

Advanced Practicum in Clinical Psychology:
Clinical Aging and Lifespan
PSYC 695
Course Syllabus
AY 2020-2021
(Spring 2021 semester)

Section 52776D

March 29, 2021

Lecture Meeting Time: Tuesday & Thursday 9:00a - 10:50a
Room: Zoom
Instructors: Christopher Beam
Office Hours: Fridays 4p-5p By appointment
Email: beamc@usc.edu

1 Course Description & Overview

The purpose of clinical aging and lifespan (CAL) diprac is to provide you with foundational skills in treating individual adults who experience an array of psychological concerns across the lifespan. This semester, this course will feature a didactic speaker series of experts in clinical aging, clinical geropsychology, and lifespan development. Students will discuss intervention approaches to psychological problems from various evidence-based theoretical perspectives, primarily from cognitive-behavioral and psychodynamic orientations. Students will learn to conceptualize clients' presenting problems using these frameworks to develop treatment plans in a collaborative way with clients. Students will extend these conceptualizations to treating individual clients at different stages of the lifespan, including middle-age and late adulthood. Legal, ethical, and multicultural issues will be considered throughout the semester. Students will also participate in group supervision, in which students will present brief clips from therapy sessions on which to receive feedback. Students will participate in peer-to-peer

supervision in group supervision.

Students will use assessment inventories and on-going measures of psychological distress and psychopathology to update case conceptualizations and treatment plans.

2 Class Structure

Tuesday sessions consist of didactic lessons. Thursday sessions are group supervision.

2.1 Tuesday Sessions

Each week, a guest speaker with expertise in clinical aging and clinical geropsychology will present on a topic relevant to delivering psychotherapy to individuals and groups. Students will be expected to have read the material one day prior to class and have submitted their discussion questions (minimum of 2, maximum of 4) to Prof. Beam so guest lecturers can adequately prepare to present and lead a discussion. Dr. Beam will facilitate/moderate the discussion. Please be prepared with at least two discussion questions from the readings for each class. If you need to miss a class, email Prof. Beam your discussion questions by the beginning of the class you will miss.

Questions and discussion points should be thought provoking. Please raise issues, present a different perspective, offer a resolution to a controversy, suggest a study to address an important problem, discuss clinical (de-identified) experience with the issue, but do so from a curious, open-ended perspective.

2.2 Thursday Sessions

Students' individual cases will be discussed in a group setting. Each student is required to participate in group supervision and will be given the opportunity to practice conceptualizing cases, design intervention plans, and discuss possible intervention strategies and techniques.

Be prepared for group supervision. This means:

- Completed assessments (e.g., PHQ-9, GAD-7, OQ-45, PAI)
- Segments of session records marked and ready to present
- Completed notes ready to be signed

A major goal of group supervision will be to provide you, as the therapist, with a plan for your next session(s). There is limited time for group supervision, so please be prepared and ready to discuss your cases. Please prioritize which client(s) you would like to discuss so that we can discuss as many clients as possible. Group supervision also consists of peer-to-peer supervision. As the goal of group supervision is to facilitate a supportive environment in which all feel at ease with voicing their ideas, we will encourage everyone to participate in discussing the cases.

2.3 Case Assignment

Once a case is assigned, students are expected to contact the client and schedule the first intake session within one week. If you have any questions about how quickly to call a case or how follow-up should be conducted, please do not hesitate to ask.

2.4 Prerequisites

Clinical interviewing (PSYC 595) and Psychological Interventions (PSYC 619).

2.5 Attendance

Students are expected to attend each class. If you must miss a class, please let Prof. Beam know ahead of time. Although it goes without saying, students also are required to attend their weekly individual supervision meetings.

2.6 Blackboard

Blackboard will be used to convey lecturers' assigned reading.

