

**Psychology 5551 – Clinical Interviewing  
2016-2017**

*(syllabus version September 2, 2016)*

Department of Psychology  
Lakehead University

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<b>Instructor:</b>	Ron Davis, Ph.D., C.Psych.
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<b>Meetings:</b>	Tuesday, 2:30-5:30pm; Psychology Conference Room

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**Course Description:** Clinical interviewing represents the most common activity of the practising Psychologist. The purpose of this course is to acquaint first-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. Upon successful completion of the course learners will be able to:

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

**Required Texts and Materials:**

1. Sommers-Flanagan, J., & Sommers-Flanagan, R. (2014). *Clinical interviewing* (5<sup>th</sup> 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.
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. Approximately five readings will be assigned one week in advance of required dates.
5. One SDHC flash memory card for video recording, Class 10, minimum capacity of 16 GB.

**Measurement and 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 particular week. You should prepare

your written questions with a view toward fostering classroom discussion and debate. Each question will be one paragraph, maximum 175 words, typed in email text, and conform to the following format:

i. Integrative question (labeled as such): Pose this question in your effort to integrate the content of the collection of readings pertaining to the particular 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 a particular idea that springs 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 Monday 1:00pm on the day before the class under discussion. Make sure you include your name, class topic, and your questions appropriately labeled. You must also submit via email your two questions only (without rationale, answer, method, etc.) to your class colleagues by 1:00pm Monday. 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 an intake interview along the lines described in chapter 6 and 7 (Table 7.2 on p. 231 in particular) of Sommers-Flanagan and Sommers-Flanagan (2014). You will demonstrate your professionalism (chapters 2), basic attending skills (chapter 3) and influencing skills (chapter 4) 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 and followed by a debriefing session with the Professor. You will also document the interview in a written psychological report 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 diagnostic interview along the lines of the SCID-CV manual and chapter 10 of Sommers-Flanagan and Sommers-Flanagan (2014). 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.** You will be given a final exam on the seven topics reviewed over the course. Questions will emanate from the discussion questions posed during each class. The exam contributes 50% towards your final grade.

**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 of their academic activities. If you think you may need accommodations, you are strongly encouraged to contact Student Accessibility Services (SAS) and register as early as possible. For more information, please visit: <http://studentaccessibility.lakeheadu.ca>

## COURSE OUTLINE

### 9/6 **Topic: Introductions and orientation to the course.**

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#### 9/13 **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<sup>1</sup>]
- 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 [3]
- Castonguay, L.G., Boswell, J.F., Constantino, M.J., Goldfried, M.R., & Hill, C.E. (2010) Training implications of harmful effects of psychological treatments. *American Psychologist*, 65, 34-49. [6]
- Dozois, D. J., Mikail, S. F., Alden, L. E., Bieling, P. J., Bourgon, G., Clark, D. A., ... & Johnston, C. (2014). The CPA Presidential Task Force on Evidence-Based Practice of Psychological Treatments. *Canadian Psychology/Psychologie canadienne*, 55(3), 153-160. [2]
- 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 [5]
- 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. [4]
- Skill: Hooray the role-play.** Read chapter 1 (Introduction: Philosophy and Organization) and chapter 2 (Foundations and Preparations) by Sommers-Flanagan & Sommers-Flanagan (2014).
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#### 9/20 **Topic: The culturally competent clinician. [4, 5, 1]** Read chapter 11 (Interviewing in a Diverse and Multicultural World) by Sommers-Flanagan & Sommers-Flanagan (2014).

- 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]
- Chu, J., Leino, A., Pflum, S., & Sue, S. (2016). A model for the theoretical basis of cultural competency to guide psychotherapy. *Professional Psychology: Research and Practice*, 47(1), 18-29. doi:10.1037/pro0000055 [2]

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<sup>1</sup> Suggested order in which the collection of articles is to be read.

- 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]
- 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: Basic attending skills.** Read chapter 3 (Basic Attending, Listening, and Action Skills) by Sommers-Flanagan & Sommers-Flanagan (2014).

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**9/27 Topic: Therapeutic alliance. [2, 3, 4]** Read chapter 5 (Evidence-Based Relationships) by Sommers-Flanagan & Sommers-Flanagan (2014).

- Del Re, A.C., Fluckiger, C, Horvath, A.O., Symonds, D., & Wampold, B.E. (2012). Therapist effects in the therapeutic alliance-outcome relationship: A restricted-maximum likelihood meta-analysis. *Clinical Psychology Review, 32*, 642-649. [4]
- Horvath, A. O. (2000). The therapeutic relationship: From transference to alliance. *Journal of Clinical Psychology, 56*(2), 163-173. [1]
- Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. *Psychotherapy, 48*(1), 9-16. doi:[10.1037/a0022186](http://dx.doi.org/10.1037/a0022186) [2]
- MacFarlane, P., Anderson, T., & McClintock, A. S. (2015). The early formation of the working alliance from the client's perspective: A qualitative study. *Psychotherapy, 52*(3), 363-372. doi:<http://dx.doi.org/10.1037/a0038733> [3]
- Safran, J. D., Muran, J. C., & Eubanks-Carter, C. (2011). Repairing alliance ruptures. *Psychotherapy, 48*(1), 80-87. doi:[10.1037/a0022140](http://dx.doi.org/10.1037/a0022140) [6]
- Zilcha-Mano, S., Dinger, U., McCarthy, K. S., & Barber, J. P. (2014). Does alliance predict symptoms throughout treatment, or is it the other way around? *Journal of Consulting and Clinical Psychology, 82*(6), 931-935. doi:<http://dx.doi.org/10.1037/a0035141> [5]

**Skill: Directive listening skills.** Read chapter 4 (Directives: Questions and Action Skills, pp. 97-115) by Sommers-Flanagan & Sommers-Flanagan (2014).

