

Course Description

This course is an examination of the major approaches in the contemporary practice of psychotherapy – what has been called the “essential psychotherapies” - as presented in both the clinical and empirical literatures. We will examine conceptions of maladaptive behavior and the processes developed to remediate it, become familiar with the empirical methods and findings involved in evaluating psychotherapy, and discuss professional and ethical issues relevant to the research and practice of psychotherapy. This course does not offer an exhaustive study of every form of psychotherapy currently offered nor, indeed, would we wish to since many of these may not stand up to the scrutiny of empirical evaluation. Instead, we concentrate on the conceptual and empirical bedrock of psychotherapeutic practice. We will work towards identifying the most influential ideas about the practice of psychotherapy and the techniques that have proven to be most successful.

Course Objectives

- 1) To examine various conceptions of maladaptive behavior and the therapy techniques proposed to treat them
- 2) To become familiar with several specialized contexts, populations, and types of pathology that are targeted for remediation
- 3) To understand the research literature and be able to think critically about issues of therapy efficacy, effectiveness, and availability
- 4) To appreciate issues concerning the ethics of intervention and access to care

Course format and requirements

Readings will be drawn from the clinical descriptive literature and the empirical research literature. These represent the two ways clinicians approach behavior change; both approaches are crucial for the continued evolution of our knowledge of and ability to treat psychological maladjustment.

Since this class is a seminar, students are expected to assume some responsibility for its content and direction. We will begin with a traditional lecture-discussion format and transition to student-led discussions and students’ presentations.

Videotapes will constitute one of the primary means to convey the principles of change associated with various therapeutic approaches. However, other means (e.g., role plays, therapy transcripts) may also be useful to demonstrate what goes on in a specific therapeutic approach. Readings from texts will provide additional description; they may also provide information relevant to the efficacy, ethics and professional training for psychotherapy practice. All materials will be available on the course Blackboard site.

Written work will consist of 1) reaction papers to readings; 2) exercises mirroring behavior change techniques; 3) responses to questions on psychotherapy practice; 4) presentation of a paper on a form of psychotherapy not covered in class. These assignments are designed to fulfill the challenges of a seminar: to encourage you to think and discuss

critically, write a clear, convincing argument, identify important perspectives and principles, and present to a group of your peers.

Due dates and descriptions of assignments are listed on the syllabus and the Blackboard materials. If you have questions, email me. I will respond to the whole class on the assumption that if one person has a question, the answer will be relevant to all.

For all submissions, (excluding of course your in-class presentation), I choose to grade anonymously for two reasons. First, some assignments may entail divulging personal information: It is not my intention to delve into your psyche; anonymity gives you the freedom to do the assignment without thinking about my reactions to your personal information. Second, anonymity minimizes bias in grading. Please submit papers with a code name that you'll use for the semester. I will ask for your real names during the last class meeting.

My office hours are Monday, 1:30 – 2:30 and Thursday, 1:30-3:30 and by appointment. The best way to contact me is by e-mail.

**Syllabus PSYC 470: Seminar in Psychotherapy
Spring, 2013 Monday, 2:30-4:30 PM**

Class Topics and Dates

Section 1: Introduction to psychotherapy

Feb 04: What this course is about

Introduction to course content and format

Introduction to psychotherapy:

Clinical practice

What it is and is not, its origins

Who offers it, for whom, and for what reasons

Research on psychotherapy

How, why, and where

Feb 11: (*Class to be rescheduled*) The clinical researcher & the practicing clinician I

How all therapies are alike.

How all therapies differ

(Overview of theories of personality, conceptions of psychopathology

Common factors and "Principles of change")

How can we do research on psychotherapy?

How do we know psychotherapy is "successful"?

Feb 18: The clinical research and the practicing clinician II

Evidence-based practice (EBP), empirically supported therapies (EST)

Efficacy v effectiveness

Section 2: Classic approaches to psychotherapy

Feb 25: Psychoanalysis

Possible videos:

Effective Psychoanalytic Therapy with Schizophrenia - Bertram Karon (VCR 6832)

Psychoanalytic Therapy – Nancy McWilliams (APA)

Mar 04: Psychoanalytic variations, psychodynamic therapies

Possible videos:

Psychodynamic psychotherapy – Hans Strupp (through Ohiolink)

Object relations therapy – Jill Savege Scharff (VCR 5166)

Mar 11: Existential-Humanistic psychotherapies

Possible videos:

Gestalt therapy - Fritz Perls (through Ohiolink)

Client-centered therapy - Carl Rogers (through Ohiolink)

Existential-humanistic therapy – James Bugenthal (VCR 5167)

Existential Therapy – Schneider (APA)