3 Supervision

3.0.1 Individual Supervision

You will be assigned weekly individual supervision with Prof. Beam, Prof. Dawn Joosten-Hagye or Dr. Joanne Steuer. Supervision will be provided for 1-hour each week and will take place over Zoom. Please come prepared:

- Set the supervision agenda
- Cue video segments to view together
- Have notes completed prior to supervision

Individual supervisors will view one full session of your choosing each week. On weeks that you conduct an intake, that session will be viewed. All other session segments will be discussed in supervision. Individual supervisors will discuss expectations at the beginning of supervision using the mid-year clinical evaluation form. Student goals for the semester will be agreed upon to ensure progress in clinical practice. If client(s) cancel, supervision will proceed as scheduled, as this is a useful opportunity to get a different type of supervision (e.g., role play, discussion, revisiting your clients' case conceptualizations, and cleaning up notes and files).

Becoming a proficient therapist requires a large amount of "learning by failure" and honest self-reflection. Providing good therapy is an iterative process, so students can expect to use supervision not only to process the therapist-client relationship, but the supervisor-supervisee relationship (e.g., when supervision is going well and when supervisory needs are not being met).

4 Video Recording & Viewing

Record all sessions and check that Zoom is working properly prior to each session. Come to individual and group supervision prepared with session segments to present and discuss. We may not always be able to watch all of your clips, but we will try to ensure that as many segments as possible are viewed.

While it is advisable to review all session recordings, time limitations are recognized. For this reason, review at least one full session each week for individual supervision and take notes while you view video, as this is one of the most useful ways to reflect on the therapy session. Also, students should let supervisors know which session to focus on before each supervision meeting in order to utilize individual supervision time efficiently.

5 Progress Notes & Intake Summaries

Per the PSC Procedures Manual, all progress notes must be completed and signed within 48 hours of the session. Documentation will be checked the first 15 minutes of each session. Intake summaries should be completed and signed 1 week after the 3rd session.

Please note that file audits will be performed throughout the year, so it is essential that students ensure proper and accurate documentation.

Intake summaries are to include information collected from your clinical sessions and assessment measures. All intake summaries should include scores and impressions made from (at least) the following assessments:

- Beck Depression Inventory (BDI)
- Beck Anxiety Inventory (BAI)
- Personality Assessment Inventory (PAI)

6 Ethics & Consequences for Noncompliance

Failure to follow APA ethical guidelines and PSC policies may lead to being put on probation. You will be required to meet with Profs. Shapiro and Beam to develop a plan to remedy noncompliance. If the issue(s) under scrutiny is(are) not remedied in a timely manner, you will be suspended from conducting therapy in the PSC.

7 Requirements

1. Maintain ongoing treatment with young-aged, middle-aged, and old-aged client populations in the Psychology Service Center.
2. Attend individual supervision each week

3. Attend group supervision each week.
4. Log weekly hours in Time2Track and submit them for approval to your supervisors each week.
5. Complete final examination, which is a 5-10 page case presentation.

8 Case Presentations

The format of the case presentation is to follow that presented in McWilliams (2004) Chapters 8 & 9. Students are expected to base their presentation on the evidence-based theories discussed in class.

9 Technology

9.1 Technological Proficiency and Hardware/Software Required

- HIPAA compliant Zoom software to attend class and conduct teletherapy lessons
- One Drive access to save session recordings and notes
- Time2Track account access to log hours
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9.2 USC Technology Rental Program

We realize that attending classes online and completing coursework remotely requires access to technology that not all students possess. If you need resources to successfully participate in your classes, such as a laptop or internet hotspot, you may be eligible for the university's equipment rental program. To apply, please submit an application. The Student Basic Needs team will contact all applicants in early August and distribute equipment to eligible applicants prior to the start of the fall semester.

USC Technology Support:

Zoom information for students: <https://keep-teaching.usc.edu/students/student-toolkit/>
Blackboard help for students: <https://studentblackboardhelp.usc.edu/> Software available to USC Campus: <https://software.usc.edu/>

10 Zoom & Zoom Etiquette

Didactic lectures via will be recorded and stored on Google Drive. Group supervision sessions will not be recorded to protect the confidentiality of PSC clients.

General etiquette rules apply. It is expected that you pay attention to the speaker. Netiquette rules can be found here: <http://cet.usc.edu/cet/wp-content/uploads/2019/03/Netiquette-Considerations.docx>

11 Academic Conduct

Plagiarism - presenting someone else's ideas as your own, either verbatim or recast in your own words - is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in SCampus in Part B, Section 11, "Behavior Violating University Standards" policy.usc.edu/scampus-part-b. Other forms of academic dishonesty are equally unacceptable. See additional information in SCampus and university policies on scientific misconduct, policy.usc.edu/scientific-misconduct.

