Psychology 4310
Introduction to Counseling Theories
Dr. Richard Grow

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Textbook: Theory and Practice of Counseling and Psychotherapy, by Gerald Corey
       (Eight Edition)

Grading Criteria:

       70 % of the total possible points will come from your tests
       30 % of the total possible points will come from Papers, presentation, and
             other assignments

       90 % - 100 % of possible points = A
       80 % - 89 %   of possible points = B
       70 % - 79 %   of possible points = C
       51 % - 69 %   of possible points = D
       50 % and less of possible points = F
       (Plus and minus grades are at the discretion of the instructor)

Tests:

       You will have three to four unit tests in this course and a comprehensive
       final. It is possible you will have a test during dead week. (You will have
       a test about every 3 to 4 weeks)

Papers:

       You are required to write one book summary for this class, plus a second
       book summary or a group presentation (You need to hand in a written copy
       of your part of the group presentation and a test question for your part
       of the group presentation).

       The approved book list is as follows.

       Approved books are found at the end of each chapter and are identified by
       the * mark in front of the authors name.

       All other books used to satisfy this particular requirement of the
       course require advance approval by the instructor.

       Book selections are to be approved no later than the 2nd week of the
       Semester.

       Paper outlines and group presentations outlines due the 5th and 11th week.

       Book reviews are to be presented in small group discussion, and turned in
       the 7th week. Group presentations and the second book reviews will occur
       the 13th and 14th week of the Semester.

       There is no set length in terms of how long your papers need to
       be. (Hopeful not longer than five pages at most) Papers must be typed and
       spelling and punctuation will count.

Learning Objectives:
       You will receive a set of learning objectives the first day of class. Use
       these objectives to direct your reading, help organize your notes, and
       help you prepare for exams.

Order of Reading:
At least for now plan on going through the book in the following order.

Psychoanalytic Therapy i.e. Freud Chapter 4
Individual Psychology i.e Adler Chapter 5
Person-Centered Therapy i.e. Rogers Chapter 7
Rational-Emotive Behavioral Therapy i.e. Ellis Chapter 10
Cognitive Therapy i.e Beck Chapter 10
The Silent Language of Psychotherapy i.e Beier
Reality Therapy i.e. Glasser Chapter 11
Gestalt Therapy i.e. Perls Chapter 8
Transactional Analysis
Existential Therapy Chapter 6
(Behavior Therapy Chapter 9 if we have time)
Ethical Issues in Counseling Chapter 3
Review, Integration, and Summary Chapter 15

Basic Approach to this Class:
In contrast to other courses that you may have taken from me, this course
will be somewhat different. Yes I will lecture some and you are
responsible for what is said in lectures plus the text when it comes to
tests. However, a significant amount of your learning will come from your
reading, classroom assignments, and what you learn from others.

Incompletes will only be given when they are legitimate and in keeping with
University Policy.

Group Presentations for this Semester

Analytical Psychotherapy (Jung)
Treatment of Substance Abuse (to include AA, Rational Recovery, and
        Motivation Interviewing)
Family Therapy and Marital Therapy
Historical Background of a Major Counseling Theory Theorist
(Group sign up sheets will passed around toward the start of the second
week of class)

Learning Objectives
Psychology 4310
Theory and Practice of Counseling and Psychotherapy
Corey 8th Edition
Dr. Grow

Psychoanalytic Theory (60-93)

1. The history of Sigmund Freud 1856-1939 (60)
    Family of origin
    Choice of profession
    Medical Career
        What Freud needed to be successful
        Brucke
        Breuer
         Anna O.
        Cocaine Period
        Charcot
    Marriage
    The Neurologist
    Breuer Period
    Fliess
    Personal Life
    Emergence from Isolation
        Psychological Wednesday Society
        Jung
        Beginning of International Recognition
        Visit to America
        The Committee
        WWI
        Reunion
    Mode of Life and Work, Personality
    Beginning of the End (1923)
        33 surgical procedures
        Approach of WWII
        Escape
    The End (London 23, Sept. 1939)

2. Key Concepts i.e. Theory of Personality
    View of Human Nature (61)
    Structure of Personality (61-62)
        Id
         Eros
         Thanatos
         Libido
        Ego
        Superego
        Primary Process and Secondary Process
    Consciousness and the Unconscious (62-63)
    Anxiety (63)

Ego-Defense Mechanisms (63-65)
Psychosexual Stages of Development (63-68)
    Oral
    Anal
    Phallic
    Latency
    Genital
Fixation i.e. onset of neurosis

3. Goals of therapy (69)

4. Therapeutic Techniques and Procedures (69-77)
    Free Association (75)
    Interpretation (75-76)
    Dream Analysis (76)
    Transference (77)
      Avoiding Counter-Transference
    Working it Through (72)
    Maintaining the analytic framework (75)

5. The Therapeutic Process
    Therapist's Function and Role (69-70)
    Client's Experience in Therapy (70-71)
    Nature of the Relationship Between Therapist and Client
    (71-74)

6. Why historically this model has been so important

7. Erikson's Psychosocial Perspective (67-68)

Adlerian Psychotherapy (97-126)

1. Historical Background (97)
    Early Origins
    Medical School and Practice
    Family Life
    Association with Freud
    Rift with Freud
    Emergence of Individual Psychology
    WWI
    Post War
        International Acceptance
        United States
    The end Mary 28 1937

2. Key Concepts
    Individual Psychology (99)
    Rejection of reductionism in favor of holism. Behavior
      occurs in a social context, is purposeful,an goaloriented
    (99-100)
    Phenomenologial Approach (99)
    Heredity Vs. Environment. This is a growth model. (99)
    Primary Direction of Movement i.e. completion, perfection,
      superiority, self- actualization (99,100)

Social Interest (102)
Life Style (101)
Fictional finalism (100)
Importance of the Family Constellation (103,110-111)
Early Recollections (105-106,111-112)
Dreams (106)
Psychologically Normal Individuals
Life Tasks (101)
Discouragement (104)
Feelings of Inferiority (100)
Inferiority Complex
Organ Inferiority
Etiology of Neuroses
Changes in the Life Style
Unconscious
Freedom of Choose, Values, and Meaning.