Mar 18: Behavior Therapy

Possible videos:

Behavior therapy for OCD – Sam Turner (VCR 6892)

Behavioral therapy for couples – Richard Stuart (VCR 7207)

Harry - (VCR 7790)

Mar 25: Spring Break

Apr 01: Cognitive Behavioral approaches

Rational-Emotive Therapy

Possible videos:

Rational Emotive Therapy - Albert Ellis (thru Ohiolink)

Cognitive Therapies

Possible videos:

Cognitive Therapy - Aaron Beck (thru Ohiolink)

Cognitive-Behavioral Therapy – Don Meichenbaum (APA)

“Third wave” cognitive approaches*

Possible videos:

Dialectic Behavior Therapy with Adolescents – Miller (APA)

Acceptance and Commitment Therapy – Hayes (APA)

Section 3: Expanding the application of psychotherapy

Apr 08: Group and couples therapy*

Possible videos:

Group therapy with outpatients – Irvin Yalom (Yalom, in office)

Couples therapy for extramarital affairs – Don-David Lusterman (VCR 6839)

Apr 15: Interventions with children and families*

Possible videos:

Play therapy for a 6 year-old – Jane Annunziata (VCR 6838)

Family system therapy – Kenneth Hardy (VCR 5160)

Section 4: Treatment innovations

Apr 22: Therapy for diverse cultural groups*

Ethnocultural psychotherapy - Lillian Comas-Diaz (VCR 6844)

Feminist therapy – Lenore Walker (VCR 6913)

Culturally Responsive Cognitive Behavioral Therapy – Hays (APA)

Apr 29: Therapy for diverse cultural groups*

Gay, Lesbian, and Bisexual Clients – Ruperto Perez (APA)

Affirmative Psychotherapy with Gay Clients – Bieschke (APA)

Working with Gay Male Clients – Haldeman (APA)

May 6: Therapy for specific populations*

Individuals diagnosed with personality disorders

Individuals diagnosed with schizophrenia, autism spectrum disorder

Section 5: Professional Issues

May 13: Topics for discussion

Professional practice: Training, work settings, personal stresses

Can psychotherapy do harm?

Ethics of clinical practice

Psychotherapy integration

The dissemination of EBTs in real settings

The culturally competent therapist practicing culturally sensitive psychotherapy

Psychotherapy accessibility for minorities

**Student presentations*

PSYCHOTHERAPY EXERCISES

This set of assignments is designed to give you a feeling for the process component of several of the therapies we're studying. For one exercise, you will need a partner in order to role-play client and therapist. Make arrangements with someone in class but not necessarily a good friend. It might even be better to team up with someone you don't know well. Write-ups for each exercise should run **NO MORE** than 1-2 pages. Since these assignments may require you to divulge personal information, please use your code name so I can read them and protect your anonymity.

Papers will be graded on the extent to which they demonstrate understanding and application of the therapy techniques, thoughtfulness in responding to questions, and synthesis of your experience with the academic material.

Psychoanalysis and Psychodynamic Therapies: Dream interpretation exercise

The technique of dream interpretation epitomizes the layperson's expectation of psychoanalysis. Conduct an interpretation of one of your own dreams in order to approximate the task of interpretation and the experience of being psychoanalyzed.

Write down the content of your dreams for few days so you'll be better able to recall them. Then, select one of them to interpret as a psychoanalyst would. Respond to the following:

1. Your psychoanalyst asks, "What do you make of this dream?"
2. In the role of the psychoanalyst, describe the "right" interpretation of the dream (i.e., explaining the meaning of the dream in analytic terms.)
3. Do you "buy" the analytic interpretation? Why or why not?
4. Do you "buy" your own interpretation instead? Why or why not?

(limit, 1 page)

Client Centered Therapy Exercise: Role Playing a Therapist

This exercise is designed to enable you to experience the "necessary and sufficient conditions" of empathy, congruence, and unconditional positive regard from the points of view of both therapist and client. Pair off with someone from class. If you work with someone you don't know well it will approximate real-life conditions more closely. You and your partner will take turns role-playing therapist and client during a therapy-like discussion.

In the client's role, talk about your recent experiences, particularly those that have an emotional content. You do not have to bare your soul; even commonplace events can have significant emotional component. Remember too that "emotions" covers a lot of territory - joy, surprise, relief, frustration, anger. Remain in the client's

role for about 15 minutes to give the therapist sufficient opportunity to enact the therapeutic conditions.

