DRAFT Extended Syllabus

PSYC-XXX: Theories of Psychotherapy

Month Day – Month Day, Year Days, from Time – Time a.m./p.m., in Maxey Hall Rm. XXX

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Description

This seminar introduces major theories that inform case conceptualization and intervention in psychotherapy and invites their critical comparison. It touches upon issues related to evidence, ethics, and diversity in therapy. The course does not teach psychological evaluation or intervention skills or how to critique psychotherapy research. Student responsibilities include weekly reading and written response assignments, class participation, a presentation or leading discussion, and brief papers. **Prerequisites:** PSYC-260 or 270.

Learning Goals

- 1. Knowledge of psychology
 - a. Use psychological theories to conceptualize suffering and intervention
 - b. Link psychological theories to enduring or controversial "big ideas" in psychology
 - c. Compare or critique psychological theories
- 2. Ethical and social responsibility in a diverse world
 - a. Apply psychologists' ethics principles to case material
 - b. Recognize how theoretical, cultural, or personal biases may influence judgments
 - c. Show sensitivity to power, privilege, and diversity
- 3. Communication
 - a. Write clearly and concisely about course material
 - b. Discuss course material in class, including collaboratively in small groups
 - c. Present to the class and use relevant information technology as needed
- 4. Professional development
 - a. Seek and respond appropriately to feedback
 - b. Use psychological knowledge for self-management or self-improvement
 - c. Discuss one's intellectual position about course material

Required Readings

Access to selected and required book chapters, articles, and videos (with subtitles) will be provided. A limited number of key readings to serves as the basis for presentations will be provided as well. Additional research may be required to complete certain assignments.

Study (not simply read) the

Assignments and Grading [Grade weights TBD]

This is an assortment of possible assignments. The final syllabus will contain fewer assignments.

Attendance Required to pass the course

Weekly participation required to pass the course **Participation**

Learning goals 1, 2, 3b, 4c

Weekly preparation Turn in study notes and questions

Learning goals 1, 2, 3b, 4a, 4c

Leading Discussion

Scheduling 3-4 weeks prior, schedule a meeting with the professor

Learning goals 2, 4a, 4b

2 weeks prior, meet with the professor and be prepared **Meeting**

Learning goals 1, 2, 4a, 4b

Study guide 1 week prior to leading discussion, send guide to class

Learning goals 1, 2, 3a

Present to the class at the decided-upon date and time Lead discussion

Learning goals 1, 2, 3c

Presentation of Theory Work with a partner to develop and deliver a presentation

Learning goals 1, 2b, 3c, 4c

Presentation of Theorist Work with a partner to develop and deliver a presentation

Learning goals 1a, 1b, 2b, 3c

Paper 1 Complete and write up an insight psychology project

Learning goals 1a, 3a, 4b

Complete and write up a cognitive or behavioral project Paper 2

Learning goals 1a, 3a, 4b

Write a position paper on your theoretical orientation Paper 3

Learning goals 1, 3a, 4c

Attendance and Timeliness

Much of the learning in our course will take place in class. Therefore, it is important that you attend all class meetings and come on time. If something gets in the way of attendance or timeliness, then discuss this with me – communication is key. I may excuse one absence if there is a reasonable and legitimate scheduling conflict or an overpowering need to miss one class. I may excuse a second absence if the Dean of Student approves of it. Missing more than two classes is be against the course requirements and may result in a reduced or failing grade.

Remember: If something gets in the way of attendance and timeliness, then talk to me.

Participation

As noted earlier, much of the learning in our course will take place in class, through discussion of the assigned readings. Therefore, participation is a course requirement. I will not grade participation, but I will keep track of whether every student participated at the very least once or twice each week. The weekly preparation requirement will ensure that you have some reactions to the readings. If you find participation extraordinarily difficult, as some students do, then

please make sure to talk to me during office hours, so that we can arrive at a reasonable solution together. **Remember:** If something gets in the way of your learning, then talk to me.

Guidelines for Written Work

- The college requires that I base grades in part on the quality of your written English, and I expect your very best writing at all times. You should always cite (in text) and reference (at the end of the text) the sources. Psychology majors should do so in APA style, whereas other students may use alternative citation styles.
- When submitting your written work directly to Canvas (the online course management platform), then please make sure that the text you turn in is in Canvas's default format.
- When submitting your work as a document upload, turn in a single PDF file, and put your last name, the assignment, and the week number for that assignment in the file name. Follow this template: last-assignment-week#.pdf, where "last" is your last name, "assignment" is the assignment (e.g., "prep"), and "week#" is the week the assignment is for (e.g., "week2"). For example, if I were turning in my prep for week 2, the file name would be blagov-prepweek2.pdf. The written work should be in Times New Roman (or another Times Roman font), at 12 points, double-spaced, with 1-inch margins, and on letter-size pages. If you are a psychology major, then your work should be in APA style.
- When submitting your work on paper, make sure to staple the pages together. Include your name, the course number, the date, and the name of the assignment. The written work should be in Times New Roman (or another Times Roman font), at 12 points, double-spaced, with 1-inch margins, and on letter-size paper. It can be single-sided or double-sided. If you are a psychology major, then your work should be in APA style.

Weekly Preparation (Prep)

Much of the learning in our course will take place through studying (not simply reading) the assigned material and then reflecting on it in written assignments and classroom discussion. The purpose of the Weekly Prep is for you to show me that you studied the assigned readings in depth, thought about them, and are prepared to discuss them. (See the Reading and Study Guide toward the end of this syllabus.)

Most weeks, you will receive guidelines from me how to prepare for the next class. The guidelines will generally involve tips how to approach the reading or questions for you to answer briefly in writing. Plan to set aside enough time to read the assigned material actively. (See the Reading and Study Guide in this syllabus). McKeachie (2006) offers the following general advice on how to read:

- Look at the topic headings before you read the piece
- Jot down questions that you hope the reading will answer
- Make marginal notes as you read, or take notes in a separate document
- Underline important concepts, or copy them in a separate document
- In your mind, carry out an active dialogue with the author
- Pretend that you are explaining the material to a peer
- Comment on the reading in a reading journal (or, in our case, in the Weekly Prep)

Think of the assigned readings not just as something to "read," but as something to understand, critique, and learn from. To show me that you did that, write a thoughtful and reflective Weekly Prep and come to class prepared to discuss any part of the readings.

Your Weekly Prep should be **thoughtful.** By that I mean your best intellectual effort. For example, it should be evidence from your statements and questions that you read the material carefully and spent time thinking about what it means and what needs to be discussed. You may be tempted to simply "skim" the surface of the readings and type up a couple of points without really having understood, thought about, or learned from them. That would be a mistake. Perfunctory work will receive undesirable grades. Remember that the preps will help you do well in classroom discussions and on other assignments.

Leading Discussion

It is a good idea to start preparing for this quite early. **Three-to-four** weeks prior to the date when you will present/lead discussion, you must get in touch with me to schedule a meeting. **Two weeks** prior to the date when you will present/lead discussion, you must meet with me. Come to the meeting **well prepared** with answers to the following questions:

- 1. What would you like the students to get out of the class you lead?
- 2. What questions and activities will help you achieve that?
- 3. What questions do you have for me.

I do not expect perfection during the meeting with me, but I expect strong preparation. **One week** prior to leading the class, **e-mail me a study guide** similar in purpose (but not necessarily in content) to study guides that I previously made available to the class. I will evaluate it and distribute it to the rest of the class. Here are some general tips on leading discussion:

- Decide what your goals are, e.g., what theoretical points you want to make sure that
 the students will grasp, or what critiques of the theory would you like them to arrive
 at, or what about the theory's application do you want them to understand. Once you
 have written down the goals for yourself, base the questions you plan to ask around
 these goals.
- Avoid "yes or no" questions. Ask open-ended questions that require reasoning through. Questions like "How?" and "In what ways?" are more helpful than questions like "Did you?" or "Why?"
- Start with a brief introduction of the material or with a series of simple factual questions. The introduction or the questions will be for "warm up" purposes, not so much to accomplish your main goals for the discussion but to help students remember what they read and get them started to talk about it.
- Ask the class to come up with answers to questions that do pursue your main goals for the discussion. Students can answer questions individually, work in small groups and then share with the class, or work as a class to reconstruct key arguments from the readings, to respond to a controversy that you present to them, or to propose new ways to apply a given theory.
- Do not give away the answers by including them in your questions or by asking leading questions, and be open to answers that you never expected.

Presentation of a TheorySee **Appendix A** and the list of topics below

Presentation of a TheoristSee **Appendix B** and the list of topics below

Projects and Papers 1 & 2

Some of the learning in our course will take place by completing small individual projects and writing short reports/critiques about them. You will receive detailed guidelines how to carry out the projects and brief guidelines regarding what I expect the papers to address. The important thing to remember is that these are not free-association or creative-writing papers! Their purpose is to show me that you studied, understood, and can critique material we have covered. Therefore, your writing should demonstrate to me that you have mastered multiple course concepts and can use them to discuss your observations from the projects. Students who pull ideas out of thing air, however interesting, will receive undesirable grades. Students who accurately apply plentiful concepts from the material and demonstrate understanding of the theories and critical thinking about them will receive desirable grades.

