

**Michigan State University Counseling Center**  
**Evidence-Based Practice in Psychology (EBPP) Doctoral Internship Seminar**  
**2016-2017**  
**Thursdays 10:00-noon**

Facilitator: Jennifer L. Grzegorek, Ph.D.

"Compassion is not a relationship between the healer and the wounded. It's a relationship between equals. Only when we know our own darkness well can we be present with the darkness of others. Compassion becomes real when we recognize our shared humanity." — Pema Chödrön

The purpose of this seminar is to provide opportunities for didactic and experiential learning in evidence-based practice in psychology (EBPP), and integrated mental health (IMH). This seminar will also serve as group supervision of interns' clinical work.

### **Focus of Seminar**

This seminar will address the following:

- 1.) evidence-based cognitive behavioral therapies;
- 2.) evidence-based interpersonal and psychodynamic approaches to therapy;
- 3.) integrated mental health (IMH); and
- 4.) other topics related to evidence-based practice and IMH.

Multicultural competence is an essential part of evidence-based practice, and as such, multicultural issues will be attended to throughout the seminar.

The seminar will also provide opportunities for informal discussions of cases and/or relevant clinical issues.

### **Readings**

Many topic areas we will cover have assigned readings. Interns are expected to read the assigned articles prior to each seminar meeting. Please see pages 2-3 for the topic areas and their accompanying readings. All readings are available electronically on the Counseling Center's shared (S) drive in the folder called "EBPP Intern Seminar Readings."

### **Case Presentations**

Interns will formally present two different clients to members of the seminar group and MSUCC staff. Please see page 4 for requirements.

### **Respecting Differences**

Naturally, interns come to the internship year with a variety of different training experiences, experiential backgrounds, personal and cultural backgrounds, worldviews, and so forth. It is important that all viewpoints be seen as valuable and be accorded due respect.

### Tentative Outline for Intern Seminar

Note: Because life often doesn't often happen in a planned, orderly fashion,  
dates and topic areas may (and usually do) change...

Date	Topic	Assigned Readings
September 1	Intro to evidence-based practice	1
September 8	NO SEMINAR – Student Affairs Fall Summit	
September 15	Multiculturalism and cultural competence	2, 3, & 4
September 22	Clinical use of the MBTI + team building	MBTI
September 29	Evidence-based treatment of panic disorder and other anxiety disorders	5 & 6
October 6	NO SEMINAR – National Depression Screening Day	
October 13	Evidence-based psychodynamic psychotherapy	7
October 20	Evidence-based treatment of trauma – Part II Guest presenter: Aislinn Sapp, ABD, LLP	8
October 27	Integrated mental health (IMH): A primary care physician's perspective. Guest presenter: Keith Nelson, MD	
November 3	Evidence-based treatment for depression: Interpersonal psychotherapy (IPT)	9
November 10	Case presentation	
November 17	Case presentation	
November 24	NO SEMINAR—Holiday: University closed	
December 1	Case presentation	
December 8	Case presentation	
<b>Semester Break</b>	<b>NO SEMINAR: SEMESTER BREAK</b>	
January 12	Evidence-based treatment of sleep issues: Part 1	
January 19	Evidence-based treatment of sleep issues: Part 2	
January 26	Muslim mental health: Practical considerations Guest presenter: Farha Abbasi, MD	
February 2	The state of integrated mental health (IMH)	
February 9	Feminist therapy	10
February 16	NO SEMINAR—BIG TEN COUNSELING CENTERS CONFERENCE	
February 23	The “art” of therapy	11
March 2	Senior staff clinical case presentation Guest presenter: John Taylor, PsyD	
March 9	NO SEMINAR--SPRING BREAK	
March 16	Master therapists	12

March 23	Case presentation	
March 30	Case presentation	
April 6	NO SEMINAR – National Alcohol Screening Day	
April 13	Case presentation	
April 20	Case presentation	
April 27	Seminar wrap-up and evaluations	