12 Support Systems

Counseling and Mental Health - (213) 740-9355 - 24/7 on call

studenthealth.usc.edu/counseling

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention.

National Suicide Prevention Lifeline - 1 (800) 273-8255 - 24/7 on call

suicidepreventionlifeline.org

Free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

Relationship and Sexual Violence Prevention Services (RSVP) - (213) 740-9355(WELL), press "0" after hours - 24/7 on call

studenthealth.usc.edu/sexual-assault

Free and confidential therapy services, workshops, and training for situations related to gender-based harm.

Office of Equity and Diversity (OED) (213) 740-5086 | Title IX - (213) 821-8298

equity.usc.edu, titleix.usc.edu

Information about how to get help or help a survivor of harassment or discrimination, rights of protected classes, reporting options, and additional resources for students, faculty, staff, visitors, and applicants. The university prohibits discrimination or harassment based on the following protected characteristics: race, color, national origin, ancestry, religion, sex, gender, gender identity, gender expression, sexual orientation, age, physical disability, medical condition, mental disability, marital status, pregnancy, veteran status, genetic information, and any other characteristic which may be specified in applicable laws and governmental regulations.

Reporting Incidents of Bias or Harassment - (213) 740-5086 or (213) 821-8298

usc-advocate.symplicity.com/care_report

Avenue to report incidents of bias, hate crimes, and microaggressions to the Office of Equity and Diversity | Title IX for appropriate investigation, supportive measures, and response.

The Office of Disability Services and Programs - (213) 740-0776

dsp.usc.edu

Support and accommodations for students with disabilities. Services include assistance in providing readers/notetakers/interpreters, special accommodations for test taking needs, assistance with architectural barriers, assistive technology, and support for individual needs.

USC Campus Support and Intervention - (213) 821-4710

campussupport.usc.edu

Assists students and families in resolving complex personal, financial, and academic issues adversely affecting their success as a student.

Diversity at USC - (213) 740-2101 diversity.usc.edu

Information on events, programs and training, the Provost's Diversity and Inclusion Council, Diversity Liaisons for each academic school, chronology, participation, and various resources for students.

USC Emergency - UPC: (213) 740-4321, HSC: (323) 442-1000 - 24/7 on call dsp.usc.edu, emergency.usc.edu

Emergency assistance and avenue to report a crime. Latest updates regarding safety, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible.

USC Department of Public Safety - UPC: (213) 740-6000, HSC: (323) 442-120 - 24/7 on call dsp.usc.edu Non-emergency assistance or information.

13 Course Readings

Albright, A. E., Hilgeman, M. M., & Allen, R. S. (In press). Social contexts in the evaluation of capacities. In J. Moye (Ed.), *Assessment of Capacities of Older Adults: A Casebook for Resolving Pragmatic and Ethical Challenges*.

Alzheimer's Association. (2020). 2020 Alzheimer's disease facts and figures. *Alzheimer's & Dementia*, 16: 391-460.
<https://doi.org/10.1002/alz.12068> [Read Sections 1 – 4].

American Psychological Association Committee on Aging (CONA) (download from Blackboard)

Boelen, P. A., de Keijser, J., van den Hout, M. A., & van den Bout, J. (2007). Treatment of complicated grief: a comparison between cognitive-behavioral therapy and supportive counseling. *Journal of consulting and clinical psychology*, 75(2), 277.

