

CPSE 679R: Counseling Psychology Practicum
Winter Semester, 2024

Brigham Young University, Dept. of Counseling Psychology and Special Education

Location and Time: CAPS (1503 WSC) Tuesdays 1:00 – 2:50PM
and CAPS team meetings, one hour weekly

**Additional CAPS
meetings you may
attend:**

Clinical Services Meetings: some Fridays 8:00 – 9:00 a.m.
Inservice Meetings: some Fridays 9:00 – 10:00 a.m.
Diversity Trainings: some Fridays 8:00 – 10:00 a.m.

Instructors: Vaughn Worthen, Ph.D. Timothy B. Smith, Ph.D.
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Office Hours: Before/after class and by appointment

Texts: 1) Hill, C. (2020). Helping Skills: Facilitating Exploration, Insight,
and Action (5th Ed.), APA.

2) Practice Guidelines for Sexual Minority Persons (APA)

<https://www.apa.org/pi/lgbt/resources/guidelines>

3) Multicultural Guidelines: An Ecological Approach to Context, Identity, and

Intersectionality (APA) <https://www.apa.org/about/policy/multicultural-guidelines>

Course Overview: In-class training experiences will emphasize basic psychotherapy/counseling skills and techniques. It will also introduce you to the ethics of the profession as related to treating clients. It will give you some exposure to theory and its application. You will receive supervisory and peer feedback; review of video-recorded sessions; formal case presentations; and discussion of common counseling issues. Supervision will be provided by a faculty member of CAPS (one hour weekly), an assigned advanced doctoral student taking the CPSE 746 (Supervision and Consultation) class (one hour weekly), and your practicum instructor (during class). This practicum course is designed to increase knowledge, skills, and self-awareness to provide psychotherapy based on research-based evidence. It is to help you begin by conducting intake interviews, writing case notes, conceptualizing cases, and building effective therapeutic alliances. You will be honing basic counseling skills consisting of listening well to your clients, identifying goals for treatment, creating strategies for helping, and conceptualizing the concerns and issues you experience with your clients. It is learning how to participate openly in supervision and seeking help by asking questions, recording and showing videos of your work with your clients, implementing supervisor suggestions, and honing your ability to create a therapeutic relationship.

Methodologies/Teaching Strategies: Students will work with clients from CAPS, discuss video recorded sessions, share and discuss case presentations, receive peer and professor feedback, and conduct role plays. Supervision will be provided by advanced doctoral students in the supervision class (CPSE 746), the instructor of the supervision class, and a CAPS-assigned licensed psychologist.

Course Objectives

Students will improve their abilities to conduct effective psychotherapy and will:

1. Demonstrate knowledge of ways to facilitate exploration, insight, and action to improve clients' mental health.
2. Demonstrate contextually appropriate facilitation of clients' exploration, insight, and action.
3. Demonstrate knowledge of and adherence to professional ethics.
4. Demonstrate awareness of appropriate psychotherapy with people who identify as BIPOC and/or sexual minorities.
5. Exhibit awareness of personal actions, attitudes, and values and how these impact professional practices.

Expectations

1. Students will actively participate in discussions, activities, and experiential learning.
2. Students will use electronics only for class purposes and will demonstrate professionalism by arriving on time and remaining fully engaged throughout class.
3. Students will demonstrate respect for all class members and guest presenters.
4. Students will complete all assignments on time.
5. Students will proactively solicit feedback and incorporate that feedback into their practice.
6. Attend CAPS clinical meetings on select Friday mornings and Diversity Trainings also on Friday mornings once a month (if possible).

Graded Assignments

Psychotherapy, Supervision, and Case Management

Therapy skill acquisition often begins with imagined rehearsal and simulations (e.g., role plays) but benefits most from supervised practice with direct feedback. In conjunction with this practicum course you will gain therapy skills as you:

- a. Provide at least 20 total hours of psychotherapy under supervision. **You must video record all sessions.** When a client declines to be recorded, you will need to appropriately refer that client to another counselor (*this should be prescreened in CAPS*). Session recordings will be reviewed during individual supervision.
- b. **Receive face-to-face individual supervision once a week for an hour from a licensed psychologist supervisor designated by CAPS and also once a week supervision from an advanced counseling psychology doctoral student enrolled in CPSE 746** (Supervision and Consultation) at a different hour during the week (hour). *Since we have more practicum students than advanced doctoral students in the supervision class, some*

of you will get two hours of supervision and three of you will be supervised by a CAPS licensed supervisor. I made those decisions arbitrarily so don't feel picked on or left out.

- c. Receive formal evaluations from your supervisors by the end of the semester, and also provide an evaluation of the supervision that you received.
- d. Demonstrate appropriate and ethical case management.

Follow all CAPS procedures, including case notes recorded for each session with every client. Plan to complete notes immediately after the session while the experiences are still fresh in your mind. Be certain to have your individual supervisors review your video recordings *and* notes. Make sure that you share video segments that demonstrate what you feel you struggled with and also what you may feel good about.

You will want to document your therapy and supervision. You will not have access to Time-to-Track until your second year in the program. I would encourage you to talk with advanced students to gather suggestions on what information you need to track. Generally, you will track how many clients you saw, how many therapy hours, supervision hours, and perhaps the presenting problems or diversity of your clientele (this is what you can learn by talking with an advanced doctoral student). Tracking all training hours will be important when you apply for your pre-doctoral internship (see the APPIC application online).

In cases of crises/emergencies, or when clients engage in actions or disclose conditions that may be beyond your scope of expertise and competence (i.e., psychosis, suicidal ideation, extensive history of trauma), discuss and implement a clinical strategic plan with your supervisor to provide services, accommodations, referral, crisis hotline numbers, proper care, and other pertinent ethical and mental health treatment for your clients. Your licensed supervisor and your doctoral level supervisor can both help.

