

COURSE SYLLABUS

Lewis & Clark College: Graduate School of Education and Counseling
MHC 524 Counseling and Interventions with Adults
Spring 2015

**“When you listen generously to people they can hear the truth in themselves, often for the first time”
-Rachel Naomi Remen**

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Time: Thursdays, 5:30 – 8:45 PM, 1/12/15 – 4/23/15 (except 3/26/15 for Spring Break)
Room: Rodgers 219

Textbooks/Materials:

Required: Germer, The Mindful Path to Self-Compassion: Freeing yourself from Destructive Thoughts and Emotions, (2009) ISBN: 978-1593859756

Teyber, E. & McClure, F.H., Interpersonal Processes in Psychotherapy: An Integrative Model (2011) ISBN: 978-0495604204

Teyber, E. & McClure, F.H., Student Workbook for Interpersonal Processes in Psychotherapy: An Integrative Model (2011) ISBN: 978-0495804222

A class packet is required and available at the bookstore for \$ 43.55.

Readings from Lewis and Clark library will also be required and linked directly on the Moodle page.

Recommended:

Greenberg, L.S., Emotion-Focused Therapy, (2011) ISBN: 978-1433808579.

Brown, L.S., Feminist Therapy, (2010) ISBN: 978-1433804618.

Catalogue Description: Contemporary approaches to assessment, treatment planning, and intervention based in bio-psychosocial systems and empirically supported interventions. Major areas include mood disorders, anxiety disorders, psychotic disorders, personality disorders, substance abuse and addictive disorders including eating disorders and gambling. Emphasis on multicultural and ecological contexts in planning and conducting multifaceted interventions for change.

Course Goals and Objectives:

1. Demonstrate how to use information from multiple assessment strategies to create treatment plans that are client-centered, individualized, and culturally sound. (CC: 7h, 7f, 5b, 2c, A5, C2, C4, C7)
2. Describe and explain the major elements of intervention (treatment) planning strategies. (CC: 5b, 5c, C2, C7)
3. Create basic treatment plans drawing on evidence-based treatments for depression, anxiety disorders, substance abuse, and other common presenting problems. (CC: 5b, 5c, 3c, C2, C4)
4. Describe and explain the application of core evidence-based psychosocial interventions for common problems in mental health and addictions treatment. (CC: 5b, 5c, 3c, C1, C2)
5. Construct means of evaluating client progress. (CC: 7g, 5b)
6. Find, evaluate, and present critical concepts and evidence about diagnosis and treatment of a specific clinical issue or disorder. (CC: 8e)
7. Identify and use information about the personal, social, and cultural context of a client's life to formulate client-centered treatment plans. (CC: 2c, 5b, 5c, 3c, A5, C3)
8. Describe and give examples of ways to integrate client's values, positive personal goals, religious and spiritual consciousness and commitments into treatment planning. (CC: 2c, 5b, 5c)
9. Describe, explain, and demonstrate through role plays and case planning how to use the DSM-IV system and criteria to enhance assessment and treatment planning for individual clients (CC: C5)
10. Describe, explain, and demonstrate via case studies how to choose appropriate modalities for intervention including group, family, medical, and other systems including community-based supports, and plan for short, intermediate, and long-term engagement based on client goals, needs, and resources. (CC: C3, C4, C7)

Course Calendar:

Date Topics, Readings & Assignments Due

Jan 15 Introductions, exploring the topic of presence, adopting a theoretical framework & developing your own counseling approach

Jan 22 Mindfulness, Self-Compassion and Self-Care, What does this have to do with counseling and interventions? Setting the stage for presence, self care and your internal work during this course. Introduction to the Interpersonal Process Approach.