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**10/4 Topic: Countertransference [5, 1, 2].**

- Hayes, J. A., Gelso, C. J., & Hummel, A.M. (2011). Managing countertransference. *Psychotherapy, 48*(1), 88-97. [5]
- Hayes, J. A., & Gelso, C. J. (2001). Clinical implications of research on countertransference: Science informing practice. *Journal of Clinical Psychology, 57*(8), 1041-1051. [1]
- 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> [3]

- Kiesler, D. J. (2001). Therapist countertransference: In search of common themes and empirical referents. *Journal of Clinical Psychology, 57*(8), 1053-1063. [6]
- Lingiardi, V., Tanzilli, A., & Colli, A. (2015). Does the severity of psychopathological symptoms mediate the relationship between patient personality and therapist response? *Psychotherapy, 52*(2), 228-237. doi:<http://dx.doi.org/10.1037/a0037919> [4]
- Zerubavel, N., & Wright, M.O.D. (2013) The dilemma of the wounded healer. *Psychotherapy, 49*(4), 482-491.[2]

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**Skill: Directive action responses.** Read chapter 4 (Directives: pp.116-134) and chapter 6 (An Overview of the Interview Process) by Sommers-Flanagan & Sommers-Flanagan (2014).

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**10/18 Skill putting it all together: The intake interview.** Read chapter 7 (Intake Interview and Report Writing) from Sommers-Flanagan & Sommers-Flanagan (2014). Pay particular attention to Tables 7.2 on p. 231 and Putting It in Practice 7.3 on pp. 234-236.

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**10/25 Mock intake interview.** To be videotaped and debriefed on this day.

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**11/1 Topic: Emotional experiencing [3, 4, 5].**

- Berggraf, L., Ulvenes, P. G., Økstedalen, T., Hoffart, A., Stiles, T., McCullough, L., & Wampold, B. E. (2014). Experience of affects predicting sense of self and others in short-term dynamic and cognitive therapy. *Psychotherapy, 51*(2), 246. doi:10.1037/a0036581 [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 [5]
- Greenberg, L. S., & Pascual-Leone, A. (2006). Emotion in psychotherapy: A practice-friendly research review. *Journal of Clinical Psychology, 62*(5), 611-630. [2]
- 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> [3]
- 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]

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**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 8 (The Mental Status Examination) and chapter 10 (Diagnosis and Treatment Planning, pp. 329-347) by Sommers-Flanagan & Sommers-Flanagan (2014), and pp. 1-15 of the SCID User's Guide.

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**11/8 Topic: Therapeutic dose-response and course [1, 2, 3].**

- Baldwin, S. A., Berkeljon, A., Atkins, D. C., Olsen, J. A., & Nielsen, S. L. (2009). Rates of change in naturalistic psychotherapy: Contrasting dose-effect and good-enough level models of change. *Journal of Consulting and Clinical Psychology, 77*(2), 203-211 [2]

- Lambert, M.J. (2012). Helping clinicians to use and learn from research-based systems: The OQ-analyst. *Psychotherapy, 49*(2), 109-114. doi: 10.1037/a0027110 [1]
- 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 [5]
- Owen, J. J., Adelson, J., Budge, S., Kopta, S. M., & Reese, R. J. (2014). Good-enough level and dose-effect models: Variation among outcomes and therapists. *Psychotherapy Research, (ahead-of-print)*, 1-9. <http://dx.doi.org/10.1080/10503307.2014.966346> [4]
- Stulz, N., Lutz, W., Kopta, S. M., Minami, T., & Saunders, S. M. (2013). Dose-effect relationship in routine outpatient psychotherapy: Does treatment duration matter? *Journal of Counseling Psychology, 60*(4), 593-600. doi:http://dx.doi.org/10.1037/a0033589 [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. [6]

**Skill: Mood disorders.** Read pp. 15-27 of the SCID User's Guide and familiarize yourself with module A (Mood Episodes), and D (Mood Disorders) of the SCID Administration Booklet.

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**11/15 Topic: Assessing risk for suicide [no discussant questions need be submitted].** Read chapter 9 (Suicide Assessment) by Sommers-Flanagan & Sommers-Flanagan (2014).

- Ellis, T. E., & Patel, A. B. Client suicide: What now? (2012). *Cognitive and Behavioral Practice, 19*(2), 277-287. [5]
- 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://blogs.uw.edu/brtc/publications-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. [3]
- 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 [4]

**Skill: Substance-use disorders.** Read pp. 27-39 of the SCID User's Guide and familiarize yourself with modules B (Psychotic Screen), C (Differential Diagnosis of Psychotic Disorders), and E (Alcohol and Other Substance Use Disorders) of the SCID Administration Booklet.

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**11/22 Putting it all together for the mock diagnostic interview.** Read chapter 10 (Diagnosis and Treatment Planning pp. 347-362) by Sommers-Flanagan & Sommers-Flanagan (2014). Also read pp. 39-45 of the SCID User's Guide and familiarize yourself with module F (Anxiety and Other Disorders) of the SCID Administration Booklet.

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**11/29 Mock diagnostic interview.** To be videotaped and debriefed on this day.

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**12/6 Final examination, 2:30-5:30pm, location to be determined.**

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