

# Practicum For Therapists

## General Instructions for 20 Minute Rounds

We will be going into breakout rooms of 4-5 people each

Decide quickly who will be clients and therapists

- Pick 3 pairs of therapists and clients from your group quickly
- Decide who will be timekeeper. This is an extremely important role!
- Each pair will do a “round” of therapy for 15 minutes each and there will be 5 minutes of feedback and processing post round.
- Try to get as many people as possible to take the therapist role
- Those not in the therapist or client role needs to take notes on the START feedback form for Practicum 1/Practicum 2

1<sup>st</sup> 15-minute round + 5 minutes of feedback and processing

2<sup>nd</sup> 15-minute round + 5 minutes of feedback and processing

3<sup>rd</sup> 15-minute round + 5 minutes of feedback and processing

If we have time, we can do a 4<sup>th</sup> round, or we can process for the remainder of the practicum

Anyone who did not get to play the therapist role will take the therapist roles in the next practicum session

# Practicum For Therapists

## Practicum Session 1: Engagement and Empathy throughout the session.

Each dyad should practice a separate portion of the session.

Stop the role play at 15 minutes. Then take 5 minutes for observers to give feedback and for therapist and client to report your experience. Your group will need to get through an entire session in one hour, with each dyad picking up where the previous dyad left off.

All dyads should practice Engagement and Empathy throughout the entire session

1. The first dyad practices the S and T of START: getting to know your client or rejoining them at the beginning of ongoing sessions. Socialize, find a target, and make an agenda.
2. The second dyad practices engagement and empathy in addition to any other intervention you feel would be appropriate. This would be the A part of the START model.
3. The third dyad practices getting the client to review the session and identify what was their “take away” (R part of START). Finally, this dyad needs to collaborate on take-home work (the T part of START) the client will do between sessions. Skills to practice: Empathy and Engagement the whole way through
  1. Socializing and finding a target (agenda)
  2. Work through the target while simultaneously using engagement and empathy
  3. Reviewing the session and finding a Take-Away, plus collaborating on homework.

Main focus is to use the adaptive mode and empathy to get through setting an session (DO NOT PROBLEM SOLVE)

- Find interests and find adaptive mode (Desired practice outcome)
- Find interests/strengths and most important issues to discuss today. If more than one issue is defined, identify an agenda in order of importance of issues to address this session.
- Help person translate interest into value-based goal if time permits

Experience of the Therapist using a CBTp strategy
Experience of the Client in this session. Give the therapist feedback.

Take 5 minutes after each 10 min session to give and get feedback from peers in your group. Discuss what it was like to be the client and the therapist

# Practicum For Therapists

## Feedback for Practicum 1

**S** Socialize, support, safety (mindset for beginning each visit): Make it comfortable. Be kind and friendly. Refrain from advice giving.

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**T** Target: Identify target to work on and/or review during the meeting. The target is usually related to the client's goals.

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**A** Action: Apply one intervention/technique relevant to the client's goal within the work specific to your role. Define the therapeutic framework that supports each of these activities.

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**R** Review: Check the client's understanding of your discussion and ask for feedback about the meeting.

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**T** Take home-work: Identify things to work on before the next meeting. Send the client home with necessary material, including a business card with the next scheduled meeting.

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# Practicum For Therapists

## Practicum Session 2: Working with Thoughts and Emotions

Switch dyads every 20 minutes (using same formula – 15 minutes of therapy and 5 minutes for feedback and processing). Your group will need to get through an entire session in one hour, with each dyad picking up where the previous dyad left off. So this is the REAL A (Action or intervention) session.

Role play a client who has very critical voices and has been coming to therapy for a while. ***This is not a first session client.*** Do a quick hello, ask about mood and have client rate intensity (0-10 with 0 being the least intense)

1. **Dyad #1: Identify unhelpful/ineffective thinking patterns (15 mins + 5 minutes feedback and processing)**
  
2. **Dyad #2: Skills to practice:** Continue on from the previous session, but change therapists and clients. Keeping the issue the client wants to talk about in mind, collaborate with client to choose one of the following to work on with your client **(15 mins + 5 minutes feedback and processing)**
  1. **Thought Record for Belief (Alternative Thinking/Cognitive restructuring)**
  2. **The 3Cs**
  3. **Decision Balance (and cons)**
  4. **CBT Triangle**
  5. **List of Unhelpful Thinking Habits**
  6. **Others you may want to practice (Stress Bucket, Socratic Dialogue, activity monitoring/scheduling, voice diary, etc....)**
  
3. **Dyad #3: Debrief:** Discuss the session and collaborate on homework. Discuss what the client understands about the topic of discussion. Make sure they understand the homework assignment. Anything we could do differently next time? **(15 mins)**

Therapist: Anything further they might want to investigate, ask about before next session.