### Required Seminar Readings

Please note that guest presenters may have additional materials for you to read

- (1) American Psychological Association (2006). Evidence-based practice in psychology. *American Psychologist*, 61, 271-285.
- (2) LaRoche, M.J. & Christopher, M.S. (2009). Changing paradigms from empirically supported treatment to evidence-based practice: A cultural perspective. *Professional Psychology: Research and Practice*, 40, 396-402.
- (3) Whaley, A.L., & Davis, K.E. (2007). Cultural competence and evidence-based practice in mental health services. *American Psychologist*, 62, 563-574.
- (4) Lee, D. J. (2010). A response to Whaley and Davis (2007). Unpublished manuscript used with the permission of the author. East Lansing, MI: Michigan State University.
- (5) Craske, M.G. & Barlow, D.H. (2008). Panic disorder and agoraphobia. In D.H. Barlow (Ed.), *Clinical handbook of psychological disorders* (4<sup>th</sup> Ed., pp. 1-64). New York: Guilford.
- (6) Craske & Barlow (2001). Anxiety and Panic handout (slightly adapted) from "Panic Disorder and Agoraphobia," *Clinical Handbook of Psychological Disorders*, 3rd Edition.
- (7) Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, 65, 98-109.
- (8) Cozolino, L. (2014). The evolution of the brain in humans: What therapists need to know. *Psychotherapy Networker* (free report). Retrieved from <http://daily.psychotherapynetworker.org/get-download/?dtd=321> (link is no longer active – see hard copy in shared drive)
- (9) Bleiberg, K.L., & Markowitz, J.C. (2008). Interpersonal psychotherapy for depression. In D.H. Barlow (Ed.), *Clinical handbook of psychological disorders* (4th Ed., pp. 306-327). New York: Guilford.
- (10) Brown, L. S. (2006). Still subversive after all these years: The relevance of feminist therapy in the age of evidence-based practice. *Psychology of Women Quarterly*, 30, 15-24.
- (11) Dodge Rea, B. (2001). Finding our balance: The investigation and clinical application of intuition. *Psychotherapy: Theory, Research, Practice, Training*, 38, 97-106.
- (12) Jennings, L. & Skovholt, T.M. (1999). The cognitive, emotional, and relational characteristics of master therapists. *Journal of Counseling Psychology*, 46, 3-11.

## Requirements for Case Presentations

1. Presentation format: Your case will be presented orally with an accompanying powerpoint (or similar) presentation. A written handout is not required.
2. Present on each of two different therapy approaches: One of your two case presentations must demonstrate your work from a **CBT** approach, and the other must demonstrate work from a **psychodynamic/interpersonal** framework.
3. Diversity: At least one of your case presentations must be of a client with diversity characteristics (e.g., person of color, LGBT client, person with a disability, etc.).
4. Integrated mental health: At least one of the clients you present must also have received (or currently be receiving) concurrent treatment from Olin Psychiatry or Primary Care.
5. Senior staff presence: All senior clinical staff will be invited to attend case presentations. At a minimum, the **Training Director** and **at least one other member of the senior staff** (other than the seminar facilitator) must be present at each case presentation. It is the intern's responsibility to ensure that the required staff members are present. The intern is also responsible for having copies of the evaluation form available during their presentation.

Note: it is recommended that you personally invite at least one senior staff member and confirm that they will be present at your presentation. Since schedules get full quickly, it is also suggested that you check with the senior staff member at least a few weeks in advance.

### Case Presentation: Required Elements

Please be sure to include all of the following elements in your presentation:

**I. Treatment Approach** (Psychodynamic/Interpersonal or CBT) and number of sessions to date

**II. Identifying Information**

--e.g. race, ethnicity, national origin, sex, age, year in school, major, sexual orientation, partner status, disability status, religious/spiritual affiliation, etc.

**III. Presenting Concern(s)**

**IV. Relevant Background and History**

--e.g., family history, relationship history, or other relevant history (does not have to be lengthy—the basic and relevant facts are all that are needed here)

**V. Case conceptualization**

**VI. Diagnostic Impressions**

**VII. Treatment Approach and Treatment Progression**

--this is the “meat” of your presentation

**VIII. Cultural Issues and Relationship Between Counselor and Client**

--e.g., your cultural formulation of the client, areas of similarity and difference between you and the client, the client's worldview and how it intersects with yours, the client's view of change and the process of therapy