• See Appendix C

Position Paper / Paper 3

The last paper in the course will ask you to show mastery of the course material and critical thinking by taking a position on a question I pose to you and defending your position using arguments based on everything that you learned in the course. Here are examples of the sort of questions that I may ask you.

- Propose your own theory of psychotherapy by integrating conceptually three of the theories that we have covered. Explain your theory's view of human nature, its take on personality, how it explains what causes and maintains psychological difficulties, the mechanisms of change that it espouses, and how specific techniques are derived from that. Explain how this theory differs from other schools of psychotherapy and why the theory you proposed would suit you as a potential future psychotherapist.
- Read a case study of a psychotherapy patient and explain the case from two different theoretical orientations. Explain what causes the person's difficulties, what needs to change, and what techniques can accomplish such change and how. Take your stand and explain whether and why you believe that the two theories are compatible or incompatible by referring to their key assumptions and to the ways they apply to the case. If you believe they are compatible, explain what makes that so and how they can be applied together to help the person. If you believe that they are not, also explain why and present a coherent, well-argued opinion as to which theory you would pick over the other.

Other Policies

Classroom policies. I ask that you do not share outside of class any personal information that other students may bring up during discussions. This will help our discussions, and it will also help create a safe space for all students. You are free to discuss outside of class your own experiences in the classroom. I ask but cannot guarantee that students will follow this confidentiality policy, and I may think of creative ways to promote it. Do not use computers in class. Consuming food or soft drinks is OK if it is noiseless.

Extensions, Early and Late Assignments. I may grant an extension on assignment if the reason behind the request is legitimate and the request is made no less than one week prior to the due date, or if the Dean of Students supports it. If requesting an extension, then please have a proposed new due date in mind. Late papers will receive 5% per day lower grades. Late preps will not be accepted, except under the most significant extenuating circumstances.

Communication. This is the key. Please do not hesitate to talk to me about anything having to do with the course, psychology, your higher education, career goals, and personal growth. E-mail is a good way to reach me. I try to answer e-mails within 48 h. I can usually accommodate a request to meet with me in my office within five work days.

Will there be trigger warnings? Some topics in psychology evoke strong feelings. I will likely bring up such topics, and I will try to do so tactfully, but I will not always make prior announcements about it. Please, do not hesitate to do what is needed and reasonable to be comfortable. If you feel uncomfortable, then do not hesitate to speak with me about it. Although you and I do not have a psychologist-patient relationship, I will listen and may offer advice.

Students with Disabilities or Special Needs. If you are in need of a classroom accommodation, please make a private appointment with me to discuss this as soon as possible. All information will be held in the strictest confidence. Please remember that for the purposes of exam accommodations, Whitman College policy requires that you register with the Academic Resource Center by setting up an appointment with Clare Carson, Associate Dean of Students.

Procrastination & Planning. Learning in this course requires time, effort, and planning on your part. If your goals involve learning and earning desirable grades, then you may not want to procrastinate. We will discuss timelines and deadlines in class, but your planning and preparation is your responsibility. You may find it helpful to start studying for exams well ahead of time, to refer to the course schedule often, and to keep a planner and use it. Backup your drafts.

Academic Honesty: Read Carefully!

To promote fairness and integrity, and as required by College policies, **I will handle and report to the Dean of Students** all academic misconduct, including plagiarism. The Student Handbook contains the Policy on Academic Misconduct and defines plagiarism. The assignments you turn in must be your independent work. (You may receive help with written expression help from the College's writing center.) Some examples of academic misconduct include putting your name on work that you did not do independently, putting another student's name on work that you did, copying text without quoting it (even if it has been cited and referenced), and paraphrasing text without citing and referencing it.

Preliminary Schedule

{instructor tips}

Week 1: What is psychotherapy, and does it work?

Study: Wampold, B.E. (2010). Role of theory. In *Basics of Psychotherapy*, 2nd

ed., pp. 49-66. Washington, D.C.: APA.

Wampold, B.E. (2010). Research on the effectiveness of psychotherapy. In *Basics of Psychotherapy*, 2nd ed., pp. 67-90. Washington, D.C.: APA.

Prep: Respond to questions from the Prep Guide.

Assignment: Respond to a video: **Gwen 1**. Use your current knowledge of

psychological theory and write a good paragraph or two trying to explain the client's difficulties. Be explicit about the theory, the relevant concepts from it, how it applies, and what evidence from the video supports your

claims.

PB notes: Wampold, Chapters 1 & 2. Respond to video: Stan 1.

Week 2: Ethics principles and common ethical issues in psychotherapy

Study: Corey, G. (2011). Ethical issues in counseling practice. In *Theory and*

practice of counseling and psychotherapy, 9th ed., pp. 36-52. Boston, MA:

Cengage.

Pope, K.S. & Vasquez, M.J.T. (2007). Culture, context, and individual differences. In *Ethics in psychotherapy and counseling*, 3rd ed., pp. 225-

240. New York, N.Y.: Wiley.

Pope, K.S. & Vasquez, M.J.T. (2007). Confidentiality. In *Ethics in psychotherapy and counseling*, 3rd ed., pp. 241-257. New York, N.Y.:

Wiley.

Optional (highly recommended): Pope, K.S. & Vasquez, M.J.T. (2007).

Steps in ethical decision making. In Ethics in psychotherapy and

counseling, 3rd ed., pp. 110-116. New York, N.Y.: Wiley.

Optional (highly recommended): Pope, K.S. & Vasquez, M.J.T. (2007).

Informed consent and informed refusal. In Ethics in psychotherapy and

counseling, 3rd ed., pp. 135-153. New York, N.Y.: Wiley.

Optional (highly recommended): Corey, G. (2011). The counselor: Person and professional. In *Theory and practice of counseling and*

psychotherapy, 9th ed., pp. 17-35. Boston, MA: Cengage.

Prep: Respond to questions from the Prep Guide.

Assignment: Respond to a video: **Gwen 3** (informed consent). Write a good paragraph

or two explaining your opinion whether the therapist responded appropriately. Support your opinion with as many (accurately used)

concepts from the course as you can.

PB notes: The above. Respond to video: 3 – gift giving (vase).

Week 3: Culture and diversity in psychotherapy

Study: Comas-Diaz, L. (2019). Multicultural theories of psychotherapy. In D.

Wedding and R.J. Corsini (Eds.), Current psychotherapies, 11th ed., pp.

561-597. Boston, MA: Cengage.

Franklin, A.J. (1999). Invisibility syndrome and racial identity

development in psychotherapy and counseling African American men.

The Counseling Psychologist, 27(6), 761-793.

**** [Lesbian Couples or Trans Teens]

Prep: Prep on your own! Turn in either your notes or a condensed outline that

includes key concepts, ideas, and arguments (less than a page) for each reading. Turn in 2-4 well thought-out questions about each reading. The questions should show having read and thought about the readings; they

should not be about minutia or specific lines from the text.

Assignment: Respond to a video: **1 Kumar.** In a well-written paragraph, discuss what

cultural and diversity matters may be at hand, and how the therapist can address them appropriately. Your response should demonstrate having

studied the material from the readings and from class.

PB Notes: The above. Videos – **Gwen 2** (multicultural);

Week 4: Psychoanalysis (incl. object-relations therapy)

Study: Safran, J.D., Kriss, A., & Foley, V.K. (2019). Psychodynamic

psychotherapies. In D. Wedding and R.J. Corsini (Eds.), *Current psychotherapies*, II^{th} *ed.*, pp. 21-57. Boston, MA: Cengage.

Wachtel, P.L. (2014). Psychoanalysis, psychotherapy, and the challenges of race and class. In *Cyclical psychodynamics and the contextual self*, pp.

195-206. New York, N.Y.: Routlege.

Wachtel, P.L.(2014). The vicious cycles of racism: A cyclical psychodynamic perspective on race and race relations. In *Cyclical*

psychodynamics and the contextual self, pp. 207-219.

Kernberg, O.F., Yeomans, F.E., Clarkin, J.F., & Levy, K.N. (2008). Transference focused psychotherapy: Overview and update. *The*

International Journal of Psychoanalysis, 89(3), 601-620.

Consider assigning the introduction to Stan video.

Prep: Prep on your own! Turn in your notes or a list of key concepts and ideas.

Explain what you learned about psychoanalytic/psychodynamic

psychotherapies that was different from what you expected or that you would like to retain. Write 2-4 well-thought out questions about the

reading.

Assignment: Respond to a video: **4 Gwen** (psychoanalytic). Listen carefully to the

client. Comment on which principles from the theory were evident in her speech. Listen carefully to the therapist. Comment which techniques the therapist used. How do you think the therapist conceptualized the client's

issues? In your responses, make sure to link the concepts covered in the course with the evidence from the video.