- Bonanno, G. A., Wortman, C. B., & Nesse, R. M. (2004). Prospective patterns of resilience and maladjustment during widowhood. *Psychology and aging, 19*(2), 260.
- Bush, S. S., Allen, R. S., Heck, A. L., & Moye, J. (2015). Ethical issues in geropsychology: Clinical and forensic perspectives. *Psychological injury and law, 8*(4), 348-356.
- Charles S. T. (2010). Strength and vulnerability integration: A model of emotional well-being across adulthood. *Psychological bulletin, 136*(6), 1068-1091.
<https://doi.org/10.1037/a0021232>
- Edmonds, E. C., Salmon, D. P., & Bondi, M. W. (2018). Clinical assessment of Alzheimer's disease. In G. E. Smith & S. T. Farias (Eds.), *APA handbooks in psychology. APA handbook of dementia* (pp. 249–276). American Psychological Association.
<https://doi.org/10.1037/0000076-013>
- Fiske, A., & O'Riley, A. A. (2016). Toward an understanding of late life suicidal behavior: the role of lifespan developmental theory. *Aging & mental health, 20*(2), 123-130.
- Grande G, Qiu C, & Fratiglioni L. Prevention of dementia in an ageing world: Evidence and biological rationale. *Ageing Res Rev. 2020 Dec*;64:101045.
 doi: 10.1016/j.arr.2020.101045. Epub 2020 Mar 19. PMID: 32171784.
- Han, S. D., Barnes, L. L., Leurgans, S., Yu, L., Bennett, D. A., & Boyle, P. A. (2020). Literacy mediates racial differences in financial and healthcare decision making in older adults. *Journal of the American Geriatrics Society, 68*(6), 1279-1285.
- Joo, J. H., Jimenez, D. E., Xu, J., & Park, M. (2019). Perspectives on Training Needs for Geriatric Mental Health Providers: Preparing to Serve a Diverse Older Adult Population. *The American journal of geriatric psychiatry : official journal of the American Association for Geriatric Psychiatry, 27*(7), 728-736.
<https://doi.org/10.1016/j.jagp.2019.03.015>
- Karlin, B. E., Trockel, M., Taylor, C. B., Gimeno, J., & Manber, R. (2013). National dissemination of cognitive behavioral therapy for insomnia in veterans: Therapist-and patient-level outcomes. *Journal of Consulting and Clinical Psychology, 81*(5), 912.
- Lachs, M.S., & Han, S.D. (2015). Age associated financial vulnerability: An emerging public health issue. *Annals of Internal Medicine. 163*(11), 877-878, 2015.
- Mast, B. T. (2011). The role of assessment in understanding dementia. In B.T. Mast (Ed.), *Whole person dementia assessment* (pp. 3–28). Health Professions Press.
- Miller, A. B., & Prinstein, M. J. (2019). Adolescent suicide as a failure of acute stress-response systems. *Annual review of clinical psychology, 15*, 425-450.
- Nordhus, I., & Hynninen, M. (2010). Treating late-life anxiety in chronic medical illness and cognitive impairment: two case studies (pp. 119-134). Oxford, England: Oxford University Press.
- Park, D., & Gutches, A. (2006). The cognitive neuroscience of aging and culture. *Current directions in psychological science, 15*(3), 105-108.

