University of New Hampshire at Manchester
Course Syllabus

Counseling
Psyc 762, fall 2005
Monday/Wednesday 9:00-10:50
Office: Room 353; Phone: 641-4179
e-mail: gsg@christa.unh.edu

Office Hours:

Monday	11:00-12:00
Tuesday	10:30 –11:30
Wednesday	11:00 - 12:00 and by appointment

A. Goals:

This course will provide a detailed examination of the relationship between the therapist and client. Although we will examine several models of therapy, this is not a survey course. Instead, we will focus on principles and techniques that are useful in many clinical settings. Hopefully you will also be able to develop your own philosophy of counseling and apply the principles we study to your personal development. A list of the learning objectives for the course is attached to the syllabus. Course prerequisites are Psyc 402; 502; 553 or 561; or permission of the instructor.

B. Required Text:

The assigned text is Theory and Practice of Counseling and Psychotherapy by Gerald Corey, Brooks Cole Publishing Co., 7th edition, 2005. The bookstore is located at 500 Commercial Street (entrance on the riverside). Phone number is 626-0412.

C. Evaluation:

1. Exams: There will be an in-class essay midterm (given about half way through the semester) and an in-class cumulative essay final. You will be allowed to refer to your notes for these two exams but not your textbook or assigned readings. The questions on the exams will be used to test your comprehension of assigned material, your ability to apply learned material in new situations, and your capacity to understand the relationship between various facts and principles.

2. Quizzes: Three closed-book quizzes, lasting about one-half hour each, will be given during the semester. Tentative dates are: September 28, November 7, and December 7. Question types include: multiple choice, fill-in, matching, and brief essay.

3. Class Participation: The grade you receive here is based on subjective and intuitive criteria and will therefore only be used to increase your final grade, especially in any kind of borderline situation. However, the success of this course and what you will learn from it, will depend upon your active participation.

4. Class Attendance: Attendance is mandatory. Excessive class absence or lateness will result in a lowering of your grade. I also ask that you arrive on time to class and remain in class for the entire period. Leaving the classroom during class presentations is distracting to your classmates and to me. Therefore, leaving class at any time during class presentations (whether you return or not) will constitute a class absence. Please see me if a medical reason requires you to leave the classroom during class presentations.

   Class attendance means more than showing up for class and therefore I expect that you will attend to class presentations and refrain from distracting conversations during class. Additionally, please turn off your cell phone before entering class.

5. Course Project: Your research project should focus on doing counseling with a specific patient population or patients with particular issues. (e.g., suicidal patients, acting out adolescents, people with eating disorders, patients in crisis, patients with boundary issues, substance abusers, sexual abusers, victims of sexual abuse, psychotic patients, couples with marital or relationship problems, disorganized families, dangerous patients, women or men with issues about sexual orientation, patients who engender ethical issues).

   There will be two components to the project: an individual research paper and a group workshop presentation to the class. Thus, you will need to find other members of the class who share an interest in your topic.

   a. Project groups will consist of four to seven members depending upon class enrollment. You will be required as a group to design a workshop and present it to the class in a way that actively involves their participation. Although this workshop might include some didactic material, its major emphasis should be on involving the class members through experiential exercises (e.g., role-playing, videotape, personality inventories, etc.). Ideally, your workshop should help your audience gain insight into the phenomenology of the patient, etiological variables, and difficulties encountered in treatment. These workshops will be presented at the end of the semester. The workshops should take about one hour with additional time set aside for feedback from the class.

   You will be responsible for meeting with your colleagues outside of class to develop your workshop. We will also use part of two or three classes to allow for further planning. During these sessions, you will meet in your groups to discuss your project and also brainstorm ideas with the class as a whole. You will need to provide me with a written

description of your workshop. This description should include the title of your workshop, a summary of the activities you plan to use, and copies of handouts you intend to give to members of the class.

This project involves a serious intellectual and emotional commitment. If any member of the group feels any of its members are not equally sharing in the workload, I expect you to try to resolve the problem among yourselves. If this doesn't lead to a successful resolution, you will need to involve me.