Reaction Papers to Class Readings

Assigned readings describe foundational therapy skills. The readings in this course therefore convey concepts to be internalized and applied, not merely understood at an intellectual level. Your skills will improve as you imagine yourself conducting the skills described in the readings and when you identify underlying principles. Reflection and engagement with the skills described in the text is critical. For instance, when you disagree with a concept, identify better alternatives rather than simply disregard that concept.

Each week, record your reactions to the readings in a brief paper (one page or less) that contains:

- Key points that you will enact in your practice of psychotherapy
- Experiential or emotional reactions, not merely intellectual observations
- Two to three questions for discussion during class

Upload reaction papers to Learning Suite no later than 11:30am before each class. Readings are available in advance, so late papers will not receive credit (please do not ask for exceptions).

Case Presentation

Formal case presentations help us to evaluate and gain insights about clients and our work with them. In our class, you will present information about either a CAPS client or another individual experiencing a mental health condition (who is not known by any member of our class), such as a published/online case that has sufficient details to enable analysis. Key elements of the case can be summarized and projected for the class to view. Presentations typically take about 20-30 minutes, including Q&A. To remain focused, consider using the outline below:

- a. A brief overview statement about what you have learned and/or need to learn about the case.
- b. The client's presenting concern(s) and diagnostic impressions.
- c. Contextual information, including a brief history of the client's presenting concerns and evidence of exploration of possible causes. To protect anonymity, provide only generic descriptions of client attributes, such as "middle-aged" rather than "44 years old."
- d. Brief overview of treatment plan and treatment completed thus far, including theoretical or cultural-specific underpinnings (e.g., Existential)
- e. Questions or steps for the future (e.g., complex considerations, supervisor requests)

Class Participation, Including Personal Sharing/Boundaries

This class is highly interactive and requires contributions from everyone. We discuss and practice skills via role plays and responses to recorded videos. You are expected to ask questions and expand upon (not merely repeat) the concepts in the readings. Laptops/phones may be used for class-related work, but we give our full attention to one another during class, just as we would give our full attention to clients when taking notes while listening.

Although our class discussions and activities focus on skill acquisition, individuals' abilities to conduct psychotherapy are influenced by personal issues, including our emotions, prior experiences, and limitations. Given that context, we respect personal boundaries about what to share; feel free to decline to respond (or indicate "pass") when directly asked questions in class that feel too personal to share. However, be aware that your individual meetings with clinical supervisors can benefit from personal disclosures.

Please help us maintain an emotionally safe classroom (e.g., refraining from words or actions that could be construed as shaming). Ask open-ended questions rather than assume. Refrain from intellectual posturing and other forms of defensiveness. When class activities involve interpersonal feedback, make observations of others' actions using tentative wording, such as "I don't know the circumstances, but I wonder if..." In short, follow the golden rule, interacting with others in ways that enhance our mutual trust.

Weekly Reaction Papers (14% of grade)

This is designed to help me know what you are thinking and feeling as you learn new things, participate in class, begin working with clients, receive supervision (from two supervisors), role-play, and your confidence/lack of confidence and the thoughts, feelings and experiences you are having that are helpful and difficult. These are just brief 1-2-page reaction papers, due before class each week (14 total).

Research Paper and Presentation

Being new to providing psychotherapy to clients, you are beginning your journey of understanding and conceptualizing therapeutic issues, refining your own theory of people, change, dysfunction, growth, development, and what effective therapy outcomes look like. In the spirit of this reflection I would like you to pick a classic book about psychotherapy. Here is a list of options (if you want to make a case for another, please talk with me):

Existential Psychotherapy (Irving Yalom) – One of the all-time best psychotherapy writers. This book is fairly long (485 pages), but a great introduction to Existential Theory. Here are some of the topics of the chapters: Death (life, death, and anxiety), Freedom (responsibility/willing), Isolation, and Meaninglessness. Here is a quote from his introduction “*Yet I believe deeply that, when no one is looking, the therapist throws in the ‘real thing.’ But what these ‘throw-ins,’ these elusive, ‘off the record’ extras? They exist outside of formal theory, they are not written about, they are not explicitly taught. Therapists are often unaware of them; yet every therapist knows that he or she cannot explain why many patients improve. The critical ingredients are hard to describe, even harder to define. Indeed, is it possible to define and teach such qualities as compassion, ‘presence,’ caring, extending oneself, touching the patient at a profound level, or—that most elusive one of all-wisdom?*”

The Gift of Therapy (Irving Yalom) The gift of therapy is subtitled, “An open letter to a new generation of therapists and their patients. Here is a quote from a book review “*If you are like me and didn’t start reading much until after you got into your practice, this will save you time. Each chapter, no matter the length, is full of incredible knowledge and insight. So be sure to read it in a way that is digestible to you... This was the first book I read when I started as a clinician... (Samara Rangel)*

Motivation Interviewing: Helping people change and grow (William R. Miller & Stephen Rollnick) This is a fundamental skill that will be helpful to you no matter your theoretical orientation. Here is a review: *This bestselling work is a proven approach to helping people overcome ambivalence that gets in the way of change. William R. Miller and Stephen Rollnick explain current thinking on the process of behavior change, present the principles of MI, and provide detailed guidelines for putting it into practice. Case examples illustrate key points and demonstrate the benefits of MI in addictions treatment and other clinical contexts. The authors also discuss the process of learning MI. The volume’s final section brings together an array of leading MI practitioners to present their work in diverse settings.*