Debrief:

Experience of the Therapist using a CBTp strategy
Experience of the Client in this session. Give the therapist feedback.

# Practicum For Therapists

**Take 5 minutes after each 10 min session to give and get feedback from peers in your group. Discuss what it was like to be the client and the therapist**

## Feedback for Practicum Session 2

**S** Socialize, support, safety (mindset for beginning each visit): Make it comfortable. Be kind and friendly. Refrain from advice giving.

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# Practicum For Therapists

## Practice session 3: Working with Voices and Delusions

Role play a client who: has voices and/or paranoia (**not a first session**). Switch roles every 20 minutes

Skills to practice: **Learning to feel comfortable working with voices and delusions**

Desired outcome: Client to arrive at a different perspective on the voices

### 1. Dyad #1: Understanding the voices (15 mins)

- Ask permission to talk about the voices (required)
- Asking directly about the voices (who, age, male/female, content, how many, etc.)
- What emotions does client experience
- What has the client tried already to reduce the voices
- When are the voices at their worse; when are they better
- What does client do when they hear the voices
- Do others hear the voices

### 2. Dyad #2: Discover what the client believes about his/her voices (15 mins)

- What did I tell myself when it happens?
- What would I tell a friend if they had this experience; or what might they tell me in this situation?
- Are voices all powerful or is there room for negotiation with them?
- Do they intend harm to client or someone they love, or are they helpful?
- Are the voices accurate?
- What if what the voice is saying is not accurate or just wrong?

### 3. Dyad #3: Choose a coping skill to get to understand and work with the voices, assign homework, and have client summarize what he/she learned and what was helpful (15 mins)

- Cognitive restructuring
- Voice Diary
- Evidence for and against negative content of voices
- Behavioral coping methods for coping with voices
- Mindfulness and compassion activities

Experience of the Therapist using a CBTp strategy
Experience of the Client in this session. Give the therapist feedback.

**Take 5 minutes after each 10 min session to give and get feedback from peers in your group. Discuss what it was like to be the client and the therapist**

# Practicum For Therapists

## Feedback for Practicum 3

**S** Socialize, support, safety (mindset for beginning each visit): Make it comfortable. Be kind and friendly. Refrain from advice giving.

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# Practicum For Therapists

## Case scenarios

For practicum, it is best to role play a client in a way that feels genuine. You can role play a client that you know well who experiences certain symptoms to make it more authentic. Please do not make the role plays too difficult as we are all here for a learning experience. **If the provider is having a hard time, the client should be a little easier to work with. If the provider is doing very well and session is going very easily, consider making the client a little more difficult.** If you do not have any examples that would work for the role play, you can use the cases below as a starting point and then modify as needed. Feel free to elaborate symptoms or to add areas of interest and hobbies to make the role play realistic.

### **Paranoia:**

Client is a young adult with religious based paranoia. Believes that bad things happen because of past behaviors. Believes the devil is punishing him/her, especially when social interactions do not go well. Tends to misperceive social cues. Whenever anything out of the ordinary happens, believes it is due to the devil or demons. He / She stays at home most of the day playing video games and sleeping. Avoids other people because negative feedback confirms belief that he/she will not be able to have a relationship. Difficulty with concentration and short-term memory, makes it hard to process conversations at times. Enjoys music, watching sports, strong faith beliefs, work is very important.

For acute paranoia: person believes they are being followed by a gang. Has made several calls to the police and to family members. Wears a hat and jacket with effort to cover his face when out in public. Appears tense and hypervigilant, looking around the room and “on alert”.

### **Negative symptoms:**

Person is middle-aged, lives by self and has very few social connections. Stays home most of the time and does not feel like doing anything. Children have moved away and has some regrets about their childhood and blames self. Will spend time on the phone with her child and these phone calls can last for hours at a time. Sometimes, he/she loses sleep and becomes more paranoid and holds the idea that her child was abducted in the past. Does not feel like he/she can do anything, despite the fact that he/she makes it to appointments regularly. Moves slowly, mostly due to age, but does get around. Doesn't think people will like him/her. The person has an interest in preparing food, especially desserts and enjoys watching birds.

### **Voice hearing:**

Person is middle-aged with a long history of hearing more than one voice. He/she will respond to internal stimulation in public and then minimize that he/she is responding to voices. The voices are insulting at times, calling him/her names and telling him/her not to shower or not to sleep in the bedroom. Voice sometimes interfere with sleeping at night and with taking showers. Appearance is somewhat dirty and disheveled. Person is sociable, likes music, movies, pets, and still helps elderly parents at times.