PB Notes:

Safran (2010); Potential videos to use: Psychoanalysis Role Play (Cosini 2), Andres (Corsini 2), Stan. Plan to complete a theory worksheet in class.

Week 5: Psychodynamic psychotherapy (incl. Adlerian therapy, TFT, & mentalization)

Study: Levenson, H. (2010). Theory. In *Brief dynamic therapy*, pp. 29-65.

Washington, D.C.: APA.

Levenson, H. (2010). The therapy process. In Brief dynamic therapy, pp.

67-106.

Bateman, A.W., & Fonagy, P. (2004). Mentalization-based treatment of

BPD. *Journal of Personality Disorders*, 18(1), 36-51.

Prep: Prep on your own! Write a brief outline of the theory and a cheat sheet

about the process. Discuss, in a couple of well-written paragraphs, how the therapy as outlined here differs from psychoanalysis/psychodynamic therapy as covered last week. For each chapter, write 2-4 thoughtful

questions that came up during your studying.

Assignment: Respond to a video: **5 Gwen (Adlerian).** Same prompt as last week.

PB Notes: Consider reviewing Gabbard's dynamic psychiatry, but the student's

reading may be sufficient prep. Ask students to complete Therapy Sheet in

class. Videos to consider: 5 Stan (Adlerian); Chapter 3 videos from

Corsini.

Week 6: Behavior therapy (incl. skills training)

Study: Anthony, M.M. (2019). Behavior therapy. In D. Wedding and R.J. Corsini

(Eds.), Current psychotherapies, 11th ed., pp. 199-232. Boston, MA:

Cengage.

Martell, C.R., Dimidjian, S., & Herman-Dunn, R. (2010). Identifying the ingredients of the behavioral antidepressant. In *Behavioral activation for*

depression, pp. 60-88. New York, N.Y.: Guilford.

Linehan, M.M. (1987). Dialectical behavior therapy for borderline personality disorder: Theory and method. *Bulletin of the Menninger*

Clinic, *51*(*3*), 261-276.

Optional (highly recommended): Martell, C.R., Dimidjian, S., &

Herman-Dunn, R. (2010). The core principles of behavioral activation. In

Behavioral activation for depression, pp. 17-35. New York, N.Y.:

Guilford.

Prep: Prep on your own! For each chapter, write down what you learned that

was new, and write down 2-4 thoughtful questions.

Assignment: Respond to video: **Gwen 9**.

PB Notes: Review Goldfried's and Farmer's chapters on BT. Consider Stan 9;

Behavior-therapy-role-play, and The case of Deb. Complete therapy sheet.

Week 7: Cognitive therapy (and metacognitive therapy)

Study: Corey, G. (2011). Cognitive behavior therapy. In *Theory and practice of*

counseling and psychotherapy, 9th ed., pp. 287-317. Boston, MA:

Cengage.

Wells, A. (2009). Theory and nature of metacognitive therapy. In *Metacognitive therapy for anxiety and depression*, pp. 1-23. New York,

N.Y.: Guilford.

Prep: Prep on your own! Write down the key concepts and techniques from CT.

In what significant ways does it differ from the psychodynamic therapies? From BT? What about metacognitive therapy is different from CT? Write

down 2-4 thoughtful questions for each chapter.

Assignment: Respond to video: The case of Sergeant Dempsey. Attempt to

conceptualize the case the way a cognitive therapist would. What

techniques would be helpful and why? Make sure that your answers draw on the readings and class material, and support your answers with material

from the video.

PB Notes: It is unclear whether the videos from Corey will be helpful. Maybe the

Stan video. Use the cognitive-therapy-role-play video from Wedding. Consider reviewing the Beck chapters on CT. Can use REBT videos from

Corsini. Complete therapy sheet?

Week 8: Interpersonal therapy

Study: Frank, E., & Levenson, J.C. (2010). Theory. In *Interpersonal*

psychotherapy, pp. 19-30. Washington, D.C.: APA.

Frank, E., & Levenson, J.C. (2010). The therapy process. In *Interpersonal*

psychotherapy, pp. 31-78. Washington, D.C.: APA.

Prep: Briefly summarize what you learned and write down 2-4 questions about

IPT. In what important ways (assumptions, process) does it differ from

psychodynamic therapies or cognitive-behavioral therapies?

Assignment: Respond to video: 9 **Amber.** Complete therapy sheet. Conceptualize the

case as an interpersonal therapist would. Suggest intervention, and be

specific to the video and course material.

PB Notes: Use **the-case-of-Doug**. Therapy sheet on your own? No other resources

needed for this one.

Week 9: Person-centered therapy & Motivational Interviewing

Study: Cain, D.J. (2010). Theory. In *Person-centered psychotherapies*, pp. 17-76.

Washington, D.C.: APA.

Cain, D.J. (2010). Therapy process. In *Person-centered psychotherapies*,

pp. 77-125. Washington, D.C.: APA.

Recommended: Greenberg, L.S. (2010). Theory. In Emotion-focused

therapy, pp. 31-63. Washington, D.C.: APA.

Recommended: Greenberg, L.S. (2010). Therapy process. In Emotion-

focused therapy, pp. 65-114. Washington, D.C.: APA.

Optional: Rogers, C. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science, Study 1, Vol. 3*, pp. 184-256. New York, N.Y.: McGraw-Hill.

Optional: Rogers, C.R., & Skinner, B.F. (1956). Some issues concerning the control of human behavior: A symposium. In *Science*, 124, No. 3231, pp. 1057, 1066

<mark>рр. 1057-1066.</mark>

Prep: Prep on your own! Turn in a succinct articulation of the person-centered

therapy approach in your own words, and discuss its assumptions about human nature or about the mechanism of therapy in comparison to one of

the previous therapies covered in the course. Include questions.

Assignment: Respond to video: 7 Gwen.

PB Notes: Ok to use Stan or Wedding videos. The resources above are sufficient.

Week 10: Gestalt therapy & Existential therapy

Study: Corey, G. (2011). Existential therapy. In *Theory and practice of*

counseling and psychotherapy, 9th ed., pp. 136-162. Boston, MA:

Cengage.

Corey, G. (2011). Gestalt therapy. In Theory and practice of counseling

and psychotherapy, 9th ed., pp. 210-234. Boston, MA: Cengage.

Prep: Prep on your own! What did you learn? To which of the other therapies do

ET and GT might be most similar, and why? Include your thoughtful

questions.

Assignment: Respond to video: **Gwen 6 or 8.**

PB Notes: Choose appropriate videos from Wedding or Corey. Consider reviewing

Schneider (APA series).

Week 11: Reality-choice therapy & Solution-focused therapy

Study: Corey, G. (2011). Reality therapy. In *Theory and practice of counseling*

and psychotherapy, 9th ed., pp. 333-352. Boston, MA: Cengage.

Corey, G. (2011). Postmodern therapies: <u>Solution-focused brief therapy</u>. In *Theory and practice of counseling and psychotherapy*, 9th ed., pp. 400-

410.

Prep: Prep on your own! How do the assumptions and principles of RT or SFT

differ from psychoanalytic/psychodynamic, cognitive-behavioral, and person-centered/experiential/existential therapies? Remember to include

2-4 thoughtful questions.

Assignment: Respond to Video: **Gwen 11.** Conceptualize the vignette as a reality

therapist would and speculate what interventions will be most helpful.

PB Notes: Videos – Stan 11.

Week 12: Feminist therapy & LGBT-affirming therapy

Study: Brown, L.S. (2010). Theory. In *Feminist Therapy*, pp. 29-76. Washington,

D.C.: APA.

Brown, L.S. (2010). Therapy process. In *Feminist Therapy*, pp. 77-97.

Washington, D.C.: APA.

*** Reading on LGBT-affirming therapy **** [Waiting response from

library.]

Prep: Summarize in your own words the principles and process of feminist

therapy. Compare and contrast it to LGBT-affirming therapy. To which of

the previously covered schools are they most similar, and why?

Assignment: Respond to video: Gwen 12.

PB Notes: Read the Wedding and Corey chapters on these topics, too. Use the

respective videos.

Week 13: Family therapy (structural, systems, Gottman, and/or attachment based)

Study: Goldenberg, I., & Stanton, M. (2019). Family therapy. In D. Wedding and

R.J. Corsini (Eds.), Current psychotherapies, 11th ed., pp. 391-423.

Boston, MA: Cengage.

Gottman, J.M., & Gottman, J.S. (2008). Gottman method couple therapy. In A.S. Gurman (Ed.), *Clinical handbook of couple therapy*, pp. 138-164.

New York, N.Y.: Guilford.

Prep: What did you learn, and what questions do you have?

Assignment: Respond to video: The case of Del and Sarah.

Week 14: Integrative therapy (cyclical psychodynamics)

Study: Norcross, J.C., & Beutler, L.E. (2019). Integrative psychotherapies. In D.

Wedding and R.J. Corsini (Eds.)., Current psychotherapies, 11th ed., pp.