In the therapist's role, listen to the client and make statements consistent with the Client Centered therapeutic conditions. For empathy, statements which "So you seem to be feeling..." or "It really makes you feel..." are easy to formulate. Congruence can be conveyed in terms such as "I feel... when you ..." as in "I feel uncomfortable when you pay me compliments like that." Unconditional positive regard is less easy to characterize in phrases because it is an attitude: the therapist's perception of the client as a worthy person no matter what the client says or feels about him/herself. These phrases are not formulas but guides; what is most important is that you listen and care and convey caring.

Switch roles after 15 minutes. Following the role-play, discuss your experience with your partner. Try to identify and convey how you made each other feel and what impact that had on you. Then answer the following:

1. How did you feel in each role (e.g., what was hard, what was easy what was different from an ordinary conversation with a friend.)?
2. Describe your experience of the therapeutic conditions from both points of view and the impact you think they had.
3. What you think would have been helpful to say (from either perspective) and whether this could mesh with the Client Centered model.
4. What is your assessment of this therapy based on this experience (realizing that this is an exercise and not the real thing.)

(limit, 1 page)

Gestalt Therapy Exercise: Talking to the empty chair:

Set up two chairs facing each other. Choose a significant person in your life with whom you have some unfinished business, i.e., there's something you want to say to this person but never have. Talking out loud, tell this person exactly what it is you've been meaning to say. Be descriptive; express any feelings you may notice welling up. Then write up your experience reflecting on the questions below.

1. Describe what you experienced.
2. Did your experience involve your emotions, thoughts and behaviors?
3. What, if anything, did you learn about yourself from this exercise. Is this important for you to know and if so, why?
4. How does this experience compare (similar, dissimilar) to the other therapy exercises? Was it more or less helpful than other exercises?

(limit, one page)

Behavior Therapy Exercise: A behavior modification program for yourself.

This exercise consists of developing and carrying out a behavior modification program for yourself. To keep it simple, we will confine ourselves to the most basic behavior change principles, changing the contingencies (rewards and punishments) to shape a desirable behavior or eliminate an undesirable one.

1. Identify a behavior you'd like to change (increase or diminish). Be concrete about the behavior and specify the environmental contingencies. (A word of caution: do not be overly ambitious or you'll stack the cards against your success. For example, don't try to change your habit of "snacking". Instead, try to modify snacking on sugary foods between 4PM and 6PM.)
2. Identify a reward you'd be willing to work for and a punishment you'd want to avoid.
3. Institute your behavior mod program as follows:
 - a. State the behavior and the desired outcome as concretely as possible. For example, begin with "Increase my study time to four or more hours per night" rather than "Study more."
 - b. Collect data on the behavior for five days, writing down all relevant occurrences. For example, for "Cut out snack foods between meals," keep a diary of between-meal snacks like this:

Wednesday: ate a donut at 10 a.m. after skipping breakfast.

Thursday: walking on College Street, bought a candy bar at 4 p.m.

- c. After the recording period, manipulate the contingencies, i.e., apply your previously chosen rewards and punishments. Keep a diary.

Ex: Monday:

Ate a donut at 10 a.m. Give up dessert at lunch (punishment)

Lunch - no dessert

Took a walk downtown and bought a magazine (rewards)

No afternoon snack. Went to talk with friend (reward)

- d. Keep contingencies in effect for a week.
 - e. Write up your program:
 - Describe what you did (target behavior, contingency manipulation)
 - Discuss whether it worked and why or why not.
 - What's your reaction to this therapy approach to maladaptive behavior?
 - Would you go to a behavior therapist? For help with what?

(limit 2 pages)

Cognitive Therapy Exercises – Choose either RET or CT and one of the other 'third wave' cognitive therapies

For RET:

1. Conduct the ABC analysis on yourself for a recent troubling experience
2. Next, formulate a disputation making the points that an RET therapist would.
3. Answer the following:

Did the ABCD pattern apply to your situation? That is, could your distress have been due to an irrational thought?

Do you have a better alternate explanation for your distress?

Did your disputation work? Why or why not?

For Cognitive Therapy:

1. Conduct an analysis a la Beck to finding the cognitive distortion(s) responsible for a recent troubling experience
2. Generate a healthier cognition in place of the original.
3. Then answer the following:

Does the concept of cognitive distortions apply to your problem?

Do you have a better, alternate explanation for your distress?

Was this approach successful for you? Why or why not?

For one of the third wave cognitive therapies:

1. Describe an area of your behavior which you think could be improved with either this approach.
2. Briefly describe this application.
3. What's your impression of this approach?

(limit 1 page)

Family Therapy Exercise

1. Describe and evaluate the health of your family using the dimensions of the systemic perspective of normal family functioning: cohesion, change, and communication.

2. Whether you feel your family is healthy or dysfunctional, what therapeutic approach would you choose for your own family? Why?

(limit, 1 page)