in chapters 3 and 8 (in particular, Table 8.2 on p. 281) of Sommers-Flanagan and Sommers-Flanagan (2017). You will demonstrate your professionalism (chapter 2), basic attending skills (chapter 4) and influencing skills (chapters 5 and 6) that you will have practised in class. You will interview a mock client who will be guided by a scripted scenario. You will be evaluated by the Professor for your competency in the conduct of the interview. The interview will be videotaped on the morning of October 23 and followed by a debriefing session that afternoon with the Professor. You will also document the interview in a written psychological report (see chapter 8) due in seven days following the interview. The interview and report contribute 20% and 5%, respectively, towards your final grade.

3. Diagnostic interview. Similar to the above, you will conduct a mock diagnostic interview on Wednesday November 27 along the lines of the SCID-CV manual and chapter 11 of Sommers-Flanagan and Sommers-Flanagan (2017). You will also document the interview in a written psychological report. The interview and report contribute 20% and 5%, respectively, towards your final grade.

4. Final exam. On Wednesday December 4 you will be given a final exam on the seven topics reviewed over the course. Those questions will be given to you week by week. The exam contributes 50% towards your final grade.

Course Policies in the Department of Psychology

The following policies apply to all courses offered by the Department of Psychology. Students are expected to be familiar with these policies and abide by them.

Code of Student Behaviour

Lakehead University is committed to the highest standards of academic integrity and honesty. Lakehead University has strict policies regarding academic dishonesty, such as plagiarism and cheating. Students are expected to be familiar with these standards and to uphold the policies of the University in this respect. Please refer to the *Student Code of Conduct – Academic Integrity* at https://www.lakeheadu.ca/faculty-and-staff/policies/student-related/student-code-of-conduct---academic-integrity/node/51262

Classroom Behaviour

Arrive on time, stay for the duration, and do not become a source of distraction. Refrain from eating and drinking (excluding water). Personal computer use is welcome if it relates to the course. Sound on computers and cell phones must remain muted. Unless otherwise stated by the Professor, students are prohibited from making audio, video, and photographic recordings of lectures or of lecture material.

Email Communication

All email communication from the Department of Psychology and from course Instructors will be sent to students' email addresses provided by Lakehead University (i.e., your "userid@lakeheadu.ca" email address). Students are expected to regularly check their email to make sure that they stay up to date with course news, Department information, and events. All Instructors and administrative personnel may be contacted by email at "firstname.lastname@lakeheadu.ca." Emails need to be prepared in a clear and courteous manner.

Instructor Offices Hours

All Psychology faculty provide regular office hours whereby students can expect to meet individually with their Instructor. Do take advantage of this opportunity, especially in circumstances where email communication cannot substitute for face-to-face contact with your Professor.

Examinations

All tests/examinations must be written on the scheduled day and time as noted on the course outline or on the final exam schedule. Students who miss exams without a valid reason will receive a mark of "0" for that test/exam. When a student knows in advance that he/she will miss an exam, or in the case of a missed exam due to unexpected reasons, the Instructor must be notified as soon as possible. Following

a review of the circumstances during an <u>in-person</u> meeting with the Professor, alternative arrangements may be considered by the Instructor if the reason is determined to be valid. All electronic communication devices (e.g., laptop computers, cell phones, etc.) are strictly prohibited during examinations unless previously approved by the Instructor. Samples of final examinations are typically available on D2L.

APA Formatting

The Department of Psychology follows the guidelines of the American Psychological Association (more commonly known as APA) as the standard method of formatting for all submitted written work, unless otherwise stated by an Instructor. Students should refer to the course material (course outline, assignment instructions, D2L, etc.) for specific instructions and guidance to ensure that documents are formatted properly. Our library provides guidance at http://libguides.lakeheadu.ca/cite/APA and in-person through their Writing Centre.

Research Participation

Some Professors allow students to earn bonus points toward their final grade in return for voluntary participation in Psychology research studies. Your Instructor will advise you at the beginning of the course. Students should regularly check https://lupsych.sona-systems.com to see what opportunities are available.