527-556. Boston, MA: Cengage.

Wampold, B.E. (2010). How does psychotherapy work. In *The Basics of*

Psychotherapy, 2nd ed, pp. 91-118. Washington, D.C.: APA.

Meichenbaum, D., & Lilienfeld, S.O. (2018). How to spot hype in the field of psychotherapy: A 19-item checklist. *Professional Psychology:*

Research and Practice, 49(1), 22-30.

Prep: What did you learn, and what questions do you have?

Assignment: Respond to video: Gwen 15

Theory Analysis Worksheet
Theory name(s):
Developer(s):
Historical context:
Key assumptions about human nature:
Personality model:
What causes and maintains suffering/problems:
Mechanism(s) of change:
Wicehamsin(s) of change.

(Theory Analysis Sheet)
Key interventions:
The therapist's role:
The nature of the therapist-client relationship:

Topics for Student Presentations of Theories

Therapies with empirical support that goes beyond case study evidence are marked with *

- Psychodynamic individual therapies
 - Feminist psychoanalysis
 - o Gay-supportive therapy
 - Cyclical psychodynamic therapy
 - Transference-focused therapy*
 - Mentalization-based therapy*
- Behavioral individual therapies
 - o Feminist behavior therapy
 - Assertive communication treatment
 - o Social skills training for autism spectrum disorders or schizophrenia
 - Behavioral therapy for obesity
 - o Parenting training for child behavior problems or anxiety disorders
 - o Multisystemic therapy for adolescent behavior problems
 - o Appetite awareness training for eating pathology
- Cognitive or cognitive-behavioral therapies
 - o Cognitive-behavioral therapy for severe, persistent mental illness
 - o Cognitive-behavioral therapy for chronic pain
 - o Cognitive adaptation training for schizophrenia
 - Schema-focused therapy for personality disorders
 - Metacognitive therapy
- Interpersonal therapies
 - o Interpersonal and social rhythm therapy for bipolar disorder
 - o Interpersonal therapy for eating disorders
- Other therapies
 - Mindfulness-based therapy
 - o Motivational interviewing or motivational enhancement therapy
 - o Emotion-focused therapy for depression
 - o Emotion-focused couples therapy
 - o Attachment-based therapy (not attachment therapy)
 - Psychedelic-assisted therapy
 - Narrative therapy
 - Feminist social justice therapy
 - Positive therapy
- Family or couples therapies
 - o Behavioral couples therapy for addiction
 - o Behavioral psychoeducation family therapy for severe, persistent mental illness
 - o Family-based treatment for eating disorders (behavioral)
 - Sex therapy (behavioral)
 - Acceptance and commitment therapy for couples
 - Attachment-based couples therapy (not attachment therapy)

Topics for Student Presentations of Theorists

- Sigmund Freud (invented psychoanalysis)
- Carl Jung (invented analytical psychology or Jungian therapy)
- Alfred Adler (invented Adlerian therapy)
- Melanie Klein (contributed to the development of psychodynamic therapy)
- Karen Horney (contributed to the development of feminist psychoanalysis)
- Nancy Chodorow (contributed to the development of feminist psychoanalysis)
- William Fairbairn (contributed to the development of psychodynamic therapy)
- Harry Stack Sullivan (developed interpersonal psychoanalysis)
- Carl Rogers (invented person-centered therapy)
- John Watson (contributed to the development of behavior therapy)
- B. F. Skinner (contributed to the development of behavior therapy)
- Edna Foa (contributed to the development of behavior therapy for trauma)
- Albert Ellis (developed rational emotive behavior therapy, a precursor of CBT)
- Aaron Beck and Judith Beck (invented cognitive therapy)
- Donald Meichenbaum (contributed to the development of CBT)
- Marsha Linehan (developed dialectical behavior therapy)
- Judith Cohen (invented trauma-focused CBT)
- William Masters and Virginia Johnson (invented sex therapy, a behavioral therapy)
- Steve de Shazer and Insoo Kim Berg (developed solution-focused brief therapy)
- William Glasser (developed reality therapy)
- Fritz and Laura Perls (developed Gestalt therapy)
- Viktor Frankl (developed logotherapy, a kind of existential therapy)
- Rollo May (contributed to the development of existential therapy)
- Irwin Yalom (contributed to the development of existential therapy)
- Leslie Greenberg (co-invented emotion-focused therapy)
- Sue Johnson (co-invented emotion-focused therapy)
- Virginia Satir (pioneered family therapy)
- James Framo (pioneered marital and family therapy)
- Salvador Minuchin (pioneered structural family therapy)
- John Gottman (developed the Gottman method in couples therapy)
- Jon Kabat-Zinn (developed mindfulness-based stress-reduction)
- Mark Williams, John Teasdale, and Zindel Segal (mindfulness-based cognitive therapy)
- Michael White (invented narrative therapy)

Appendix A

Presentation of a Theory

The purpose of this project is to practice independent or teamwork and to engage deeply with theory by teaching it to others, thus practicing planning and communication skills. Work individually or in pairs to prepare a 50-min. presentation (modeled after previous class meetings) to introduce the class to one theory of psychotherapy. You may use additional readings, but the core of your presentation should (and can be based solely on) materials already provided by me.

A list of theories of psychotherapy available for student presentation will be made available in class, and everyone will sign up either individually or in pairs, depending on class size and other considerations.

Important:

3-4 weeks before your presentation, e-mail me to schedule an appointment 2 weeks before your date, meet with me and come prepared with questions 1 week before your presentation, e-mail a set of study questions to the class

- In what sociohistorical context did the theory develop, and how may that have influenced the theory? (This context may include the dominant schools of psychotherapy or the major paradigms of psychology at that time and in that place.)
- Who developed the theory? (This may be one main theorist, but it may be a group or a school of thought or one or more programs of research.)
- What is the theory's view of human nature? What are its assumptions about personality? (What does it mean to be a person, and in what important ways do people differ, and why, according to the theory? What is it important to know about how the mind works to understand and implement this theory?)
- What causes psychological difficulties according to this theory? (Does the theory accept a medical model of mental illness? Or a different model? Does it try to explain psychopathology or more general human suffering? What is the nature of people's psychological problems? What predisposes them to develop these problems? What triggers their onset? What triggers their expression? What maintains them, that is, why do the problems not go away on their own?)
- What is the theoretical mechanism (or mechanisms) of change? (How much of it is external? How much of it is internal? How much of it is relational? Does it involve a change in structure, or process, or content?)
- What does psychotherapy look like from this theoretical perspective? What are some examples of interventions that distinguish this kind of psychotherapy? (How long does the therapy usually take? What is its format? What happens during a typical session in a way that is different from other forms of psychotherapy? Explain how the view of human nature and personality, of psychopathology, and of the mechanisms of change inform the form of psychotherapy and the specific interventions.)
- What are the implications for the role of the therapist? Of the client (or patient)? (How can their respective roles be described? How much power differential is there? Who talks or does more?)
- Any critiques of the theory, the therapy, or its practice?
- Activities of engagement: presenter role play, video discussion, or classroom activity.

Appendix B

Presentation of a Theorist

The purpose of this activity is to prompt the presenters and the class to consider sociocultural, developmental, and personality influences on one's affinity toward and selection of a theoretical approach. This is important especially in light of a therapist's mandate to remain aware of one's own biases when conceptualizing a client's case. It will also add context to theories we are learning and help us understand and remember them better.

Prepare a 10-min. presentation (about 5 min. of presenting new material and about 5 min. for a classroom activity) that links (or invites the class to link) information about a prominent psychotherapy theorist's background and their theory (or their critique of other prominent theories). You may pick any of the theorists already covered or planned to be covered in the class or in the readings for the class, or you may propose another prominent theorist for instructor approval.

Make sure that you set aside enough time in preparation to (a) research the theorist, (b) prepare the didactic portion of your presentation, and (c) design an activity for the class. Feel free, at any point during your preparation, to e-mail me with questions (but do not leave this for the night before the day of your presentation). Here are some ideas to consider. Keep in mind that, for a brief presentation, you probably cannot cover and should not research *all* of this, but make sure that your presentation is well researched.

- Bring and/or display a list of references that informed your presentation!
- Read journal articles, chapters, or online materials that synthesize the theorist's biography.
- Learn about the person's physical characteristics, physical and mental health, and personality.
- Learn about their family background, upbringing, educational, occupational, relationship, and religious history.
- Try to find out what other theorists or practitioners of philosophy, science, or psychotherapy taught them and influences them in one way or another.
- Consider important historic events that took place while this theorist's worldview was developing.
- Consider the current zeitgeist or major disagreements or debates about psychology or psychotherapy that were taking place at the time when this theorist developed their ideas.
- If already covered in class, only briefly remind the class about the gist of the theorist's perspective on psychotherapy (perhaps focusing on such big ideas as the view of human nature, the cause of psychological suffering, and the mechanisms of change). If not already covered in class, make sure that you outline these briefly but explicitly.
- Make hypothetical connections between the person's background and their theorizing about psychotherapy. It would be especially interesting if you could use their own theory to explain how the theorist's background might have influenced their theory. Alternatively, you could adopt the position of another theorist and try to explain these connections.
- **Include an activity or a discussion.** Consider inviting students from the class individually or in small groups to answer questions you prepared for them, ask them to generate the

connections between the background and the theorist's ideas, or ask them to critique the connections that you presented.