If for some personal reason you feel incapable of participating in the workshop component of the project, please see me and we will discuss the possibility of an alternative assignment.

b. Although you will work on the project as a group, each group member will be required to complete an individual report. These individual reports should be on different related topics from the same area. For example, your group project might focus on working with sexually abused children. Individual reports might be on such topics as: "working with patients with borderline personality disorder who have a history of sexual abuse," "working with woman in sexually abusive relationships," or "doing group work with male rapists." To the extent that you can, illustrate your points with case study material, either in published literature (scientific or personal narratives) or based on your own experience (professional or personal). Although the final report needs to be written individually, you may consult with each other. You should read rough drafts of your paper to the members of your group. Hopefully, the feedback you receive from your peers will help you to critically examine your work and improve it. Your paper might focus on such issues as:

a. diagnostic issues
b. developmental issues
c. characteristic defenses and resistances in therapy
d. transferential issues
e. prognostic indicators
f. appropriate treatment
g. available empirical research

Obviously, your choice of topic is constrained by finding three or four other class members who share your interests. You need to choose your topic by the fourth class of the semester; if you don't do it by then, I will arbitrarily create groups and assign topics.

Grading of papers will focus on the quality of your research and references, the originality of your ideas, and the organization of your thoughts. Grammar and the mechanics of writing are important aspects of clear expression, and they will affect your grade. A written description of your workshop is due October 17. The first page of your individual paper (for feedback) is due October 31. The first 2-3 pages of your individual paper are due November 14. The final typewritten APA referenced paper (double spaced) is due December 5. Late papers will be penalized. There is a twelve-page limit.

D. Your Grade:

Midterm: 22%
Final: 28%
Quizzes: 20%
Final Paper: 25%
Workshop: 5% (Successful completion of the workshop results in an A for the workshop; failure to complete the workshop results in an F for the workshop and final paper.)

E. Class Process:

The schedule for this course is undated. This will allow us to proceed at a rate that is most consistent with current interests. I will announce in class exam dates and when assigned readings are due. The readings will vary in the degree to which they overlap with class discussion. At times, the overlap will be great; other times, the readings will serve as background material for specific topics discussed during class.

My bias is to explore content areas in depth, as opposed to giving superficial coverage to many areas. If time becomes a limiting factor, changes in the schedule will reflect that bias. Thus, topic areas and readings may be dropped or added, depending upon time constraints.

We will also be using blackboard which is a program sponsored by Computing and Information Services that allows instructors to use the internet to deliver course material to students as well as allows students to communicate with each other and the instructor. Much of this Internet material will be external links to clinically related sites and optional readings. These links are described in the syllabus and can be accessed through the course's blackboard site.

In order to use blackboard, you will need access to a computer that is connected to the Internet. Additionally, blackboard requires Netscape 4.0 (but not Netscape 6) or Internet Explorer 5.0 or higher. Blackboard usually works better with Explorer. You will receive detailed instructions on how to use blackboard.

Active participation is a vital part of this course. We will use our own experience as a tool for understanding the material we discuss. This may take such forms as mini-counseling sessions, videotaping ourselves, film, small group discussions, brief reaction papers, and experiential exercises.

F. Class Schedule:

1. Introduction: Ethical and Professional Issues

Text: 2-52

Reserve:
Committee on Professional Practice and Standards. (2003). Legal issues in the professional practice of psychology. *Professional Psychology: Research and Practice, 34,* 595-600.

Optional Links:
The following sites provide links to ethical principles of different professional organizations:
http://www.apa.org/ethics/code.html (American Psychological Association)
http://www.psych.org/apa_members/medicalethics2001_42001.cfm (American Psychiatric Association)
http://www.socialworkers.org/pubs/code/code.asp (National Association of Social Workers)
http://www.amhca.org/ethics.html (Mental Health Counselors Association)
http://www.aamft.org/resources/LRMPlan/Ethics/ethicscode2001.htm (American Association for Marriage and Family Therapy)
http://www.nbcc.org/ethics/NBCCethics.htm (National Board for Certified Counselors, Inc., NBCC®)

The following sites are homepages of various professional organizations:
http://www.state.nh.us/mhpb/ (NH Board of Mental Health Practice)
http://www.counseling.org/ (American Counseling Association)
http://www.schoolcounselor.org/ (American School Counselor Association)

The site links to the NH Statutes on Public Health:
http://www.gencourt.state.nh.us/rsa/html/indexes/X.html

This site links to information about ethical issues related to clients with diverse backgrounds:
http://www.judyroberts.net/Diversity%20Resources.htm