Cognitive Behavioral Therapy: Basics and beyond (Judith S. Beck) Cognitive Behavioral therapy (CBT) is the most empirically validated approach to psychotherapy. It is the standard

of the profession and most therapists use some elements of CBT in their practice. This provides a great basic understanding of CBT and beyond. Here is a review: *“This thoroughly revised third edition provides a systematic bird's-eye view of the method and thinking of an experienced, gifted CBT practitioner. Beck's conversational tone is welcoming and reassuring. The text includes transcripts, reflection questions, practice exercises, and clinical tips for the learner. It seamlessly incorporates contemporary elements of CBT, including mindfulness and the consideration of patient strengths, aspirations, and values. Beginning practitioners will find the rubrics for considering stuck points in therapy and performing good evaluations to be invaluable. This book is a 'must' for anyone interested in learning more about both the micro-skills of CBT and the big picture of thoughtful and reflective therapeutic practice.”*

Man's Search for Meaning (Viktor E. Frankl) This is a classic that continues to inspire clinicians and lay people alike. It is the foundation for Frankl's Logotherapy (meaning therapy). Here are some quotes from the book: *“Everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way”* and *“Those who have a 'why' to live, can bear with almost any 'how'”* and *“When we are no longer able to change a situation, we are challenged to change ourselves”* and *“In some ways suffering ceases to be suffering at the moment it finds a meaning, such as the meaning of a sacrifice.”* It is well worth the read. Since it is the shortest read, I would encourage you to read another as well. Since this is a shorter book I might encourage you to read another as well.

Thoughts Without a Thinker: Psychotherapy from a Buddhist Perspective (Mark Epstein) A spiritual and therapy-oriented book that draws from mindfulness and meditation based on Buddhist thinking. Here are some comments: *"A most lucid and expert account of the wedding of psychotherapy and meditation. An Eastern-Western psychology that truly speaks from the inside of both worlds."*—Jack Kornfield, author of *Meditation for Beginners* and *"A groundbreaking work.... The book will take its place among the classics of the literature of meditation."*—Jon Kabat-Zinn, author of *Mindfulness for Beginners* and *"I loved Thoughts Without a Thinker. Mark Epstein has given us a brilliant account of how an ancient science of mind, based on a rich meditative tradition, can complement therapy and lead to new dimensions of wisdom and wholeness."*—Joan Borysenko, author of *Fried: Why You Burn Out and How to Revive*.

Trauma and the Body A sensorimotor approach to psychotherapy (Ogden, Minton, and Pain) An important contribution on the embodied nature of trauma. Here is a statement about the book: *“Trauma and the Body is a detailed review of research in neuroscience, trauma, dissociation, and attachment theory that points to the need for an integrative mind-body approach to trauma. The premise of this book is that, by adding body-oriented interventions to their repertoire, traditionally trained therapists can increase the depth and efficacy of their clinical work. Sensorimotor psychotherapy is an approach that builds on traditional psychotherapeutic understanding but includes the body as central in the therapeutic field of awareness, using observational skills, theories, and interventions not usually practiced in psychodynamic psychotherapy.”*

Get Out of Your Mind and Into Your life: The New Acceptance and Commitment Therapy (Alan Watts) This is a great book about ACT. It is a great read and introduction to ACT. Here are some reviews: *“This manual, firmly based on cutting-edge psychological science and theory, details an innovative and rapidly growing approach that can provide you with the power to transform your very experience of life. Highly recommended for all of us.”* — David H. Barlow, professor of psychology, research professor of psychiatry, and director of the Center for Anxiety and Related Disorders at Boston University. *“This is the quintessential workbook on acceptance and commitment therapy. Written with wit, clinical wisdom, and compassionate skepticism, it succeeds in showing us that, paradoxically, there is great therapeutic value in going out of our minds. Once released from the struggle with thought, we are free to discover that a life of meaning and value is closer at hand than thought allowed. This book will serve patients, therapists, researchers, and educators looking for an elegant exposition of the nuts and bolts of this exciting approach.”* —Zindel V. Segal, Ph.D., the Morgan Firestone Chair in Psychotherapy and professor of psychiatry and psychology at the University of Toronto and author of Mindfulness-Based Cognitive Therapy for Depression.

On Becoming a Person: A Therapist’s View of Psychotherapy (Carl Rogers) A true classic that launched client centered therapy. A true humanistic approach. At the core of many thoughts about the importance of the therapeutic alliance. Rogers identified three core conditions of empathy, congruence, and unconditional positive regard. Here is one brief summary: *“Rather than viewing people as inherently flawed, with problematic behaviors and thoughts that require treatment, person-centered therapy identifies that each person has the capacity and desire for personal growth and change. Rogers termed this natural human inclination “actualizing tendency,” or self-actualization. He likened it to the way that other living organisms strive toward balance, order, and greater complexity. According to Rogers, “Individuals have within themselves vast resources for self-understanding and for altering their self-concepts, basic attitudes, and self-directed behavior; these resources can be tapped if a definable climate of facilitative psychological attitudes can be provided.”*