Accommodations

Lakehead University is committed to achieving full accessibility for persons with disabilities. Part of this commitment includes arranging academic accommodations for students with disabilities to ensure they have an equitable opportunity to participate in all their academic activities. If you think you may need accommodations, you are strongly encouraged to contact Student Accessibility Services and register as early as possible. For more information, please visit: http://studentaccessibility.lakeheadu.ca

Course Outline

9/4   Topic: Introductions and orientation to the course. Read chapter 1 (An Introduction to the Clinical Interview) and chapter 2 (Preparation) by Sommers-Flanagan & Sommers-Flanagan (2017).

9/11   Topic: Evidence-Based Practice (EBP). [Discussion questions led by participants 1, 2, 3]
American Psychological Association Presidential Task Force on Evidence-Based Practice. (2006).
          Evidence-based practice in psychology. *American Psychologist, 61*(4), 271-285. [1[2]]
Beck, J. G., Castonguay, L. G., Chronis-Tuscano, A., Klonsky, E. D., McGinn, L. K., & Youngstrom, E. A.
          (2014). Principles for training in evidence-based psychology: Recommendations for the graduate
          curricula in clinical psychology. Clinical Psychology: Science and Practice, 21(4), 410-424.
          doi:http://dx.doi.org/10.1111/cpsp.12079 [2]

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[2] Suggested order that you might wish to read the collection of articles.

Farrell, N. R., & Deacon, B. J. (2016). The relative importance of relational and scientific characteristics of psychotherapy: Perceptions of community members vs. therapists. *Journal of Behavior Therapy and Experimental Psychiatry, 50*, 171-177. doi:10.1016/j.jbtep.2015.08.004. [6]

Guideline Development Panel for the Treatment of PTSD in Adults, A. P. A. (2019). Summary of the clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults. *American Psychologist, 74*(5), 596-607. doi:10.1037/amp0000473 [5]

Hartman, L. I., Fergus, K. D., & Reid, D. W. (2016). Psychology's Gordian Knot: Problems of identity and relevance. *Canadian Psychology/Psychologie canadienne*, 57(3), 149-159. doi:10.1037/cap0000060 [4]

Lilienfeld, S. O., Ritschel, L. A., Lynn, S. J., Cautin, R. L., & Latzman, R. D. (2013). Why many clinical psychologists are resistant to evidence-based practice: Root causes and constructive remedies. *Clinical Psychology Review, 33*(7), 883-900. doi:http://dx.doi.org/10.1016/j.cpr.2012.09.008. [3]

Skill: Hooray the role-play. Read chapter 3 (An Overview of the Interview Process) by Sommers-Flanagan & Sommers-Flanagan (2017).

9/18   Topic: The culturally competent clinician. [Discussion questions led by participants 2, 3, 4]

Brown, L.S. (2009). Cultural competence: A new way of thinking about integration in therapy. *Journal of Psychotherapy Integration*, *19*, 340-353. [5]

Chu, B. C. (2007). Considering culture one client at a time: Maximizing the cultural exchange. *Pragmatic Case Studies in Psychotherapy, 3*(3), 34-43. [7, an optional reading, author gives commentary on Liu's (2007) article]

Katz, A. D., & Hoyt, W. T. (2014). The influence of multicultural counseling competence and anti-black prejudice on therapists' outcome expectancies. *Journal of Counseling Psychology, 61*(2), 299-305. doi:http://dx.doi.org/10.1037/a0036134. [4]

Liu, E. T. (2007). Integrating cognitive-behavioral and cognitive-interpersonal case formulations: A case study of a Chinese American male. *Pragmatic Case Studies in Psychotherapy, 3*(3), 1-33. [6, optional reading, an example of how one clinician operates in a culturally competent fashion]

Sandeen, E., Moore, K. M., & Swanda, R. M. (2018). Reflective local practice: A pragmatic framework for improving culturally competent practice in psychology. *Professional Psychology: Research and Practice, 49*(2), 142-150. doi:10.1037/pro0000183 [2]

Sue, S. (2006). Cultural competency: From philosophy to research and practice. *Journal of Community Psychology, 34*(2), 237-245. [1]

Tao, K. W., Owen, J., Pace, B. T., & Imel, Z. E. (2015). A meta-analysis of multicultural competencies and psychotherapy process and outcome. *Journal of Counseling Psychology, 62*(3), 337-350. doi:http://dx.doi.org/10.1037/cou0000086. [3]

Skill: Nondirective listening skills. Read chapter 4 (Nondirective Listening Skills) by Sommers-Flanagan & Sommers-Flanagan (2017).