Appendix C

Four Separate Projects/Activities, Each Based on a Different Theory

Psychodynamic Activity

The purpose of this activity is to demonstrate that you studied and understand the principles of psychodynamic thought covered in the readings as well as in class. Write a paper (fewer than 551 words, excluding the title and references) that explains what you learned (if anything) from one of the following activities. Adopt a psychodynamic perspective and use appropriate terminology.

Regardless of which option below you choose, keep in mind that the strongest papers will present a plausible psychodynamic explanation that shows mastery of the theory and plentiful, accurate use of relevant concepts and terminology. In other words, you should study at length and apply extensively the relevant course material when crafting your paper.

Please consider selecting material that is relatively ordinary. You do not have to divulge sensitive information of especially private or sensitive nature. For example, under Option A you do not have to choose a dream about a trauma, under Option B you do not have to write about a psychiatric symptom, and so forth. Whether you write about yourself (Option A) or someone else (Options A-C), feel free to use the third person and a pseudonym.

Option A: Dream Analysis

Interpret one of your dreams. You may find it helpful to first carry out these four steps for yourself. **Step 1:** Write a short, objective plot about the dream, the way you would tell it someone else. This is its "manifest content." **Step 2:** Now write down everything you remember about the dream, however mundane or strange it might appear: every sensory detail (e.g., images, color, sound, movement), every character and every action, every emotion, and every thought that was part of the dream. **Step 3:** Spend some time jotting down your free associations to every element you wrote down, even if the associations seem irrelevant, silly, inappropriate, or puzzling. In free-associating, focus on the elements (e.g., colors, shapes, actions) from **Step 2**, not on the manifest content. In other words, jot down what first comes to mind, without censoring it, when you think about each element. Then look for patterns among the associations, or any associations that "click" in your mind or create an "Aha!" moment. **Step 4:** Develop an interpretation about the "latent content" of the dream. What (if anything) might the dream really mean, that is different from the manifest content. Why might have the latent content been disguised and how?

Option B: Parapraxis or a "Symptom" of Everyday Life

Interpret an unintentional error (parapraxis) in perception, behavior, or communication by you or by someone you know well or analyze an unusual behavior that you did not previously understand well in yourself or someone you know well. Before you sit down to write the paper, you may find it helpful to follow these steps. **Step 1.** Choose an appropriate parapraxis or behavior. **Step 2.** Write down for yourself everything you can recall about it: what exactly happened, where it happened, who else was there, what was on your mind at the time, and what happened next. **Step 3.** Engage in free association about each small bit of information you wrote

down in the previous step. Jot down all your associations, even if they seem irrelevant, silly, inappropriate, or puzzling. Then look for patterns among the associations, or any associations that "click" in your mind or create an "Aha!" moment. **Step 4.** Develop an interpretation that plausibly explains the puzzling behavior with competing unconscious motivations. A complete interpretation will (a) describe the parapraxis or "symptom" and the circumstances (intrapsychic or external) that triggered it, (b) briefly outline its overt or commonplace meaning that someone who is not psychodynamically savvy might assume is the only one, (c) address various lines of evidence that suggest that there may be an underlying internal conflict or competing motivations behind the behavior, and (d) lay out the compromise formation or symbolic meaning of the parapraxis or symptom. Why did that meaning not reach consciousness and, instead, express itself in puzzling behavior? Your paper should focus only briefly on the behavior and its commonplace meaning, and its thesis should be the psychodynamic interpretation, backed by evidence from the analysis you conducted.

Option C: Humor

Interpret something (a situation, a joke, or an element of fiction) that you or someone you know well finds especially funny. It should be something that you or the person you write about truly finds hilarious, to the point of laughing uncontrollably. Interpret the reason why it is so funny to the person in psychodynamic terms. Before you start writing your paper, you may find it helpful to follow these steps. **Step 1.** Write down every detail about what happened. This includes every detail about the funny event (sensory details, things said, actions, descriptions of people or characters) as well as where it happened, who was there, who did what, and what thoughts and feelings you or the person you are writing about were having (and perhaps what happened next). **Step 2.** Write down a conventional or commonplace explanation why the event was funny. **Step** 3. Engage in free association about what you wrote down in Step 1. Focus on each phrase you wrote down in turn. Try not to censor your own thinking, and jot down everything that comes to mind about that phrase, regardless of how irrelevant, silly, inappropriate, or puzzling it might be. Once you are done, look for patterns in your free associations. **Step 4.** Develop an interpretation that addresses why the event in question was so funny from a psychodynamic perspective. Address any hidden and possibly conflicting motivations that made the event funny, the reasons they were hidden, and how the humorous event was able to tap them. What was the laughter really about? Your paper should focus only briefly on the humorous event and the commonplace explanation of its humorousness, and it should revolve primarily around the psychodynamic interpretation of the humor, including any evidence gathered throughout the analysis.

Behavioral Activity

The purpose of this activity is to attempt a small behavioral modification in real life as well as to demonstrate that you have studied, understand, and can apply the concepts about behavior therapy from class and from the readings. Turn in a 350-500 word paper (excluding the title and references) that describes how you planned your behavioral activity, what data you collected, and why you think it worked or did not work. I cannot possibly underemphasize the importance of using accurate and plentiful terminology in this short report in a way that demonstrates your understanding of the material. Study the material in depth, and pretend that you are a behaviorist discussing an intervention.

Note: This activity takes planning, 14 days to "run," and additional time to write up. Make sure to read through this guide carefully, and ask when questions come up.

Use yourself as the subject. First, carefully plan out the behavioral modification. Then carry it out. Measure the emotional response or the behavior at baseline for **4 days**, and then implement the behavioral modification intervention for **10 days** and make sure to collect data as you go along. Next, evaluate the outcome. Finally, think through the experience carefully and write your paper.

Important: Choose to modify an emotional response or an instrumental behavior using the principles of classical or operant conditioning. The emotional response or behavior that you choose should be an ordinary one that you feel comfortable discussing in a paper. It should not be pathological or dangerous, and it should not be a behavior, the tackling and discussion of which might put you or other people at risk of significant discomfort or injury. (Do take any pathological, dangerous, risk-related, or painful material to the real therapy context.)

Important: Pick an emotional response or a behavior that either occurs frequently on its own or that you readily elicit and practice with on a regular basis. You will need to monitor the behavior, measure it, implement the behavioral modification, and record the outcome on a daily basis, preferably multiple times a day. If you pick a behavior that can only take place only once in a blue moon, then you will not have enough opportunities to measure it and intervene.

Important: Think how you will measure the outcome. Remember the concept of operationalization of a variable from Intro Psych and Research Methods. You need to operationalize your outcome. Will you count how many times the behavior occurs per day? Will you measure the intensity of an emotion in response to a situation on a 0-10 scale? Different kinds of measurement make sense, depending on the nature of the response you are trying to modify.

Below are some examples. You may do a variation on one of these examples, or you may come up with your own example. Feel free to ask questions ask you design your behavioral experiment, but once you have designed it, you must commit to carrying it out for 10-14 days without much alteration. Then again, ask questions as questions come up.

Example A. Try to develop a desirable conditioned response (e.g., relaxation) in response to a stimulus (e.g., a scent, a tone, or a mantra). This can easily be practiced multiple times per day. We can call them trials. For each trial, you can record the level of relaxation at the beginning and at the end of the trial (e.g., on a scale from 0-10, where 0 is *very tense*, 4 is *neither tense nor relaxed*, and 10 is very *relaxed*). You can also record the time it takes to reach relaxation of a certain level (e.g., 7 or higher on a 0-10 scale) in seconds. You can then think of a straightforward way to plot your results, e.g., trail number on the *x* axis and the outcome of choice on the *y* axis. Think how you would use the theory of classical conditioning to condition a relaxation response to a previously neutral tone like a musical tone, a mantra, or a scent.

Example B. Try to extinguish an undesirable conditioned response (e.g., anxiety) in response to a situation (e.g., approaching a stranger, asking for help at a store). Note that this is something that can be practiced multiple times a day, which we will call trials. You will have to come up with a definition of what constitutes a trial. For each trial, you can record the maximum level of anxiety experienced. Think how you would use the theory of classical conditioning to extinguish a conditioned response to a given stimulus, e.g., in a person who responds with anxiety to approaching a stranger to ask a question.