Introduction to Internal Family Systems (Richard C. Schwartz) Here is one definition: *“Internal Family Systems (IFS) is an approach to psychotherapy that identifies and addresses multiple sub-personalities or families within each person’s mental system. These sub-personalities consist of wounded parts and painful emotions such as anger and shame, and parts that try to control and protect the person from the pain of the wounded parts. The sub-personalities are often in conflict with each other and with one’s core Self, a concept that describes the confident, compassionate, whole person that is at the core of every individual. IFS focuses on healing the wounded parts and restoring mental balance and harmony by changing the dynamics that create discord among the sub-personalities and the Self.”* Here are a couple of comments: *“It’s all the buzz to talk about ‘self-love’ these days. But how are we supposed to love the parts of us that criticize us relentlessly, drive us to strive for impossible perfection, plague us with self-doubt and feelings of unworthiness, flood us with intolerable emotions, engage in self-harming or self-sabotaging behaviors, give us health problems, lie, cheat, indulge addictions, control others, hurt the people we love, or even engage in criminal activities? The Internal Family Systems model offers us the much-*

needed 'how' of self-love.” —Lisa Rankin, MD, New York Times bestselling author of Mind Over Medicine and Sacred Medicine. “The model reframes the historical internal dialogue between conscious intentions and bodily drives that lead to actions often experienced as unintentional. Dr. Schwartz provides—especially to those who have had a severe adversity history—an intuitive road map to explore the benefits of naturally integrative attributes of being a human. Through sharing personal experiences and therapeutic examples, he compassionately leads the reader through an effective strategy to solve the monumental intrapersonal struggles that have distracted many from experiencing safety, trust, and love.”
—Stephen W. Porges, PhD, Distinguished University Scientist and founding director of the Traumatic Stress Research Consortium, Kinsey Institute, Indiana University, and author of Polyvagal Safety

Schema Therapy: A Practitioners Guide (Young, Klosko, & Weishaar) This is an offshoot of CBT designed for treatment of personality disorders and chronic issues. Here are some reviews: *"Young et al. have developed an innovative, rich, and intuitively healing approach to therapy based on years of clinical experience and research. Schema therapy incorporates wisdom from a variety of approaches to bring fresh new perspectives to traditional cognitive therapy. In this book, clinicians will find up-to-the-minute, empirically supported approaches to treating such difficult problems as narcissistic and borderline personality disorders. Strategies and procedures are laid out in a clear and compelling manner, including invaluable advice on implementation. All clinicians wishing to incorporate schema-based cognitive approaches into their practices will find this book an invaluable resource and a pleasure to read."*--David H. Barlow, PhD, Center for Anxiety and Related Disorders, Department of Psychology, Boston University. *"This volume demonstrates in a skillful, highly readable fashion how the standard cognitive therapy approaches to Axis I disorders can be expanded and modified to treat personality disorders. Working within a comprehensive cognitive model, the authors draw on a variety of strategies to address the specific problems in this population: rigid, lifelong maladaptive characterological patterns; chronic interpersonal difficulties; and transference reactions. The book shows how to attenuate the powerful beliefs underlying these patterns through exploratory and experiential strategies. Highly recommended for all therapists engaged in treating patients with these very difficult personality problems."*--Aaron T. Beck, MD, Department of Psychiatry, University of Pennsylvania.

Building a Life Worth Living (Marsha M. Linehan) Dr. Linehan is the creator of **Dialectical Behavior Therapy (DBT)**. In this book she both shares her own personal history as the source for DBT as well as outlining and discussing the theory. Here are some reviews: *"A brilliant memoir by one of the greatest pioneers in psychotherapy history . . . Marsha Linehan holds absolutely nothing back, making good on the vow she made as a young woman to escape hell and help others do the same. This book—in its fierce honesty and, for the careful reader, its practical advice—will help anyone who has struggled to build a life worth living."*—Angela Duckworth, New York Times bestselling author of Grit. *"To read this book is to understand how a life is built. In dark, there is light. Everything in Marsha Linehan's life and remarkable memoir uncovers the dark—the hell of the unhappy self and the hell of inadequate help—and brings us into the light, with humor and detail in describing her*

grappling and growth, and her courage and vision of how to create a treatment for even the most unhappy of us.”—Amy Bloom, New York Times bestselling author of White Houses.

The Body Keeps the Score (Bessel van der Kolk) This has become one of the most widely read books in trauma treatment. Here are some reviews: *“This book is a tour de force. Its deeply empathic, insightful, and compassionate perspective promises to further humanize the treatment of trauma victims, dramatically expand their repertoire of self-regulatory healing practices and therapeutic options, and also stimulate greater creative thinking and research on trauma and its effective treatment. The body does keep the score, and van der Kolk’s ability to demonstrate this through compelling descriptions of the work of others, his own pioneering trajectory and experience as the field evolved and him along with it, and above all, his discovery of ways to work skillfully with people by bringing mindfulness to the body (as well as to their thoughts and emotions) through yoga, movement, and theater are a wonderful and welcome breath of fresh air and possibility in the therapy world.”*

—Jon Kabat-Zinn, professor of medicine emeritus, UMass Medical School; author of Full Catastrophe Living.

“This is an amazing accomplishment from the neuroscientist most responsible for the contemporary revolution in mental health toward the recognition that so many mental problems are the product of trauma. With the compelling writing of a good novelist, van der Kolk revisits his fascinating journey of discovery that has challenged established wisdom in psychiatry. Interspersed with that narrative are clear and understandable: descriptions of the neurobiology of trauma; explanations of the ineffectiveness of traditional approaches to treating trauma; and introductions to the approaches that take patients beneath their cognitive minds to heal the parts of them that remained frozen in the past. All this is illustrated vividly with dramatic case histories and substantiated with convincing research. This is a watershed book that will be remembered as tipping the scales within psychiatry and the culture at large toward the recognition of the toll traumatic events and our attempts to deny their impact take on us all.”