9/25   Topic: Therapeutic alliance. [Discussion questions led by participants 3, 4, 5]

Read chapter 7 (Evidence-Based Relationships) by Sommers-Flanagan & Sommers-Flanagan (2017).

Horvath, A. O. (2018). Research on the alliance: Knowledge in search of a theory. *Psychotherapy Research, 28*(4), 499-516. doi:10.1080/10503307.2017.1373204 [1]

Lavik, K. O., Frøysa, H., Brattebø, K. F., McLeod, J., & Moltu, C. (2017). The first sessions of psychotherapy: A qualitative meta-analysis of alliance formation processes. *Journal of Psychotherapy Integration*. doi:10.1037/int0000101 [3]

Larsson, M. H., Falkenstrom, F., Andersson, G., & Holmqvist, R. (2018). Alliance ruptures and repairs in psychotherapy in primary care. *Psychotherapy Research, 28*(1), 123-136. doi:10.1080/10503307.2016.1174345 [5]

Safran, J. D., & Kraus, J. (2014). Alliance ruptures, impasses, and enactments: a relational perspective. *Psychotherapy, 51*(3), 381-387. doi:10.1037/a0036815 [4]

Zilcha-Mano, S. (2017). Is the alliance really therapeutic? Revisiting this question in light of recent methodological advances. *American Psychologist, 72*(4), 311-325. doi:10.1037/a0040435 [2]
Skill: Directive skills - 1. Read chapter 5 (Directive Listening Skills) by Sommers-Flanagan & Sommers-Flanagan (2017).

10/2   Topic: Countertransference. [Discussion questions led by participants 4, 5, 1]
Barreto, J. F., & Matos, P. M. (2018). Mentalizing countertransference? A model for research on the elaboration of countertransference experience in psychotherapy. *Clinical Psychology & Psychotherapy, 25*(3), 427-439. doi:10.1002/cpp.2177 [2]

Chui, H., Hill, C. E., Kline, K., Kuo, P., & Mohr, J. J. (2016). Are you in the mood? Therapist affect and psychotherapy process. Journal of Counseling Psychology, 63(4), 405-418. doi:10.1037/cou0000155 [5]

Hayes, J. A., Gelso, C. J., & Hummel, A.M. (2011). Managing countertransference. *Psychotherapy, 48*(1), 88-97. [3]

Hayes, J. A., Nelson, D. L. B., & Fauth, J. (2015). Countertransference in successful and unsuccessful cases of psychotherapy. *Psychotherapy, 52*(1), 127-133. doi:http://dx.doi.org/10.1037/a0038827 [4]

Kiesler, D. J. (2001). Therapist countertransference: In search of common themes and empirical referents. *Journal of Clinical Psychology, 57*(8), 1053-1063. [6]

Zerubavel, N., & Wright, M.O.D. (2013) The dilemma of the wounded healer. *Psychotherapy*, 49(4), 482-491. [1]

Skill: Directive skills - 2. Read chapter 6 (Skills for Directing Clients Toward Action) by Sommers-Flanagan & Sommers-Flanagan (2017).

10/9   Skill - Putting it all together: The intake interview. Read chapter 8 (Intake Interview and Report Writing) from Sommers-Flanagan & Sommers-Flanagan (2017). Pay particular attention to Tables 8.2 on p. 281 and Putting It in Practice 8.3 on pp. 283-285.

10/23 Mock intake interview. To be videotaped and debriefed on this day.

10/30   Topic: Emotional experiencing. [Discussion questions led by participants 5, 1, 2]
Fisher, H., Atzil-Slonim, D., Bar-Kalifa, E., Rafaeli, E., & Peri, T. (2019). Growth curves of clients' emotional experience and their association with emotion regulation and symptoms. *Psychotherapy Research, 29*(4), 463-478. doi:10.1080/10503307.2017.1411627 [4].