Readings: Germer, Chapters 1-5

Teyber & McClure, Ch 1

Germer, Siegel, & Fulton, Mindfulness and Psychotherapy, (2005), Chapters 3 & 5. (linked to 2nd day)

Jan 29 Establishing a Working Alliance. Including Diversity, Feminist and Critical Theory in all Counseling Work

Readings: Teyber & McClure, Ch 2

Germer, Siegel, & Fulton, Chapters 6 (linked to 2nd day)

Raising Multiracial Awareness in Family Therapy Through Critical Conversations, (2005), Teresa McDowell *Journal of Marital and Family Therapy*, V 31 (4), pp. 399-411 (linked)

Optional but recommended reading **Brown, L.S., Feminist Therapy**

Pick topics & presentation dates for Best Practices Presentations

Feb 5 Attachment and Counseling

Readings: Teyber & McClure, Chapter 6

In Attachment in Psychotherapy, (2007), Wallin, D.J. :Attachment and Change, (Ch 1), pp. 1-8 (linked)

How Attachment Relationships Shape the Self, (Ch 7) pp. 99-112 (linked)

Deepening the Clinical Dimension of Attachment Theory: Intersubjectivity and the Relational Experience, (Ch. 10) pp. 167-189. (linked)

In Attachment, Eds., Erdman & NG, Contextual Thinking in Attachment: Implications for Clinical Assessment and Interventions in Cultural Contexts, Shi (Ch. 18) (course pack)

Reflections Paper Due, Attachment Questionnaire Due (linked on Moodle page)

Feb 12 Honoring the Client's Resistance, Internal Focus for Change

Readings: Teyber & McClure, Chapters 3 & 4

Addressing Depression and Suicidality

Readings: Germer, Siegel, & Fulton, Chapter 7 (linked to 2nd day)

In Silencing the Self Across Cultures: Depression and Gender in the Social World, Jack & Ali: (all in course pack)

The Social Cause of Women's Depression: A Question of Rights Violated? Astbury (Ch. 2)

Empowering Depressed Women: The Importance of a Feminist Lens, Brown (pp. 333-342)

"I Wasn't Being True to Myself": Women's Narratives of Postpartum Depression, Mauthner (Ch. 21)

Feb 19 Helping Clients with Their Feelings

Readings: Teyber & McClure, Chapter 5

Addressing Psychotic Disorders

Readings: Cognitive Behavior Therapies for Psychotic Disorders: Current Empirical Status and Future Directions, *Clinical Psychology: Science and Practice*, 12, no. 1 (2005): 33-50 (linked)

I would like to give McWilliams, chapters 3 & 4

Feb 26 Addressing Anxiety

Readings: Germer, Siegel, & Fulton, Chapter 8 (linked to 2nd day)

Expanding Our Conceptualization of and Treatment for Generalized Anxiety Disorder: Integrating Mindfulness/Acceptance-Based Approaches with Existing Cognitive-Behavioral Models, *Clinical Psychology: Science and Practice*, 9, no. 1 (2002): 54 (linked)

Cognitive-Behavioral Treatment for Generalized Anxiety Disorder: Current Status and Future Directions, *Journal of Cognitive Psychotherapy*. 19, no. 1, (2005): 61-82 (linked)

Recovery: A Comprehensive Approach, Ch. 3 (pp. 58 – 80) &

Relaxation, Ch. 4 (pp. 81-104), in Bourne, E.J., (2010) The Anxiety and Phobia Workbook (linked)

March 5 Midterm "Review"

Recap and reflection on topics covered, answering questions, checking in with self-compassion

Readings: Germer, Chapters 8 & 9

March 12 Best Practice Presentations

March 19 Best Practices Presentations

No class March 26th for Spring Break

April 2 Trauma, Abuse, Assault and Family Violence

Readings: From the Margins to the Center: Ethnic Minority Women and the Mental Health Effects of Sexual Assault, Bryant-Davis, Chug & Tillman, *Trauma Violence and Abuse*, 2009, V 10 (linked)

In, Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society, Eds., van der Kolk, McFarlane, Weisaeth, *The Therapeutic Environment and New Explorations in the Treatment of Posttraumatic Stress Disorder*, Turner, McFarlane, & van der Kolk (Ch. 25) (course pack)

April 9 Inflexible Interpersonal Coping Strategies, Relational Themes & Repairative Experiences

Readings: Teyber & McClure, Chapters 7 & 8

Addressing Personality Disorders

Readings: The "A-B-C's" of the cluster B's: Identifying, Understanding, and treating Cluster B Personality Disorders, *Clinical Psychology Review*, 2001 Apr; 21(3): 345-73 (linked)

Linehan's Dialectical Behavioral Therapy (DBT) for borderline personality disorder: Overview and Adaption, Swales, *Journal of Mental Health*, 2000, V 9, pp. 7-23 (linked)

Revisiting of Reflections Reports due

April 16 Resolution and Change. Interpersonal Focus.