—Richard Schwartz, originator, Internal Family Systems Therapy

Learning Emotion-Focused Therapy: The Process-Experiential Approach to Change

(Robert Elliott, Jeanne C. Watson, Rhonda N. Goldman, & Leslie S. Greenberg) Emotion-Focused Therapy (EFT) has its roots in humanistic theory and was developed by Les Greenberg and colleagues and is a well-accepted theory with a growing evidence-base. It is often a couple-based therapy approach. Here is a definition: *“Emotion-focused therapy (EFT) can be defined as the practice of therapy informed by an understanding of the role of emotion in psychotherapeutic change. EFT is founded on a close and careful analysis of the meanings and contributions of emotion to human experience and change in psychotherapy. This focus leads therapist and client toward strategies that promotes the awareness, acceptance, expression, utilization, regulation, and transformation of emotion as well as corrective emotional experience with the therapist. The goals of EFT are strengthening the self, regulating affect, and creating new meaning.”* Here is a description of it in relationship therapies *“Drawing on research supporting attachment theory, the therapy regards the security of partner connection as the best lever for change in a dysfunctional relationship and a necessary source of both couple and individual growth. Love, in short, is transformative. Restoration of the emotional ties enables partners to be physically and*

psychologically open and responsive to each other so that they can construct a mutually supportive and satisfying relationship in the moment and for the future."

Solution Focused Brief Therapy (100 Key Points) (Harvey Ratner, Evan George, & Chris Iveson). This theory has staying power and was developed in the 1980's but has been continually updated and has a evidence-based research to support it. Here is a description: *"Solution-Focused Brief Therapy (SFBT) is a short-term goal-focused evidence-based therapeutic approach, which incorporates positive psychology principles and practices, and which helps clients change by constructing solutions rather than focusing on problems. In the most basic sense, SFBT is a hope friendly, positive emotion eliciting, future-oriented vehicle for formulating, motivating, achieving, and sustaining desired behavioral change.*

Solution-Focused practitioners develop solutions by first generating a detailed description of how the client's life will be different when the problem is gone or their situation improved to a degree satisfactory to the client. Therapist and client then carefully search through the client's life experience and behavioral repertoire to discover the necessary resources needed to co-construct a practical and sustainable solution that the client can readily implement. Typically, this process involves identifying and exploring previous "exceptions," e.g. times when the client has successfully coped with or addressed previous difficulties and challenges. In an inherently respectful and practical interview process, SF therapists and their clients consistently collaborate in identifying goals reflective of clients' best hopes and developing satisfying solutions.

Here is a published review: *"Do what works" is a basic SFBT rule. Were Steve and Insoo still with us, I am sure they would be very happy to see what their "students" have produced. Solution Focused Brief Therapy: 100 Key Points and Techniques is a clear exposition that embraces and builds on the original SFBT model. It also honors teachers, both de Shazer and Berg, and ultimately their clients, by applying de Shazer's well-known Ockham's razor to explore and describe what is really essential for change to occur. To illustrate the principle: When someone once wrote the words "simplify, simplify, simplify" to describe SFBT's minimalistic approach, de Shazer famously scratched out two of the words! Along with de Shazer's 1985 Keys and 1988 Clues and Berg's 1994 Family-Based Services, this book ranks at the top. As a place to start or as an elegant refresher, I enthusiastically recommend it!"* - Michael F. Hoyt, Ph.D, Newsletter of the Milton H. Erickson Foundation, 2012, p. 24 VOL. 32, NO. 3 The Milton

Attachment in Psychotherapy (David J. Wallin) Attachment theory is an integral part of many psychotherapy approaches and is a strong relational approach. This is one of the best in describing it and applying it. Here are two reviews: *"John Bowlby would have been delighted with this book, which links the biological imperatives of attachment to the dialogues that define the self and the nature of key relationships. He would also have been delighted to see his theory articulated as a guide to psychotherapy in such an eminently readable manner. The use of attachment as this kind of guide is a rich vein that has just begun to be tapped. This book is a therapist's journey into that richness."*--Susan M. Johnson, EdD, Professor Emeritus of Clinical Psychology, University of Ottawa, Canada; Distinguished Research Professor, Marital and Family Therapy Program, Alliant International University

“Despite widespread interest, how to really think about attachment in the clinical situation remained--for all intents and purposes--fairly obscure....All this has changed with the publication of David Wallin's extraordinary book....This intellectual and clinical tour-de-force is what we have been waiting for: a book that is on the one hand a coherent, creative, thoughtful, and remarkably integrated view of contemporary psychoanalysis, with attachment, and attachment processes, at its core, and on the other a reflection on our daily, complex, work with patients. Wallin's ambitious and deeply satisfying book is remarkable for a number of reasons. Wallin is a seasoned, experienced clinician, with a deep appreciation of the complexities of both clinical work and human development. Thus, his clinical voice, and his insights into the clinical experience (both the patient's as well as the therapist's) unify each of his forays into research, theory, and science. Indeed, it is his ability to engage all of these elements at once that makes this such a gem of a book. This book should be essential reading for anyone interested in contemporary psychoanalysis. Few writers have the ability to write so directly and clearly about complex science and theory; his scholarship and reach are extraordinary. This book is also a book for therapists at all levels of experience. He creates a truly contemporary vision of human development, affect regulation, and relational processes, grounded in the body and in the brain, and in the fundamental relationships that make us who we are, as therapists, as patients, and as human beings.”
— Psychotherapy Published On: 2009-01-01

Maps of Narrative Practice (Michael White) This therapy was introduced by Michael White and David Epston. It has become a commonly used approach and is quite helpful to many clients. *“Narrative therapy is a form of counseling that views people as separate from their problems and destructive behaviors. This allows clients to get some distance from the difficulty they face; this helps them to see how it might actually be helping or protecting them, more than it is hurting them. With this perspective, individuals feel more empowered to make changes in their thought patterns and behavior and “rewrite” their life story for a future that reflects who they really are, what they are capable of, and what their purpose is, separate from their problems.*

Here are core aspects of narrative therapy:

- *The deconstruction of problematic and dominant storylines or narratives*
- *Breaking the narrative into smaller and more manageable chunks*
- *Rewriting the script of the problematic and dominant storylines*
- *Broadening your view and moving toward healthier storylines (this is also called the unique outcomes technique, which may help us better understand our experiences and emotions)*
- *What is true for one person may not be true for another person*
- *Externalizing the problem because you are not your problem*
- *A healthy narrative will also help us make meaning and see purpose*

Letters to a Young Therapist (Mary Pipher) Author of *Reviving Ophelia: Saving the Selves of Adolescent Girls*, which has sold over 2,000,000 copies since 1994). This is a book about 30 years of experience and the sharing of her discoveries and wisdom. This is from Amazon *“Long before “positive psychology” became a buzzword, Dr. Pipher practiced a refreshingly*

inventive therapy -- fiercely optimistic, free of dogma or psychobabble, and laced with generous warmth and practical common sense. But not until now has this gifted healer described her unique perspective on how therapy can help us revitalize our emotional landscape in an increasingly stressful world. Whether she's recommending daily swims for a sluggish teenager, encouraging a timid husband to become bolder, or simply bearing witness to a bereaved parent's sorrow, Dr. Pipher's compassion and insight shine from every page of this thoughtful and engaging book. "This is a book not necessarily steeped in research, but just the wisdom of someone who has worked in the field as a thoughtful and someone poetic approach to therapy. I think there is some nuggets. You may want to combine this with another read, since it is shorter.

Here are the details of this assignment.

- **Due Date:** Your paper is due the day you present your book synopsis, outlining key points. **200 points.**
- **Length and Format:** APA style, about 10 pages (excluding references), double-spaced, with 12-point Times New Roman font.
- **Purpose:** You are just beginning your practicum experience where you finally get to work with real people with basic to complex problems. You are learning about how to think about change, how to conceptualize problems, and how to treat them. This assignment gives you the opportunity to learn about an approach using a primary source to familiarize yourself with how one theory conceptualizes and treat clients. This approach may not be your ultimate choice for how you conceptualize and work with clients, but it will likely help shape your thinking about how to work with and help your clients.
- **Task:** Reflect upon and express in language that is clear and concise your thoughts, feelings, concerns, and confidences related to this approach. Here are some things to consider in writing this paper. How do they conceptualize pathology? What do they see leads to change? What would effective outcomes from this approach look like? Do you think it can be applied in a multiculturally applicable way? What do you see as the strengths of this approach? What are potential limitations or problems you may see in using it? Can you identify populations or issues you think might really benefit from this approach and perhaps issues or people that might not benefit from this approach? Does this approach consider biology, systemic issues, multicultural, and other external factors along with a focus on the person's agency? Does this approach focus more on the past (attachment, trauma, etc), present (problem solving, thinking errors, etc.), or future (goals, aspirations, meaning/purpose, etc.)? How do you think it aligns with your understanding of the gospel? What are the things you consider the most important concepts from your perspective? Does this approach have empirical research supporting its tenets? How is it related to other approaches you are aware of? Does this approach have empirical research supporting its tenets? Include, if possible 3 studies testing this approach. These are suggestions and I encourage you to add anything else that you think would be important.
- **There are two elements to this assignment, the paper you will submit and an in-class presentation about what you read (70% written and 30% on the presentation).**

Self-Assessment Reflection Paper:

I would rather have questions that can't be answered than answers that can't be questioned.

Richard Feynman

Reflection promotes learning. This assignment requires you to reflect on things you have learned as you have begun to engage in the privilege of attempting to help clients (God's children). The Aims of a BYU Education state "*BYU seeks to develop students of faith, intellect, and character who have the skills and the desire to continue learning and to serve others throughout their lives.*" As budding professionals and doctoral students in counseling psychology you are developing skills so that you can serve others professionally throughout your professional career as well as in every day life. You also are being trained in an atmosphere that emphasizes faith, the development of complexity in your thinking, and character development that is based on both professional ethics and more importantly your commitment to God and serving his children. Here are things I am suggesting you consider (you are not constrained to just these prompts).

- a. What are your personal strengths that help you effectively work with clients? What things do you feel you still need to develop to become more effective? What are some of the things that could interfere with your success if you don't learn to hone them? Be specific.
- b. Personal strengths often can have unintended consequences, such as when exhibited habitually rather than modified across different situations... so what are several ways in which your personal strengths could possibly become problematic if not consciously scrutinized in therapy? For example, being kind is great, but it should not interfere with being honest and challenging at times. Being non-directive is helpful in some ways and may be problematic in others ways. Being playful is helpful at times, but being focused, silent, or curious may also be important.
- c. How do you handle your own embarrassment, shame, fear, anxiety, confidence, confusion, and other emotions in your counseling?
- d. When do you feel most helpful and least helpful? What client behaviors are hard for you to deal with?
- e. How do you feel about discussing personal and sensitive topics like, sexual issues, multicultural issues, issues of faith, trauma, gender issues, etc? How are you learning how to manage these?
- f. What kinds of things do you do when you are not sure what to do with a client? (do you seek further information, read articles or books, talk to colleagues/peers/supervisors, etc.)
- g. What are some of the next steps you need to take to continue to grow and develop?
- h. What advice do you feel would be helpful to give yourself now and five years from now, upon licensure as a psychologist?