Gaskovski, P., Cavaliere, C., Mercer-Lynn, K. B., Westra, H. A., & Eastwood, J. D. (2014). Mapping good therapy sessions: A pilot study of within-session client affect. *Journal of Contemporary Psychotherapy*, *44*(1), 21-29. DOI 10.1007/s10879-013-9247-7 [3]

Kramer, U., Pascual-Leone, A., Despland, J., & de Roten, Y. (2015). One minute of grief: Emotional processing in short-term dynamic psychotherapy for adjustment disorder. *Journal of Consulting and Clinical Psychology, 83*(1), 187-198. doi:http://dx.doi.org/10.1037/a0037979 [2]

Lane, R. D., Ryan, L., Nadel, L., & Greenberg, L. (2015). Memory reconsolidation, emotional arousal, and the process of change in psychotherapy: New insights from brain science. *Behavioral and Brain Sciences, 38, e1,* 1-19 (only). doi:http://dx.doi.org/10.1017/S0140525X14000041 [1]

     Skill: Overview of the diagnostic interview. This class is devoted to the first part of the SCID interview which involves completion of the Overview section. Read chapter 9 (The Mental Status Examination), chapter 11 (Diagnosis and Treatment Planning, pp. 393-415) by Sommers-Flanagan & Sommers-Flanagan (2017), pp. 1-31 of the SCID User's Guide, and Overview section pp. 7-9 of SCID.

11/6   Topic: Therapeutic dose. [Discussion questions led by participants 1, 2, 3]

Erekson, D. M., Lambert, M. J., & Eggett, D. L. (2015). The relationship between session frequency and psychotherapy outcome in a naturalistic setting. *Journal of Consulting and Clinical Psychology, 83*(6), 1097-1107. doi:10.1037/a0039774 [2]

Goldberg, S. B., Hoyt, W. T., Nissen-Lie, H. A., Nielsen, S. L., & Wampold, B. E. (2018). Unpacking the therapist effect: Impact of treatment length differs for high- and low-performing therapists. *Psychotherapy Research, 28*(4), 532-544. doi:10.1080/10503307.2016.1216625 [1]

Goode, J., Park, J., Parkin, S., Tompkins, K. A., & Swift, J. K. (2017). A collaborative approach to psychotherapy termination. *Psychotherapy, 54*(1), 10-14. doi:10.1037/pst0000085 [5]

Owen, J., Adelson, J., Budge, S., Wampold, B., Kopta, M., Minami, T., & Miller, S. (2015). Trajectories of change in psychotherapy. *Journal of Clinical Psychology, 71*(9), 817-827. doi:10.1002/jclp.22191 [3]

Swift, J.K., Greenberg, R.P., Whipple J.L., & Kominiak, N. (2012): Practice recommendations for reducing premature termination in therapy. *Professional Psychology: Research and Practice, 43(4)*, 379-387. [4]

     Skill: Mood disorders and Psychotic Screening. Read pp. 31-55 of the SCID User's Guide and <u>thoroughly</u> familiarize yourself with module A (Mood Episodes), B (Psychotic and Associated Symptoms), C and D (Differential Diagnosis) of the SCID Interview.

11/13   Topic: Assessing risk for suicide. [No discussant questions need be submitted].

Read chapter 10 (Suicide Assessment) by Sommers-Flanagan & Sommers-Flanagan (2017).