This site links to information about the Tarasoff ruling:
http://www.judyroberts.net/duty_to_warn_guidelines_for_ment.htm

This site links to an article that deals with ethical issues when working with patients who are HIV positive:
http://www.judyroberts.net/pdf_files/EthicsLegalAIDS.pdf

This site links to information about APA record keeping guidelines:
http://www.apa.org/practice/recordkeeping.html

2. Contemporary psychodynamic approaches and the parameters of therapy
    a. the patient's fantasy -- traditional psychoanalysis and object relations theory
    b. fears of abandonment and engulfment and borderline personality disorder
    c. the therapeutic relationship
    d. interpretation and resistance
    e. transference, countertransference, and termination

Text: 53-91

Reserve:

Object Relations Theory and Borderline Personality Disorder:

Wright, R. (1998). Go ahead...sleep with your children. *APA Monitor*, 16.

Faulconer, E & House, M. (2001). Arterial blood gas: A rare form of self-mutilation and a review of its psychological functions. *American Journal* of *Psychotherapy, 55,* 406-413.

Conklin, C. Z., & Westen, D. (2005). Borderline personality disorder in clinical practice. *American Journal of Psychiatry, 162,* 867-875.

McNamara, E. (1994). Breakdown. *The Boston Globe Magazine,* March 13,12-19; 34-41.

Maltsberger, J.T. (1993). A career plundered. *Suicide and Life Threatening Behavior, 23,* 285-291.

Wheelis, J. & Gunderson, J.G. (1998). A little cream and sugar: Psychotherapy with a borderline patient. *American Journal of Psychiatry, 155,* 114-126.

Optional Reading:

American Psychiatric Association (2001). Practice guideline for the treatment of patients with borderline personality disorder, Supplement to the American Journal of Psychiatry *American Journal of Psychiatry, 158*, 1-52.

International Society for the Study of Personality Disorders (2002). Response to APA guidelines, Journal of Personality Disorders, 16, 107-134.

The Therapeutic Relationship: Boundaries and the Alliance:

Johnston, S.H., & Farber, B.A. (1996). The maintenance of boundaries in psychotherapeutic practice. *Psychotherapy, 33,* 391-402.

Lamb, D. H. & Coatanzaro, S. J. (1998). Sexual and nonsexual boundary violations involving psychologists, clients, supervisees, and students: Implications for professional practice. *Professional Psychology: Research and Practice, 29,* 498- 503.

Glass, L. (2003). The gray areas of boundary crossings and violations. *American Journal of Psychotherapy, 57,* 429-444.

Natchez, G. (1982). A cold and distant analyst. Is it necessary? *Voices, 18,* 91-92.

Lewis, J. M. (2000). Repairing the bond in important relationships: A dynamic for personality maturation. *American Journal of Psychiatry, 157,* 1375-1378.

Gelso, C.J. & Carter, J.A. (1994). Components of the psychotherapeutic relationship: Their interaction and unfolding during treatment. *Journal of Counseling Psychology, 41,* 296-306.

Interpretation and Resistance:

Maddi, S. (1974). The victimization of Dora. *Psychology Today,* 91-93, 99-100.

Kaysen, S. (1993). *Girl, interrupted.* Vintage Books. Read pp. 116-122.

Shay, J.J. (1996). "Okay, I'm here, but I'm not talking!" Psychotherapy with the reluctant male. *Psychotherapy, 33,* 503-513.

Newman, C. F. (2002). A case illustration of resistance from a cognitive perspective. *Journal*

of Clinical Psychology, 58, 145-149.

Transference and Countertransference:

Betan, E., Heim, A. K., Conklin, C. Z., & Westen, D. (2005). Countertransference phenomena and personality pathology in clinical practice: An empirical investigation. *American Journal of Psychiatry, 162,* 890-898.

Rau, D. R. (2000) Learning to manage a patient's erotic feelings in psychotherapy. *The Clinical Supervisor, 19,* 183-188.

Falick, D. (1987). A further look at countertransference. *Voices, 23,* 43-50.

Blessum, S. (1987). Countertransference. A secret world. *Voices, 23,* 39-42.

Yalom, I. D. (1989). Fat lady. In *Love's executioner and other tales of psychotherapy* (87- 117). NY: Basic Books.