Assignments	% of Grade
Class participation	15
20+ hours of psychotherapy experience; case management; supervisor evaluations	25
Case presentation	10
Weekly reaction paper (14 total)	7
Report and presentation on the book you read	25
Self-Assessment Reflection Paper	18
Total	100

Grading Scale

A	94-100	B-	80-83	D+	67-69
A-	90-93	C+	77-79	D	64-66
B+	87-89	C	74-76	D-	60-63
B	84-86	C-	70-73	E	59 and lower

Course Schedule

Date	Topics	Assignments
Week 1 Jan. 9	<ul style="list-style-type: none"> Course Objectives Introduction to Professional Standards and Procedures at BYU Counseling & Psychological Services (CAPS), part 1 Professional Ethics CAPS Procedures and Policies (Dr. Davey Erekson) Maybe if time Dr Derek Griner 	APA Ethical Principles of Psychologists and Code of Conduct (General Principles and Sections 1, 2, 3, 4, 10)
Week 2 Jan. 16	<ul style="list-style-type: none"> 1:00 – 1:50 Katie Hatfield (Office Manager) Titanium, office procedures, Adobe Sign, OQAnalyst, Outlook 	Readings: HS 2

	<ul style="list-style-type: none"> • CAPS (Dr. Derek Griner) 2:00 – 2:50 • Initial therapy session 	Clients: The neglected common factor in psychotherapy The therapeutic relationship
<p>Week 3 Jan. 23</p>	<ul style="list-style-type: none"> • 1:00 – 1:50 Katie Hatfield (Office Manager) Titanium, office procedures, Adobe Sign, OQAnalyst, Outlook • CAPS (Dr. Derek Griner) 2:00 – 2:50 • Clinical notes: SOAP, SIP, & DAP • Intake assessment • Therapist motives and personal self-exploration 	<p><u>Readings:</u></p> <p>HS 3</p> <p>APA Ethics Section 6</p> <p>Record keeping controversies</p>
<p>Week 4 Jan. 30</p>	<ul style="list-style-type: none"> • 1:00 – 1:50 Katie Hatfield (Office Manager) Titanium, office procedures, Adobe Sign, OQAnalyst, Outlook • CAPS (Dr. Derek Griner) 2:00 – 2:50 <i>IF NEEDED</i> • Clinical notes: SOAP, SIP, & DAP • Intake assessment • Therapist skills • Therapist biases • Multicultural competencies • Complex components of people and simplistic stereotyping 	<p><u>Readings:</u></p> <p>HS 4</p> <p>Models and techniques in context</p> <p>APA Practice Guidelines for Sexual Minority Persons</p>
<p>Week 5 Feb. 6</p>	<ul style="list-style-type: none"> • Exploration and Carl Rogers in depth • Making supervision a positive experience 	<p><u>Readings:</u></p> <p>HS 5</p> <p>Disclosure in supervision (skim)</p>
<p>Week 6</p>	<ul style="list-style-type: none"> • Skills for providing support • Skills for exploring content 	

Feb. 13		<p><u>Readings:</u></p> <p>HS 6 & 7</p>
Feb. 22 NO CLASS	BYU designated “Monday instruction” Attend Monday classes on this Tuesday	
Week 7 Feb. 27	<ul style="list-style-type: none"> • Skills for exploring feelings • Practicing difficult situations • Effective Use of Supervision • Midcourse evals and feedback 	<p><u>Readings:</u></p> <p>HS 8 & 9</p> <p><i>Profiting from your Supervision.</i></p> <p><i>More Effective Supervision</i></p>
Week 8 March 5	<ul style="list-style-type: none"> • Defenses • Attachment • Common Factors - TR 	<p><u>Readings:</u></p> <p>HS 10</p> <p>Routinely monitor treatment outcome</p> <p>Practice exercise in class</p>
Week 9 Mar. 12	<ul style="list-style-type: none"> • Fostering awareness • Psychotropic medications and current use • Transference and countertransference 	<p><u>Readings:</u></p> <p>HS 11</p> <p>APA Multicultural Guidelines</p>
Week 10 Mar. 19	<ul style="list-style-type: none"> • Interpretation skills • Challenging/confrontation <p>Case Presentation</p>	<p><u>Readings:</u></p> <p>HS 12</p> <p>Suicide Risk Assessment and Response</p>
Week 11 Mar. 26	<ul style="list-style-type: none"> • Relationship repair skills • Integration of interpretation skills <p>Case Presentation</p>	<p><u>Readings:</u></p> <p>HS 13 & 14</p> <p>The research evidence for the common factors models</p>

Week 12 April 4	<ul style="list-style-type: none"> • Skills for facilitating client actions • Relaxation skills • ABC change <p>Case Presentation</p>	<p><u>Readings:</u></p> <p>HS 15 & first half of 16 (p. 353-373)</p> <p>Delivering what works</p> <p>Personal reflection paper due</p>
Week 13 April 11	<ul style="list-style-type: none"> • Cultural humility • Rehearsal skills • Decision making skills <p>Case Presentations</p>	<p><u>Readings:</u></p> <p>HS 16 second half (p. 374-)</p>
Week 14 April 18	<ul style="list-style-type: none"> • Iterative self-exploration: therapists learning from experience • Finding ourselves in the readings – and in the profession <p>Case Presentations</p>	<p><u>Readings:</u></p> <p>HS 17</p>
Final exam		Final exam completed by 5PM, April 25

Date	In-Class Activities/Topics*	Presenters	Readings
T – Jan 9	<p>Syllabus Review, Q&A</p> <ul style="list-style-type: none"> • Introduction to Professional Standards and Procedures at BYU Counseling & Psychological Services (CAPS), Using Titanium (database), video recording (CAPS video), part 1 <p>Professional Ethics</p>	<p>Vaughn, Michael Adams, Derek Griner, Hoku</p>	

