“I have great faith in a seed. Convince me that you have a seed there, and I am prepared to expect wonders.”  
-Henry David Thoreau

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Time: Thursdays, 1:00-4:30 PM, 5/14/15 – 8/6/15  
Room: York Graduate Center 115

Textbooks/Materials:  

Recommended:  

**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

**May 14** Introductions, exploring the topic of presence, adopting a theoretical framework & developing your own counseling approach

**May 21** 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
Johanson, *The Use of Mindfulness in Psychotherapy*
Brach, *Working with Difficulties*

**May 28** Establishing a Working Alliance. Including Diversity, Feminist and Critical Theory in all Counseling Work
Readings: Teyber & McClure, Ch 2
Raising Multiracial Awareness in Family Therapy Through Critical Conversations, (2005), Teresa McDowell Journal of Marital and Family Therapy, V 31 (4), pp. 399-411

Pick topics & presentation dates for Best Practices Presentations

**June 4** Attachment and Counseling
Readings: Teyber & McClure, Chapter 6

Reflections Paper Due, Attachment Questionnaire Due
June 11 Honoring the Client’s Resistance, Internal Focus for Change
Readings: Teyber & McClure, Chapters 3 & 4
Addressing Depression and Suicidality

June 18 Helping Clients with Their Feelings
Readings: Teyber & McClure, Chapter 5
Addressing Psychotic Disorders
Winnicott, Hate in the Countertransference
Franco De Masi’s paper on Erotic Transference: Dream or Delusion (IPA Chicago Conference, 2009)
In Psychoanalytic Diagnosis (1994), Ch. 3 & 4

June 25 Addressing Anxiety
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

July 2 Midterm “Review”
Recap and reflection on topics covered, answering questions, checking in with self-compassion
Readings: Germer, Chapters 8 & 9

July 9 Best Practice Presentations

July 16 Best Practices Presentations

July 23 Trauma, Abuse, Assault and Family Violence

July 30 Inflexible Interpersonal Coping Strategies, Relational Themes & Repairative Experiences
Readings: Teyber & McClure, Chapters 7 & 8
Addressing Personality Disorders
Revisiting of Reflections Reports due

August 6 Resolution and Change. Interpersonal Focus. Working Through and Termination
Addressing Addictive Disorders, Eating Disorders and Gambling Disorder
Readings: Teyber & McClure, Chapter 9 & 10
Readings: Motivational Interviewing and Rehabilitation Counseling Practice, Rehabilitation Counseling Bulletin, 47, no. 3 (2004): 152-161
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 need to miss a class, you must review the reading for the day you were gone 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: June 4th

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: July 30th

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 May 28th
Best practices presentations on July 9th & 16th

Potential topics:

- Adult ADHD
- 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