Example C. Try to increase the frequency or duration of a desirable behavior (e.g., smiling at strangers, or working on your thesis, or physical exercise) using a reinforcer. Note that these are all behaviors that are easy to define operationally, and they can be done at least once or, preferably, multiple times a day. Note also that they are easy to measure, e.g., by taking notes on one's smartphone or on a piece of paper one carries in a pocket. Decide whether to measure frequency in behavior counts, duration in minutes, etc., and how exactly you will record it. Decide what the pleasant consequence that acts as a reinforcer will be. Technically, we do not know whether something is a reinforcer until after we have observed its effect on the behavior, but you know yourself well and can probably guess what will be reinforcing and what not. For example, an enjoyable activity can act as a reinforcer (administer 10 min. of playing a game for every 30 min. of working on thesis). Or you could use tokens (every smile at a stranger earns a point, and every 15 points can be exchanged for a piece of candy). Note that, to be most effective, reinforcement needs to be administered (and recorded, for reporting purposes) as soon as the desirable behavior has occurred. You can then plot, for example, days on the *x* axis and the frequency or duration of the behavior on the *y* axis.

Example D. Try to decrease the frequency, duration, or intensity of an undesirable behavior (e.g., using Instagram, interrupting people, drinking sugary beverages). Again, the behavior should be easy to record by checking the time it took (duration) or by counting it (using an electronic device or a piece of paper) and it should be one that, before the intervention, occurred quite frequently (otherwise the effects of the intervention may be hard to evaluate, or the intervention may not be possible to implement). Decide ahead of time what you will do to remove reinforcing consequences from the behavior or what consequence you will administer to yourself as punishment (donate \$1 to a presidential candidate you disagree with for every sugary beverage; do 20 pushups every time you interrupt someone, or, if this is not practical, then write a note for yourself to do the pushups and make sure to do them later; snap an elastic against your skin each time you catch yourself using Instagram). You can be creative, but keep in mind that, even more so than reinforcement, punishment has to be immediate to be effective. Think how the

results from each of the examples here could be graphed or otherwise summarized to show whether or not the intervention was effective.

Once you have read through the above, think what your intervention will be.

- Write down the emotional response or instrumental behavior you want to modify.
- Operationalize it. That is, write down exactly how you will measure it and in what units.
- Write down the procedure you will use to modify the behavior.
- Operationalize this procedure. Write out the exact steps you will take to implement it.
- Prepare any materials you will need, e.g., paper and pencil to carry with you at all times, etc.
- Collect data on the behavior or emotional response in the absence of intervention for 4 days.
 - o This will be your baseline, to which you will compare the results of the intervention.
- Carry out the intervention continuously for 10 days, while recording the emotional response or behavior according to the scheme you devised.
- Think about the results. What went well? What did not? Why?
- Write your paper.

In writing your paper, make sure to:

- Explain what principle of behavior modification you decide to use and why.
- State what response you tried to modify and how.
- Explain what considerations went into choosing a way to measure the response, in selecting an intervention procedure, and so forth.
- Summarize the results.
- Discuss the success or failure of the activity.
- Discuss any factors that may have responsible for that success or failure.
- Write as if you are a behavior therapist.
- Use accurately and plentifully the appropriate terminology to show your understanding of the course material.
- Consider briefly discussing what you learned from the activity or how the activity could be improved in the future.

Cognitive Activity

The purpose of this activity is to make an attempt at cognitive restructuring and to write a 350-500 word paper that demonstrates that you studied, understand, and can apply the relevant course material from the readings and/or from class.

You will use yourself as the subject, and you will attempt to improve the way you feel about something that has been causing you unpleasant feelings. You must use good judgment when selecting what topic or trigger of unpleasant feelings to discuss. You should not select anything that you would feel uncomfortable writing about in your paper, and you should not select anything that is clearly pathological or dangerous, or the tackling of which might cause you or someone else significant distress or put you or someone else at risk. (Do take any pathological, dangerous, risk-related, or painful material to the real therapy context.)

Choose a situation, topic, or triggering event that occurs regularly, so that you have plentiful opportunities to monitor it and to attempt to intervene. Here are some examples: feeling nervous when working on your thesis (and avoiding it); feeling irritated when your high-school friend texts you conspiracy theories; feeling guilty or embarrassed when you blurt out things at dinner with your friends. Note that this will work best if you choose frequently occurring situation (one that happens naturally, or one that you could elicit yourself, so that you can engage in the cognitive restructuring). Note also that this will work best if you choose a situation that elicits an emotion that you are relatively confident is mostly irrational. For example, the activity will work well if you are someone who feels guilty for blurting out innocent statements around your friends, because you can use cognitive restructuring to reduce the guilt, which is probably unnecessary (or "irrational," although I am not sure that feelings can be irrational; thoughts can). Now, if what you blurt out around your friends is so offensive that they yell at you and stop being your friends, then the guilt probably is not irrational and what is needed is a change in behavior.

Over the course of one week, do 5 cognitive restructuring exercises about the situation that you picked. Then write your paper. Do each of the 5 exercises as soon as possible after the triggering situation occurred. If you cannot do it immediately, then do it before the end of the day.

Each exercise should follow the following format:

Step 1. Write down the situation.

E.g., "At dinner, I blurted out that my friends is being silly."

Note that you do not write down what you felt or what thought here.

Step 2. Write down the negative feelings and rate them on a scale from 0-100.

E.g., "Embarrassed, 75; Guilty, 65."

Note that feelings are things like happy, interested, surprised, sad, angry, fearful, embarrassed, guilty, and ashamed. Do not confuse feelings with thoughts, e.g., "I am going to blush." Do not confuse feelings with vague terms that do not mean much, like "upset" or "bad." If you cannot identify your feelings and all you can come up with "upset" or "bad," then use these words, but

keep in mind that they are not feelings and that you can benefit from learning how to identify your emotions, which this exercise does not teach.

Step 3. Take a moment to recall what happened. Put yourself in your own shoes, close your eyes, and imagine the event as it unfolded, even if it is unpleasant for you to do so. Notice and write down all the *automatic thoughts* that went through your mind *just before* you had the negative feeling. Or, if you cannot recall, write down the thoughts that you are currently having about it. Write down all thoughts; that is usually 3-5 thoughts per activity.

E.g., "They are going to hate what I said," "I am so stupid," "I am going to lose this friend."

Take another moment and think where these thoughts lead you. Are they part of a larger thought pattern that has an "if... then..." structure. These are called *conditional statements*. Write down any conditional statements that might underlie your automatic thoughts.

E.g., "If they hate what I said, they will dump me as a friend." "If they dump me as a friend, then I will be all alone." "If I don't have friends, then my life is not worth living."

Note how unsurprising it is that you felt negative emotions in response to such negative satements.

Step 4. Now see if you can identify *cognitive distortions* in your conditional statements. Common cognitive distortions are listed on the subsequent pages. Do not just think about this, but actually write down on your piece of paper (or in your electronic file) the name of the cognitive distortion next to each conditional statement from the previous step.

Take another moment, and, for each cognitive distortion, *rewrite* the thought as a more realistic way of viewing the situation. E.g., "If they dislike what I said, they will probably forget about it by tomorrow, or they will assume that I am in a bad mood and not take it personally." "If they dump me as a friend, then I will eventually make other friends, or I will repair my friendship with this person." "If I don't have friends, my life is still worth living, because I still have family, ambitious, and values; also, I cannot recall a time in my life when I was truly completely friendless, so how realistic is it that I will never have even a little bit of friendship in my life?"

Step 5. Read the revised thoughts, think about the triggering situation again, and rate the original negative feelings you wrote down in Step 2 again. Notice any differences in the ratings. For example, "Embarrassed – 35 (declined by 40 points)."

Write your paper. Below are some points to consider when writing it. You do not have to necessarily address (and probably cannot in a short paper address) each of these points, but they should give you a good idea what I am looking for. Note that your paper should be written as if a cognitive therapist wrote it, and it should reveal that you studied the course material, understood it, and are able to apply it.

- Sate what triggering situation you chose and why.
- Summarize your observations from the 5 cognitive restructuring exercises.
- What patterns did you notice, if any?
- Do you think that there may be a core dysfunctional belief that underlies your conditional statements? What might it be?

- Do you think that engaging in these exercises further will be helpful, e.g., if you do them to the point where you automatize the skill to detect and correct automatic thoughts?
- Do you think that incorporating cognitive restructuring into your repertoire of psychological skills could result in the core belief changing?
- If not, why? If you were to take a different theoretical perspective, what would it take to change that core belief that cognitive restructuring alone may not accomplish?
- What about the activity went well? What did not? Why?
- How might you modify the activity to improve it in the future?

Common Cognitive Distortions

(Beck, 2976)

Filtering

You focus on or magnify negative details instead of positive details about a situation. For example, you focus on how afraid you felt when you had a panic attack instead of the fact that the panic attack went away after only three minutes. (Pause and think if there is something positive about the situation, or if you exaggerated the negative.)

Polarized, Black-and-White Thinking

This is all-or-nothing thinking. You are either perfect or a total failure. You are either adored by everyone or despised by everyone. There is no middle ground. For example, you think that having a panic attack means that you are crazy, instead of that having a panic attack means that you are a nervous sort of person (like so many other people). (Pause and think if there is a gray area. Replace words like perfect or failure with words like reasonably good and could use improvement in.)