Readings: Teyber & McClure, Chapter 9

Addressing Addictive Disorders, Eating Disorders and Gambling Disorder

Readings: Motivational Interviewing and Rehabilitation Counseling Practice, *Rehabilitation Counseling Bulletin*, 47, no. 3 (2004): 152-161 (linked)

Cotton, M., Ball, C. & Robinson, P. (2003). *Four Simple Questions Can Help Screen for Eating Disorders*. *J Gen Intern Med*. 2003 January; 18(1): 53–56. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494802/>

Matusek, J. & O'Dougherty Wright, M. (2010). *Ethical Dilemmas in Treating Clients with Eating Disorders: A Review and Application of an Integrative Ethical Decision-making Model*. *European Eating Disorders Review* Volume 18, Issue 6. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/erv.1036/pdf>

Satter, E. (2012). *What is Normal Eating?* Retrieved from <http://www.ellynsatter.com/what-is-normal-eating-i-62.html>

April 23 Working Through and Termination

Readings: Teyber & McClure, Chapter 10

Course Requirements:

1. Class attendance and participation is vital. This will account for 11% of your final grade. In order to practice what I preach and provide constructivist learning, each day you will bring in one of three things: a) a written question (that you will then get answered in class), b) a 1 paragraph reflection on the topic or readings of the day, or c) the Topics for Self-Reflection or the Thought Questions Based on the Readings in the Teyber & McClure student handbook. You will hand this in each day at the end of class. In addition, there will be many practice exercises in class that you won't want to miss. These are direct ways to build your skills and prepare you for seeing clients.
2. If you must miss a class, you will need to review the notes on the Moodle page for the day you missed and write a brief (1 – 2 pages) reflection on what you missed.
3. Reflections paper. This will account for 14% of your grade. There are 7 questions to answer and each answer will receive a total of 2 points for clarity and completeness for a total of 14 points.
4. Best Practices presentation & handouts. This will account for 50% of your final grade. There are 10 areas to address and each answer will receive a total of 5 points for clarity and completeness for a total of 50 points.
5. Revisiting Reflections Paper. This will account for 25% of your final grade. Each of the 5 questions will receive 5 points for a total of 25 points.

Evaluation and Assessment: Grades will be assigned according to the following criteria:

A level work: Exceptional (90 – 100 pts)

B level work: Competent and sound (80-89 pts)

C level work: Minimal competence (70-79 pts)

D level work: Insufficient evidence of minimum mastery (60-69 pts)

F level work: Failure to demonstrate learning (59 and below)

Class Attendance: Being present in class and actively participating in all of the learning activities is critical to the successful accomplishment of the learning objectives. We will be actively exploring and practicing intervention and treatment planning techniques during class time. This is your time to try things out and see how they will work for you and your future clients. Enrollment in this graduate degree class is a commitment to its purposes and objectives in your personal development. Of course, life happens, and if you absolutely have to miss class, talk to me and you will be assigned make-up work for the time missed. I expect this to happen no more than once. Below is the official attendance policy from the Graduate School.

CPSY Departmental Attendance Policy: Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

Reflections Paper: It is essential as a counselor/psychologist that you have a strong theoretical underpinning to your work. What theory of counseling you adopt will determine your methodology as well as the ways you interpret what happens in your sessions. This assignment asks you to do some internal searching and then use that to choose a theoretical framework that is the best fit for you and your future clients. This assignment is due early in the class so that you will rely on it throughout the rest of the term. You will then revisit it at the end of the term to add insights and understandings you have gained throughout the term.