3. Humanistic Approaches – Person Centered Therapy and Gestalt Therapy

Text: 162-189; skim 338-381

Reserve:

Person Centered Therapy:

Williams, M. H. (1997). Boundary violations: Do some contended standards of care fail to encompass commonplace procedures of humanistic, behavioral, and eclectic psychotherapies? *Psychotherapy, 34,* 238-249.

Stiver, I.P. (1986). The meaning of care: Reframing treatment models for women. *Psychotherapy, 23,* 221-226.

Rogers, C.R., & Roethlisberger, F.J. (1952). Barriers and gateways to communication. *Harvard Business Review, 4,* 28-34. (Read pp. 28-32).

Rogers, C.R., (1987). Comment on Shlien's article "a countertheory of transference." *Person-Centered Review, 2,* 182-188.

Kahn, E. (1999). A critique of nondirectivity in the person-centered approach. *Journal of Humanistic Psychology, 39,* 94-110.

Stotland, N.L. (1999). When religion collides with medicine. *American Journal of Psychiatry, 156,* 304-307.

Rogers, C.R., Wood, J.K. (1974). Client-centered therapy: Carl Rogers. In A. Burton (ed.) *Operational theories of personality.* Brunner/Mazel.

Barrett-Lennard, G.T. (1988). Listening. *Person-Centered Review, 3,* 410-425.

Links:

This is a link to Eliza, a computer therapist, who allegedly emulates Rogers.

http://www.manifestation.com/neurotoys/eliza.php3

Text: 190-225

Reserve:

Gestalt Therapy:

Perls, F. (1969). *Gestalt therapy verbatim.* Moab, Utah: Real People Press. Read (softcover edition in parenthesis): Beverly, 128-131 (139-142); John 201-

212 (220-230); Blair 232-234; (254-256); Claire 245-251 (268-275).
Paivio, S. C. & Greenberg, L. S. (1995). Resolving “unfinished business”: Efficacy of experiential therapy using empty-chair dialogue. *Journal of Consulting and Clinical Psychology*, *63*, 419-425.

Learning Objectives

The Learning Objectives provide you with a detailed description of what I intend to cover in class. They also provide a useful framework for studying for exams.

1. Discuss important ethical and professional issues you might face when meeting clients for the first time and throughout the course of treatment.

2. Discuss the relationship between appropriate clinical practice and ethical decisions.

3. Describe the characteristics of informed consent and its relation to the initial disclosure statement.

4. Describe the similarities and differences between confidentiality and privileged information.

5. Describe the situations that can result in exceptions to confidentiality including: patient waiver of rights in order to transfer records and to receive insurance payments, suspicion of abuse, duty to warn, injury due to criminal activity, subpoenas and court orders, emergency situations, and working with minors.

6. Describe the information that should be included in an initial disclosure statement.

7. Describe how an understanding of the unconscious, wish fulfillment, and the importance of early childhood experiences affect clinical practice.

8. Describe the basic tenants of object relations theory and how they differ from classical analytic approaches.

9. Describe how object relations theory views psychopathology.

10. Contrast classical analytic approaches and object relations theory views on the development of the self.

11. Describe the negative effects that a view of mental health that values autonomy instead of connection may have on the individual and on our culture.

12. Describe the nature of healthy relationships from the point of view of object relations theory

13. Describe the difference between Axis I and Axis II disorders in DSM IV.

14. Describe biases that may affect the diagnostic validity of borderline personality disorder.

15. Describe the interpersonal symptoms of borderline personality disorder that relate to the use of splitting defense, especially instability in emotional relationships, devaluing and idealizing, boundary issues, inability to soothe the self, and dependency needs.

16. Describe the affective symptoms of borderline personality disorder especially those that relate to rawness and lability of expression, feelings of inability to control affect, impulse control problems, and mutilative behavior.

17. Describe therapeutic strategies for dealing with impulse control problems in patients with borderline personality disorder.

18. Describe dysfunctions in the self-concept in patients with borderline personality disorder.

19. Discuss the case of Paul Lozano and the strategy used by Margaret Bean-Bayog to treat Lozano and the controversy concerning this treatment.

20. Discuss the treatment of borderline personality disorder with special emphasis on dealing with relationship problems and impulse control and relate these issues to Mahler's developmental scheme.