- Petkus, A. J., & Wetherell, J. L. (2013). Acceptance and commitment therapy with older adults: Rationale and considerations. *Cognitive and behavioral practice*, 20(1), 47-56.
- Qualls, S. H. (2014). Family therapy with ageing families. In N. A. Pachana & K. Laidlaw (Eds.), *The Oxford Handbook of Clinical Geropsychology*. (pp. 710-732). Oxford: Oxford University Press.
- Qualls, S.H. (In press 2020). Family caregiving. In K. Ferraro & D. Carr (Eds.), *Handbook of Aging and Social Sciences* (9th ed.). San Diego, CA: Academic Press.
- Roberts, S. L., & Sedley, B. "Acceptance and commitment therapy with older adults: rationale and case study of an 89-year-old with depression and generalized anxiety disorder." *Clinical case studies* 15.1 (2016): 53-67.
- Rybarczyk, B., Lund, H. G., Garroway, A. M., & Mack, L. (2013). Cognitive behavioral therapy for insomnia in older adults: background, evidence, and overview of treatment protocol. *Clinical Gerontologist*, 36(1), 70-93.
- Sanders, K.M. (Ed.) (2019). *Physician's field guide to neuropsychology: Collaborative instruction through clinical case examples*. New York: Springer.
- Shear, K., Frank, E., Houck, P. R., & Reynolds, C. F. (2005). Treatment of complicated grief: A randomized controlled trial. *JAMA*, 293(21), 2601-2608.
- Steele, I. H., Thrower, N., Noroian, P., & Saleh, F. M. (2018). Understanding suicide across the lifespan: A United States perspective of suicide risk factors, assessment & management. *Journal of forensic sciences*, 63(1), 162-171.
- Taylor, R. (2007). *Alzheimer's from the inside out*.
- Weissberger, G. H., Mosqueda, L., Nguyen, A. L., Axelrod, J., Nguyen, C. P., Boyle, P. A., ... & Han, S. D. (2020). Functional Connectivity Correlates of Perceived Financial Exploitation in Older Adults. *Frontiers in Aging Neuroscience*, 12, 1-11.
- Wetherell, J. L., Petkus, A. J., Alonso-Fernandez, M., Bower, E. S., Steiner, A. R., & Afari, N. (2016). Age moderates response to acceptance and commitment therapy vs. cognitive behavioral therapy for chronic pain. *International journal of geriatric psychiatry*, 31(3), 302-308.
- van Dyck, C. H., Sharp, E. S., O'Dell, R. S., Banks, E. R., Bartlett, H. H., Chen, M. K., Naganawa, M., Toyonaga, T., Harris, J. E., Ni, G. S., Zhao, W., Nabulsi, N. N., Vander Wyk, B. C., Huang, Y., Arnsten, A. F. T., Carson, R. E., & Mecca, A. P. Synaptic density is associated with cognitive performance in early Alzheimer's disease: A PET imaging study with [11C]UCB-J.
- Zahodne, L. B., Manly, J. J., Azar, M., Brickman, A. M. & Glymour, M. M. (2016). Racial disparities in cognitive performance in mid-and late adulthood: Analyses of two cohort studies. *Journal of the American Geriatrics Society*, 64(5), 959-964.

14 Course Schedule

Date	Topic & Readings
1/19 Title Readings	Sherry Beaudreau Normal Aging and development Charles (2010); CONA; Joo (2019) (optional)
1/21	Supervision
1/26 Title Readings	Rebecca Allen Ethical Issues in Clinical Geropsychology Bush (2015); Albright (2021)
1/28	Supervision
2/2 Title Readings	Sara Qualls Clinical Intervention with Family Caregivers Qualls (2014); Qualls (2020);
2/4	Supervision
2/9 Title Readings	Brian Carpenter Assessment of dementia Mast (2011); Edmonds (2018)
2/11	Supervision
2/16 Title Readings	Margaret Gatz Dementia: History, Varieties, Risk and Protective Factors, Roles for Psychologists Alz. Assoc (2020); Grande (2020)
2/18	Supervision
2/23 Title Readings	Tatyana Gurvich Commonly used psychotropics in older adults
2/25	Supervision
3/2 Title Readings	Greg Hinrichsen Cognitive behavioral therapy for insomnia for older adults Karlin (2013); Rybarczyk (2013)
3/4	Supervision
3/9 Title Readings	Christopher Beam Treatment of grief and complicated grief Boelen (2007); Bonanno (2004); Shear (2005)
3/11	Supervision
3/16 Title Readings	Bruna Martins Feeling better now or later? Temporal differences in emotion regulation across age Petkus; Roberts; Wetherell
3/18	Supervision
3/23	No Class: Wellness Day
3/25	Supervision
3/30 Title	Jonathan Stange Suicide Risk across the Lifespan

Readings	Fiske (2016); Miller (2019); Steele (2018)
4/1	Supervision
4/6	Emily Schoenhofen Sharp
Title	Clinical and Research Careers in Neuropsychology
Readings	van Dyck (No year); Chapter 1 in Sanders (2019)
4/8	Supervision
4/13	April Thames
Title	Cultural issues to consider in the context of cognitive aging
Readings	Park (2006); Zahodne (2016)
4/15	Supervision
4/20	Jessica Strong
Title	Psychopathology in Late Life
Readings	Nordhus (2010); Taylor (2007)
4/22	No Class: Well-Being Day
4/27	Duke Han
Title	Financial Decision Making in Older Age
Readings	Han (2020); Lachs (2015); Weissberger (2020)
4/29	Supervision