T - Jan 16	Time2Track training, Suicide Risk Assessment, Practice-Based Evidence (PBE)	Kristina	CAPS Student Therapist Handbook; APA Record Keeping Guidelines 1-3
T – Jan 23	Chapter Presentation and Video Review	Kristina	Prologue to <i>Love’s Executioner</i> (p. xi – xxiii) and Chapter 1: Love’s Executioner
T – Feb 6	Case Presentation and Video Review	Haydn	
T – Feb 13	Case Presentation and Video Review	Ben	
No Class (Monday instruction)			
T – Feb 27	Case Presentation and Video Review	Logan	
T – Mar 5	Case Presentation and Video Review	Indra	
T – Mar 12	Case Presentation and Video Review	Kiara	
T – Mar 19	Research Presentation and Video Review	Indra	Chapter 2: “If Rape Were Legal…”
T – Mar 26	Research Presentation and Video Review	Kiara	Chapter 3: “The Wrong One Died”
T – Apr 2	Research Presentation and Video Review	Ben	Chapter 4: Fat Lady
T – Apr 9	Research Presentation and Video Review	Logan	Chapter 5: “I Never Thought It Would Happen to Me”
T – Apr 16	Research Presentation and Video Review	Haydn	Chapter 6: “Do Not Go Gentle”
T – Dec 11	Video Review & Intervention Sharing	all	Prepare two of your favorite interventions you've learned or used this semester and present them to the class.
T – Dec 19 11:00 – 2:00	Final Reflection & Integration of Spirituality	all class members	

Learning Modalities Include Religious Faith and Revelation

At Brigham Young University, we seek learning by study and by faith. We conduct/evaluate research while also acknowledging and seeking spiritual sources of knowledge.

“The whisperings of the Spirit come gently and quietly. The Spirit does not get our attention by shouting or shaking us with a heavy hand. Rather it whispers. It caresses so gently that *if we are preoccupied, we may not feel it at all.* Occasionally it will press just firmly enough for us to pay heed. But most of the time, if we do not heed the gentle feeling, the Spirit will withdraw and wait until we come seeking and listening and say in our manner and expression, like Samuel of ancient times, ‘Speak [Lord], for thy servant heareth.’”-President Boyd K. Packer, Mine Errand from the Lord, p. 124.

HONOR CODE

To be able to attend BYU each student has agreed to abide by the Honor Code. <https://policy.byu.edu/view/index.php?p=26> This includes honesty in academic work, such as reporting assignments. We trust you. We do not police student work, but if evidence of misconduct occurs, students' grades and possibly program/university standing will be affected.

Inappropriate use of course materials

All course materials (e.g., outlines, handouts, syllabi, exams, quizzes, PowerPoint presentations, lectures, audio and video recordings, etc.) are proprietary. They should not be posted on any online apps or programs, or anywhere else online.

Responding to and Reporting Sexual Harassment/Misconduct

Title IX of the Education Amendments of 1972 prohibits sex discrimination against any participant in an educational program or activity that receives federal funds. The act is intended to eliminate sex discrimination in education. Title IX covers discrimination in programs, admissions, activities, and student-to-student sexual harassment. BYU's policy against sexual harassment extends not only to employees of the university but to students as well. If you encounter unlawful sexual harassment or gender-based discrimination, you have several options of how to report or voice your concerns. You could talk with your professor; contact BYU's Equal Opportunity Manager at 801-422-5895 or email [sue_demartini@byu.edu]; contact BYU's Honor Code Office at 801-422-2847. Refer to the following website regarding additional information about sexual misconduct:

<https://policy.byu.edu/view/index.php?p=155>

Additionally, other options include calling or visiting with Tiffany Turley, who serves as the university's Title IX coordinator. Her office is in 1085 WSC. She can also be contacted by phone or email: 801-422-7256; tiffany_turley@byu.edu

NOTE: Another option is to call or visit with Lisa Leavitt, BYU's full-time victim's advocate. If you wish to speak with someone confidentially about any sexual assault or abuse, contact Lisa Leavitt: advocate@byu.edu; or call 801-422-9071. Lisa's BYU campus office is located in 1500 WSC.

Services for Students with Disabilities

Brigham Young University and we professors are personally committed to providing a working and learning atmosphere that reasonably accommodates qualified persons with disabilities. If you have any disability which may impair your ability to complete this course successfully, please contact me at the beginning of the semester, as early as possible, to ensure adequate prevention and intervention efforts to provide a positive learning experience. You may also contact the University Accessibility Center (UAC; 801-422-2767). See this site <https://uac.byu.edu/>. Reasonable academic accommodations are reviewed for all students who have qualified documented disabilities. Services are coordinated with the student and instructor by the UAC Office. If you need assistance or if you feel you have been unlawfully discriminated against on the basis of disability, you may seek resolution through established grievance policy & procedures. You can also contact the Equal Employment Office: 801-422-6878 or 801-422-5895 or visit their offices in the ASB: D-282, D-292, D-240C.

BYU STATEMENT ON BELONGING

We are united by our common primary identity as children of God (Acts 17:29; Psalm 82:6) and our commitment to the truths of the restored gospel of Jesus Christ (BYU Mission Statement). We strive to create a community of belonging composed of students, faculty, and staff whose hearts are knit together in love (Mosiah 18:21) where:

- All relationships reflect devout love of God and a loving, genuine concern for the welfare of our neighbor (BYU Mission Statement);
- We value and embrace the variety of individual characteristics, life experiences and circumstances, perspectives, talents, and gifts of each member of the community and the richness and strength they bring to our community (1 Corinthians 12:12–27);

- Our interactions create and support an environment of belonging (Ephesians 2:19); and
- The full realization of each student's divine potential is our central focus (BYU Mission Statement).

[Therefore, in this class we go beyond mutual respect to truly make our experience together uplifting and mutually edifying. Find common ground and learn from differences.]