Overgeneralization

You use one or just a few incidents to draw an overly general conclusion. If something bad happened once, then it will keep happening forever. If you made one mistake, then you must be a bad person. For example, you had a few panic attacks and you conclude that your life is ruined and you will always live in fear of panic attacks instead of saying to yourself that, with or without treatment, they will probably go away or at least stop bothering you. (Can you think of counter examples? Is it possible that things will turn out less poorly in the future?)

Jumping to Conclusions

You prematurely decide what an outcome will be, or what other people are thinking or feeling, even though you do not actually have evidence for it. You engage in mind-reading or fortune-telling, as if you know what people are thinking or how events will turn out. You are certain that people think you are weak because you had a panic attack, even though they never saying anything like that (and, if they do, who cares?). You conclude that your body is broken and you will die of a heart attack, even though you have had only three panic attacks and you do not have any heart disease. (Pause and evaluate your evidence. Have you considered all possible outcomes?

Catastrophizing or Magnifying

You expect disaster, no matter what. You engage in a lot of "what if..." thinking, imagining the worst-case scenario. For example, you might think, what if my panic attack means that I have brain cancer, even though there are a million less dramatic causes of panic attacks (like being a little too warm or being caught by surprise). (Pause and think what other, less disastrous outcomes are possible. Also, even if it is brain cancer, it could be one that is easily treated.)

Personalization

You assume that everything people do or say is directly about you, and perhaps you feel responsible for making other people happy or for always make a good impression. For example, you might think that a person is late for a meeting because they dislike you or because you said

something wrong to them, without think about all the other reasons why they might be late. (Pause and think about all the other reasons, that do not have to do with you, that might be causing someone to seem in a bad mood, or to decline an invitation, and so forth.)

Control Fallacies

You believe that you are or that you should be in full control of every situation in your life. Because this is impossible, it can lead to feelings of disappointment or anger. For example, you get angry at yourself because you had a panic attack, as you believe that you must be in perfect control of your emotions. Or you get a fit of road rage, because you believe that you have to magically be able to force other drivers on the road to behave appropriately instead of breaking the rules. (Evaluate how realistic it is that you have such control. Break the situation down into elements that you realistically can control, e.g., what you say to yourself or what you do, and elements that you cannot control, e.g., how your body reacts to emotions or what other people do.)

Fallacy of Fairness

You think that something is not fair or that it must be fair. And, because it does not seem to be or is not, you feel resentful or angry. For example, you think that it is not fair that you have occasional panic attacks, whereas other people do not have to put up with the same issue. (Evaluate your assumptions about fairness. How realistic is it to expect the world to be fair? If it is not, then can you do something to improve the situation, e.g., by standing up for yourself? Or is it out of your power. Are you applying social reasoning about fairness to an asocial situation that has nothing to do with fairness?)

Blaming

You hold other people responsible for your emotional pain. Or you blame yourself for every problem, including ones outside your control. For example, you insist that someone else made you feel bad about yourself (strictly speaking, that is impossible, unless they implanted electrodes in your brain; only you can change how you feel about yourself).

Shoulds (Also known as Sh****ing Yourself)

"I should do this more," "I shouldn't do that." You set rigid rules for yourself and do no allow for exceptions. (Consider instead, something like, "I would *prefer* if I did this more or if I didn't do that more often, but I will *be kind to myself* when don't meet that standard I set for myself.)

Emotional Reasoning

Confusing emotion with fact. For example, if you feel disgusted with yourself, you conclude that you must be a disgusting person. If you feel embarrassed about something you said, you conclude that you must be a stupid person. If you feel guilty about something you did, you decide that you are an immoral person who will burn in hell for eternity. (Pause and consider the difference between how you feel, temporarily, and what truly is. Note the difference between a feeling you are having and the thoughts you are having. A feeling is just a feeling, and it will generally pass. You can also change it by engaging in emotion regulation. It does not have intrinsic meaning about you, other people, or the world.)

Global Labeling

This is a kind of overgeneralization. You take one or two qualities about yourself or another person, and you blow them up into some global judgment about that person. For example, you notice that you acted a little timid around strangers, so you conclude that you are a "loser" in everything. Someone says something insensitive, and you conclude that the person is a "jerk," without considering other things that the person has done. (Consider counter examples. Are there situations, in which you did not act timid? Will there be situations in the future when you do not act timid? Do you have qualities other than sometimes acting timid? Are some of these qualities positive? Could acting timid in some situations be seen as positive by some people?)

Always Being Right

You insist on winning arguments and coming on top, even though this results in straining your relationships with people and generates negative feelings along the way. (Consider what is more important to you: winning a particular argument or getting along and enjoying better relationships. Consider alternative perspectives on the issue, too.)

Heaven's Reward Fallacy

You believe that your own self-denial and self-sacrifice will eventually pay off. Other people will notice and remember how much you give of yourself, and they will praise you and reward you. You end up feeling bitter and angry, while the people around you are completely clueless why you are so sour (because, of course, they did not notice or remember your sacrifices, as you never told them that you made any kind of compromise). (Rethink how realistic it is to expect people to see you as a martyr, how realistic it is for them to know that you think you are sacrificing for them without your telling them that, and what you are giving up in terms of enjoyment for yourself by sacrificing your needs for others.)

Experiential Activity

Write a short paper (up to 551 words, excluding the title and the references) about yourself that takes a **person-centered** or **existential** perspective. In that paper, demonstrate that you have studied, understand, and can apply relevant concepts from class and from the readings. Do so thought the accurate and plentiful use of multiple such concepts. You should include a **theoretical interpretation or explanation** of a problem you are trying to solve.

It may be helpful to make the paper about a problem that you are currently tackling in your life. It may be something that generates unpleasant feelings for you, or an item of indecision, or something that you wish for in your life. Please choose a topic that is relatively ordinary and that you are comfortable to discuss in a paper. You probably should not select anything that is clearly pathological or dangerous, or the tackling of which might cause you or someone else significant distress or put you or someone else at risk. (Do take any pathological, dangerous, risk-related, or painful material to the real therapy context.)

There is no specific format or content demand for this paper, except as stated above. However, I do have a couple of suggestions how you may generate relevant content and you may find interesting. If you wish, you could incorporate information obtained about yourself and your topic of choice through one of the following experiential activities. It is possible that engaging in these activities may not produce useful information for your paper. Then again, it might.

Option A: Phenomenological Exercise (about 1 hour)

Part A. First, I want you to practice immersing yourself in your senses in a meditative sort of way, without attaching any judgment or value to what you are experiencing. Take an object to meditate on. It could be a piece of fruit, a small ornament in your possession, the flame of a candle, an interesting leaf or flower. Find a place where you will not be interrupted. Seat yourself comfortably. Make sure that there is enough light. Place the object at an arm's length. Set a timer for 20-30 min. I want you to attentively watch and examine the object for that entire period. If your attention drifts away from it, return it to the object. Watch and try to experience everything you can sense about it. Watch its shape, color, texture, and so forth. But do not think about these things. Your brain will spontaneously generate thoughts. That is OK, but do not dwell on these thoughts. Notice them and let them pass through your mind and float away. Return your attention to the object and direct your senses toward it. Again, your attention may waver; do not judge yourself for that, but simply turn your attention back to the object. You may experience a visual distortion or an alteration of attention or consciousness. Do not think about it, but simply observe what is happening and let any thoughts, feeling, or judgments simply pass through your mind and float away. When the time it up, take another minute or two to notice how you feel and reflect on the experience.

Part B. This is the harder part. For 20-30 min. (set a timer), I want you to examine a question about yourself (you could focus on your reflection in a mirror) or the issue you want to solve in a manner like what you did in Part A with the object. The idea is to impartially focus your attention on the issue for a period. While you do that, I want you not to think, but to simply focus on the issue. Your brain will generate thoughts, and you will notice them, but you will not think

on them; instead, you will let them float through your mind and float away. If you find yourself obsessing on a thought, do not judge yourself for having faltered, but turn your attention back to the problem. Observe any thoughts, feelings, memories, judgments, or bodily sensations and let them pass without immersing yourself in them. It may be helpful to imagine that you are sitting in a stream of water or air with the problem in front of you and the products of your brain gently floating past, with your attention remaining on the problem. After the time is up, notice how you feel and what you think about the problem.

Option B: "Vision Quest" (about 4 h; Suler, 1990)

You will commit to go on a vision question, during which you will keep yourself or the problem you want to tackle in mind, but you will not try to solve it! Instead, during your question, you will observe carefully and nonjudgmentally what happens and what comes to your mind. **And you will look for a sign to help you in your self-discovery.** You will try to remember it. At the end of the question, you will reflect on what your experience during the quest meant, and how it may contain answers about yourself or the problem you are trying to solve.