21. Define the frame and boundaries in psychotherapy.

22. Discuss the extent to which the frame/boundaries should be flexible or rigid.

23. Discuss those aspects of the therapeutic situation (relational and housekeeping issues) that can contribute to the frame and boundary issues.

24. Discuss the research that summarizes the incidence of sexual boundary violations and why the therapeutic relationship is particularly vulnerable to such boundary violations.

25. Discuss strategies for dealing with patients who act out in ways related to appointments and paying their fee.

26. Discuss the reasons for charging a fee in psychotherapy and potential conflicts the therapist may experience about charging a fee.

27. Discuss the purpose of the frame and the maintenance of therapeutic boundaries and any problems they might produce in the client/therapist relationship.

28. Define therapeutic neutrality, its purpose in the psychotherapeutic relationship, and how it can also hinder therapeutic process.

29. Discuss ways that both the patient and therapist might sabotage therapist neutrality.

30. Describe different categories of therapist self-disclosure, variables that relate to appropriateness of therapist self-disclosure, and how therapist self-disclosure can help or hinder the therapeutic process.

31. Describe the issues the therapist must consider before answering patients' questions and accepting or rejecting a gift from a patient.

32. Describe the potential positive and negative consequences of therapeutic touch and what variables relate to it being perceived constructively by the patient.

33. Define the components of the therapeutic alliance.

34. Discuss the relationship between the therapeutic alliance and therapeutic outcomes.

35. Discuss ways of measuring the therapeutic alliance.

36. Discuss ways for dealing with ruptures in the therapeutic alliance.

37. Discuss the differences between the therapeutic alliance, the real relationship, and the transference and how they affect each other.

38. Define interpretation.

39. Discuss the way interpretation relates to Freud's view that "everything is grist for the mill."

40. Discuss how Freud's handling of the case of Dora illustrates poor use of interpretation.

41. Describe the characteristics of good interpretation strategies with special emphasis on issues related to language, timing, tentativeness, working through, and support.

42. Describe how the use of effective interpretation will facilitate therapeutic growth.

43. Define resistance and the forms it may take in psychotherapy.

44. Discuss the causes of a patient's resistance in psychotherapy.

45. Discuss ways of dealing with resistance in psychotherapy.

46. Define the transference.

47. Describe patient and therapy variables that make the transference a likely event in therapy.

48. Describe how transference reactions occur outside of therapy

49. Describe the forms the transference might take.

50. Describe ways in which we can distinguish a transference response from a realistic response.

51. Describe how the transference should be interpreted.

52. Describe how the patient's understanding of the transference facilitates therapeutic growth.

53. Describe how the transference might manifest itself during termination.

54. Describe ways of appropriately dealing with termination.

55. Define the countertransference.

56. Describe the role that both the patient and therapist might have in the countertransference.

57. Describe the role that the countertransference might play in termination.

58. Describe the destructive and productive role that the countertransference might play in therapy.

59. Describe the basic tendency of human functioning according to Rogers and how it relates to his person-centered approach.

60. Describe the development of congruence/incongruence with special emphasis on organismic valuing, the need for positive regard, and conditions of worth.

61. Describe the relationship between the person-centered therapist and client and compare it with the analytic relationship.

62. Describe therapist congruence and how it might facilitate therapeutic growth.

63. Discuss problems that therapist congruence might produce in the relationship between the therapist and client.

64. Describe how therapist congruence might interfere with the development of the transference.

65. Describe what is meant by empathic understanding and the ways in which it is similar to and different from interpretation.

66. Discuss Roger's views on transference, interpretation, and countertransference.

67. Describe the role that questioning, active listening, and reflection play in empathic listening.

68. Describe how empathy might facilitate therapeutic growth.

69. Describe what unconditional positive regard is and how it might facilitate therapeutic growth.

70. Describe from the person-centered approach what caring for a client means, and contrast this view of caring with contemporary and traditional analytic views.

71. Describe potential problems that unconditional positive regard can produce in the therapeutic relationship.

72. Describe Perls' concepts of hierarchy of needs, here and now living, personal responsibility and unfinished situations.

73. Describe Perls' concept of the five layers of neurosis and its relationship to the impasse.

74. Describe the role clear interpersonal boundaries have in healthy functioning from a gestalt perspective.

75. Describe the application of the following Gestalt therapeutic techniques: frustrating environmental support, here and now encounter, dream work, integration of polarities.