Your paper will answer the following questions:

1. What are my beliefs about change in counseling? About what causes clients distress? What leads to their symptoms?
2. What values do I hold about counseling and human development?
3. How would I describe my personality and how might it be expressed in a counseling session? How might clients experience me? What might be a challenge?
4. What life experiences have led me to desire to become a counselor?
5. What beliefs do I have about clients?
6. What theoretical framework [i.e., psychodynamic (that is, psychoanalytic, object-relations, Adlerian; experiential or relationship-oriented (that is, existential, person-centered, Gestalt); action-oriented (that is, behavioral therapy, rational-emotive behavioral, cognitive, reality therapy; solution-focused-brief therapy).] is the best fit for my beliefs, values and personality? (In answering this question, be specific and address all the questions above)
7. In what ways will I include critical theory in my counseling?

Due: February 5th

Revisiting of Reflections Reports

Toward the end of the term, you will revisit your initial reflection papers and answer the following questions:

1. In what ways have my beliefs and values about counseling changed? Not changed?
2. What new information do I have to support my use of the theoretical framework I have chosen?
3. How does my theoretical framework influence the way I will address a) building rapport, b) assessment, 3) treatment planning, 4) evaluating progress, 5) "resistance", and 6) termination?
4. What clients are the "best fit" for me as a counselor and my theoretical orientation?
5. What questions remain as I continue to prepare myself to do the work of counseling?

Due: April 9th

Best Practices Presentation and Handout: As a counselor, you will be continually reviewing research and your own clinical experiences to determine what is the best course of treatment for your clients. Each client will be unique, and yet, it is essential to know what the research tells us about what interventions will best meet the needs of clients. This is always the place to start. For this assignment, each student group of 3 will choose to present on a diagnosis. No two groups may do the same topic. You should imagine seeing this client for counseling. Your presentation and handout should include the following: 1) Brief description of the disorder, DSM V criteria, rule-outs, etc., 2) The process or avenues through which people access treatment, 3) Assessment methods and instruments, 4) Establishing a therapeutic relationship, 5) Clear description of the intervention(s) including cognitive, behavioral and emotive considerations, 6) Issues of termination, 7) Brief report of research supporting or contra-indicating the treatment, and 8) Professional/ethical/legal/spiritual/cultural issues involved with this problem.

Presentations should be approximately 20-30 minutes in length.

Grades for the presentation and handouts will be assigned according to the following guidelines:

- 1) Clarity and quality of description of the disorder,
- 2) Clarity and quality of description model and avenues to treatment
- 3) Clarity and quality of the description of the assessment and treatment
- 4) Clarity and quality of treatment. What is best practice? How would you treat this client asking for help with best practices in mind? (Include affective, cognitive, behavioral aspects)
- 5) Clarity and quality of the presentation of the research findings, what does the research tell us about this disorder and about how effective treatment is?
- 6) Coverage of professional/ethical/legal/spiritual/cultural issues
- 7) Issues of termination – what do you need to be mindful of?
- 8) Use and quality of visual aids
- 9) Response to questions and presentation style (pacing, volume, eye contact, handling questions)
- 10) Usefulness and thoroughness of handout to fellow students (not a review of your entire presentation, but the most salient points along with references and websites for more information.

Topics & presentation dates chosen on Jan 29

Best practices presentations on March 12 & 19

Potential topics:

Adult ADHD	Any of the Cluster A, B or C Personality Disorder in DSM V
Autism Spectrum Disorder	Bipolar I Disorder
Bipolar II Disorder	Brief Psychotic Disorder
Chronic Pain	Delusional Disorder
Gender Dysphoria	Grief
Illness Anxiety Disorder	Insomnia Disorder
Irritable Bowel Syndrome	Persistent Depressive Disorder (Dysthymia)
Premenstrual Dysphoric Disorder	Problem Gambling
Schizoaffective Disorder	Specific Phobia
Social Anxiety Disorder	Somatic Symptom Disorder
Tourette's Syndrome	

Bibliography & Additional Resources: See Moodle

“In the stillness of the quiet, if we listen, we can hear the whisper of the heart giving strength to weakness, courage to fear, hope to despair.”

-Howard Thurman