Carmel, A., Templeton, E., Sorenson, S. M., & Logvinenko, E. (2018). Using the Linehan Risk Assessment and Management Protocol with a chronically suicidal patient: A case report. *Cognitive and Behavioral Practice, 25*(4), 449-459. [3]

Ellis, T. E., & Patel, A. B. Client suicide: What now? (2012). *Cognitive and Behavioral Practice, 19(2),* 277-287. [6]

Linehan, M.M. (2009) University of Washington Risk Assessment Action Protocol: UWRAMP, University of WA, Unpublished Work. Download this form-fillable pdf now called *Linehan Risk Assessment & Management Protocol* (LRAMP) available at http://depts.washington.edu/uwbrtc/resources/assessment-instruments/ [2]

Linehan, M. M., Comtois, K. A., & Ward-Ciesielski, E. F. (2012). Assessing and managing risk with suicidal individuals. *Cognitive and Behavioral Practice, 19(2),* 218-232. [1]

Linehan, M. M., Korslund, K. E., Harned, M. S., Gallop, R. J., Lungu, A., Neacsiu, A. D., ... & Murray-Gregory, A. M. (2015). Dialectical behavior therapy for high suicide risk in individuals with borderline personality disorder: A randomized clinical trial and component analysis. *JAMA psychiatry*, *72*(5), 475-482. doi:10.1001/jamapsychiatry.2014.3039. [4]

O'Connor, R. C., Smyth, R., Ferguson, E., Ryan, C., & Williams, J. M. (2013). Psychological processes and repeat suicidal behavior: A four-year prospective study. Journal of Consulting and Clinical Psychology, 81(6), 1137-1143. doi:http://dx.doi.org/10.1037/a0033751 [5]

Skill: Substance-use disorders. Read pp. 74-93 of the SCID User's Guide and <u>thoroughly</u> familiarize yourself with modules E (Substance Use Disorders), and F (Anxiety Disorders of the SCID Interview.

11/20   Putting it all together for the mock diagnostic interview.   Read chapter 11 (Diagnosis and Treatment Planning pp. 415-430) by Sommers-Flanagan & Sommers-Flanagan (2017). Also read pp. 93-107 of the SCID User's Guide and <u>thoroughly</u> familiarize yourself with module G (Obsessive-Compulsive Disorder and Posttraumatic Stress Disorder) and H (Attention-Deficit/Hyperactivity Disorder) of the SCID Interview.

11/27 Mock diagnostic interview. To be videotaped and debriefed on this day.

12/4 Final examination, 2:30-5:30 pm, location to be determined.

Course Participants

The Mutual Recognition Agreement of the Regulatory Bodies for Professional Psychologists in Canada (as amended June,2004) identifies and defines (a) knowledge considered foundational to professional training in psychology and (b) core competencies for the practice of professional psychology. Following are the core content areas and foundations of professional psychology, and how they relate (primary focus, secondary focus, not applicable) to this course:

CORE CONTENT AREAS	P = *primary focus*; S = *secondary focus*; NA = *not applicable*
Biological bases of behaviour *(e.g., physiological psychology, comparative psychology, neuropsychology, psychopharmacology)*	NA
Cognitive-affective bases of behaviour *(e.g., learning, sensation, perception, cognition, thinking, motivation, emotion)*	P
Social bases of behaviour *(e.g., social psychology; cultural, ethnic, and group processes; sex roles; organizational and systems theory)*	S
Individual behaviour *(e.g., personality theory, human development, individual differences, abnormal psychology)*	P
Historical and scientific foundations of general psychology	S

FOUNDATIONS OF PROFESSIONAL PSYCHOLOGY	*KNOWLEDGE*	SKILLS
	P = *primary focus*; S = *secondary focus*; NA = *not applicable*	
Ethics: *Scientific and professional ethics and standards, including CPA's Canadian Code of Ethics for Psychologists and Practice Guidelines for Providers of Psychological Services, relevant provincial and territorial codes of ethics and professional standards*	S	S
Research design and test construction:		
a. research design and methodology	S	NA
b. statistics	S	NA
c. test construction and psychological measurement	S	NA
Practice:		
a. psychological assessment	P	P
b. intervention (*i.e., planning, techniques and evaluation*)	S	S
c. consultation (*e.g., inter-professional team functioning; other organizations such as schools, community agencies*)	NA	NA
d. programme development and evaluation (*e.g., methodology for total quality management, inter-disciplinary service development and evaluation*)	NA	NA
e. interpersonal relationships (*e.g., therapeutic relationships, therapeutic alliance and professional rapport, self-knowledge and the impact of therapist characteristics on professional relationships, effective communication*)	P	P