You will literally go on a quest. You must go *alone* and take some paper and pencil with you. You must leave your room or home and so somewhere. Let your intuition decide where. Just wander. (Decide the time and starting place in advance.) You *cannot* do anything specific, like going to dinner, visiting a friend, or going to a movie. It is great if you could go somewhere, where you do not go on a regular basis, and it is great if you could go somewhere, where you will not be disturbed by people too much, but it is OK if people are present. Make sure that you choose a safe location or destination for your quest. Make sure that your phone is silenced, so that you are not disturbed. If people approach you, you may speak with them for no more than 1-2 minutes, but you must not engage with them too much, and you must go on your way alone as soon as possible.

During your quest, keep in mind that you are on a *quest*. You are looking for, expecting, or waiting for something. *Something* will happen, and there will be a *sing*. It will give you insight into your question about yourself or the issue you need to resolve. Every 30 min. or so, stop and write down the time, the place, and what happened. Write down any thoughts, feelings, or insights that you are having. You will not share these notes with me, but you will later examine them for a sign. During your quest, do not try to explain your experience to yourself, but try to observe it carefully and record it every half and hour or so. Go on your quest and keep your senses open. Observe everything that happens. There will be a *sign*.

Appendix D References

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Appendix E Study and Reading Guide

Five Big Study Tips

- 1. Do the readings before class.
- 2. Each week, spend three to four hours of study per every hour spent in the classroom.
- 3. Study actively, not passively. Underline, write in the margins, draw graphs, try to apply the material to your daily life, discuss it with peers, or imagine you are teaching it to someone else.
- 4. Use language with precision. In psychology, words that sound colloquial are often actually specific terms. Do not rely on common sense to understand psychological terms and theories.
- 5. Get enough sleep every night. Go to bed at the same time and get up at the same time. Study before bedtime. If you take naps, study before naptime.

SQ3R Strategy for Active Reading

In a 2008 article in Psychological Science, McDaniel, Howard, and Einstein reviewed more than 65 years of research and concluded that Robinson's (1941) SQ3R study strategy for college reading still holds. (They also found evidence that an abbreviated 3R strategy also works for many students.)

Survey – look over the material to gather information necessary to focus and formulate goals. Read the title to prepare yourself for the subject at hand. Read the introductory passage and the summary to orient yourself to the authors' purposes and focus on the most important points. Do not be tempted to read passages from the main body of the material yet. Instead, note each heading and subheading to help organize your thinking into a structure for the details to come. Notice any graphs, charts, maps, and diagrams. Pay attention to reading aids – italics, boldface print, chapter objectives, and end-of –chapter questions.

Question – engage and concentrate your thinking. One section at a time, turn the headings into as many questions as you think will be answered in their respective sections. The deeper the questions, the better your comprehension will be. Add more questions as you proceed. When you are actively searching for answers to questions, learning is more engaged and more successful. **Read** – fill in the information around the mental structures you've been building. Read each section (one at a time) with your questions in mind. Look for the answers, and notice whether you need to make up some new questions.

Recite – concentrate and learn as you read. After each section, stop, recall your questions, and see whether you can answer them from memory. If not, look back. Don't go on to the next section until you can recite the main points/answer the questions you have.

Review – refine your mental organization and build memory. Once you've finished the entire reading, go back over all the questions you generated. See whether you can still answer them. If not, look back and refresh your memory, then continue.

Self-questioning Stems (King, 1992) for Active Study

What is a new example of ...? How would you use ... to ...? What would happen if ...? What are the strengths and weaknesses of ...? What do we already know about ...? How does ... tie in with what we learned before? Explain why... Explain how... How does ... affect ...? What is the meaning of ...? Why is ... important? What is the difference between ... and ...? How are ... and ... similar? What is the best ..., and why? What are some possible solutions to the problem of ...? Compare ... and ... with regard to ...? How does ... cause ...? What do you think causes...?

Appendix F Sleep Hygiene

Sleep only when sleepy. This reduces the time you are awake in bed.

If you cannot fall asleep within 20 minutes, get up and do something boring until you feel sleepy. Sit quietly in the dark or read the warranty on your refrigerator. Do not expose yourself to bright light while you are up. Light gives cues to the brain to wake up.

Do not take naps. This will ensure you are tired at bedtime. If you just cannot make it through the day without a nap, sleep less than one hour, before 3 pm.

Get up and go to bed the same time every day. Even on weekends! When your sleep cycle has a regular rhythm, you will feel better.

Refrain from exercise at least 4 hours before bedtime. Regular exercise is recommended to help you sleep well, but the timing of the workout is important. Exercising in the morning or early afternoon will not interfere with sleep.

Develop sleep rituals. It is important to give your body cues that it is time to slow down and sleep. Listen to relaxing music, read something soothing for 15 minutes, have a cup of caffeine free tea, do relaxation exercises.

Only use your bed for sleeping. Refrain from using your bed to watch TV, pay bills, do work or reading. So, when you go to bed your body knows it is time to sleep. Sex is the only exception.

Stay away from caffeine, nicotine, and alcohol at least 4-6 hours before bed. Caffeine and nicotine are stimulants that interfere with your ability to fall asleep. Coffee, tea, cola, cocoa, chocolate and some prescription and non-prescription drugs contain caffeine. Cigarettes and some drugs contain nicotine. Alcohol may seem to help you sleep in the beginning, but you will end up having fragmented sleep.

Have a light snack before bed. If your stomach is too empty, that can interfere with sleep. However, if you eat a heavy meal before bedtime, that can interfere as well. Dairy products and turkey contain tryptophan, which acts as a natural sleep inducer. Tryptophan is probably why a warm glass of milk is sometimes recommended. (Remember to brush your teeth and floss after having your snack.)

Take a hot bath 90 minutes before bedtime. A hot bath will raise your body temperature, but it is the drop in body temperature that may leave you feeling sleepy.

Make sure your bed and bedroom are quiet and comfortable. A hot room can be uncomfortable. A cooler room along with enough blankets to stay warm is recommended. If light in the early morning bothers you, get a blackout shade or wear a slumber mask. If noise bothers you, wear earplugs or get a "white noise" machine.

Use sunlight to set your biological clock. As soon as you get up in the morning, go outside and turn your face to the sun for 15 minutes.

American Sleep Disorders Association

Appendix G

Reading List for Psychology Majors Headed toward A Career in Mental Healthcare Services

General

The *Ethical Principles of Psychologists and Code of Conduct* by the American Psychological Association (current version; available online at apa.org).

Any well-reviewed textbook called *Introduction to Clinical Psychology* or *Clinical Psychology*, e.g., by Kramer and Bernstein, by Trull and Prinstein, etc.

The *Diagnostic and Statistical Manual of Mental Disorders* by the American Psychiatric Association (current version)

Evaluation and Assessment

Psychiatric Interviewing: The Art of Understanding by Shawn C. Shea ** * * * * and/or Clinical Interviewing by Sommers-Flanagan and Sommers-Flanagan

Hidden Addictions: Assessment Practices for Psychotherapists... by Marilyn Freimuth

Interviewing Clients Across Cultures by Lisa A. Fontes

Any undergraduate level textbook called *Psychological Testing and Assessment* or *Psychological Testing*, e.g., by Kaplan and Saccuzzo, or by Cohen et al.

Individual Intervention with Adults (listed in a suggested order)

The Basics of Psychotherapy by Bruce E. Wampold ☆☆☆☆☆

Therapeutic Communication: Knowing What to Say When by Paul Wachtel ☆☆☆☆☆

Relational Concepts in Psychoanalysis by Stephen Mitchell

Psychoanalytic Psychotherapy by Nancy McWilliams

Client Centered Therapy by Carl Rogers

Attachment Theory in Practice: EFT with Individuals, Couples, and Families by Susan M. Johnson

Motivational Interviewing: Helping People Change by William R. Miller

Behavior Modification by Martin and Pear

Cognitive Behavior Therapy by Judith Beck

The Guide to Interpersonal Psychotherapy by Weissman and Markowitz

Dialectical Behavior Therapy in Clinical Practice by Dimeff and Koerner

Clinical Handbook of Psychological Disorders by David H. Barlow

Handbook of Psychotherapy Integration by Norcross and Goldfried

Psychoanalysis, Behavior Therapy, and the Relational World by Paul Wachtel

40 Techniques Every Counselor Should Know by Bradley T. Erford

Diversity in Clinical Practice

Race, Culture, and Psychotherapy by Moodley, Palmer, and Fernando Feminist Therapy: Theory and Practice by Ballou, Hill, and West Coming Out of Shame by Gershen Kaufman What Psychotherapists Should Know About Disability by Rhoda Olkin

Readings to Avoid

EMDR; anything with the words "energy," "brain," "rewire," "dissociation," "neuro-linguistic programming," "facilitated communication," "attachment therapy" (not to be confused with attachment-based therapy), <u>classical</u> psychoanalysis (not to be confused with modern psychodynamic psychotherapy, modern psychoanalytic therapy, or transference-focused therapy)