3. Goals for Counseling and Therapy (104-105)
    Increase social interest
    Provide encouragement
    Change the Life Style

4. Therapeutic Procedure (108-115)
    Contractual and cooperative arrangement. Alignment of goals.
    Identifying and exploring mistaken goals and faulty
     assumption
    Encouragement
    Perhaps modifying the Life Style
    Reeducation
    Increasing Social Interest
    Changing faulty social values

5. Nature and need for the therapeutic relationship (108)
    Necessary but not sufficient for behavior change
    Relationship is one of equals/ collaborative
    Alignment of goals

6. Procedures and techniques as a logical out growth of the
    theory

    Phases of Therapy (108)
        Establishing the Relationship
        Exploring the Individual's Dynamics
        Encouraging Insight
        Helping with Reorientation

    Some Specific Techniques (115)
        Acting "as if."
        Advise
        Avoiding the tar baby
        Catching oneself
        Creating images
        Encouragement (114)
        Homework

Humor
Immediacy
Paradoxical intention
Push button
Silence
Spitting in the client's soup
Task setting and commitment
The "aha experience"
The therapist as a model
Terminating and summarizing the interview
Post Therapy

8. Major Contributions

Person-Centered Therapy (165-193)

1. Historical Background (165)
    The life of Carl Rogers

2. Key Concepts
    People are Basically Good (166,169)
    The Cause of Emotional Disturbance
    Definitions of Constructs (Handout)
        Actualizing Tendency
        Experience
        Feeling, Experiencing a feeling
        Awareness, Symbolization, Consciousness
        Availability to awareness
        Accuracy of Symbolization
        Perceive, Perception
        Subceive, Subception
        Self-experience
        Self, Concept of self, Self-structure
        Ideal self
        Incongruence between self and experience
        Vulnerability
        Anxiety
        Threat
        Psychological Maladjustment
        Defense, Defensiveness
        Distortion in awareness, Denial to awareness
        Intensionality
        Congruence, Congruence of self and experience
        Openness to experience
        Psychological adjustment
        Extensionality
        Nature, Maturity
        Contact
        Positive Regard
        Unconditional positive regard
        Regard Complex
        Positive self-regard
        Need for self-regard
        Unconditional self-regard

Conditions of worth
Locus of evaluation
Organismic valuing process
Internal frame of reference
Empathy
External frame of reference

3. Goals for therapy (170)

4. Therapeutic Process
    Conditions of therapy (173)
        Congruence or Genuineness (174)
        Unconditional Positive Regard (174-175)
        Empathic Understanding (175)
    Process of therapy
    Outcomes of therapy

5. Therapist function and role
    To create the proper therapeutic relationship which is
     characterized by congruence or genuineness, unconditional
     positive regard, and accurate empathic understanding

6. Nature and need for therapeutic Relationship (172)
    (According to this model the relationship is all important)

7. Techniques as a logical outgrowth of theory
    Perhaps active listening

8. Applications and Limitations

9. Major Contributions
    Emphasis on the relationship
    Specified the conditions for a therapeutic relationship
    Opened up the field to research

Rational-Emotive Psychotherapy (273-287)

1. Historical Background
    Epictetus (276)
    Adler (276)
    Albert Ellis (273)

2. Key Concepts
    Irrational and illogical thinking causes emotional disorders
    ABC Formulation (278)
    ABCD Formulation (278)
    Musterbation (277)

3. Summary of "Reason and Emotion in Psychotherapy"
    Biological bases for psychosis
    Etiology of neurosis and most other mental disorders
    Illogical and irrational ideas that lead to neurosis
    (Handout)

4. Goals for Counseling and Therapy (280)
    Minimizing the irrational maximizing the rational
    Three types of insight

5. Function of the Therapist (280)
    Confrontive active teaching

6. Nature and need for the therapeutic relationship
    Desirable but not mandatory
    Accept the person not the ideation

7. Procedures and Techniques
    Pin down the irrational ideas
    Challenge the client to validate these ideas
    Challenge these ideas and show their relationship to the
      symptomatology
    Replace these ideas with more rational ideas
    Homework
    Teach clients how to develop a more rational frame of
      reference for the future
    Active-direct-Teaching

8. Applications
    Few limitations

9. Major contributions
    One of the first pioneers in the area of cognitive therapy

Cognitive Therapy i.e. Beck (287-296)

1. Historical Background (274)
    Analyst
    Look for data in support of Freud's Theory of Depression
    Ended up establishing Cognitive Therapy

2. Key Concepts i.e. what causes pyschopathology
    Schemas
    Automatic Thoughts
    Cognitive Distortions (288-289)
    Cognitive Triad (293-294)

3. Intervention Techniques
    Collaborative empiricism
    Socratic dialogue (290)
    Guided discovery
    Four column technique

Cognitive Model of David Burns M.D. (Handouts)

1.Where Appropriate
    Anxiety, Depression, and Somatoform Disorders

2.Three Models for Anxiety
     The Cognitive Model
     The Behavioral Model
     The Hidden Emotion Model

3.Assumptions of the Cognitive Model

4. Differences Between Anxiety and Fear

5. Steps in Treatment
     Use of Brief Assessment Instruments
     Allow the Client to tell their Story
     Agenda Setting
          Specificity
          Conceptualization
          Motivation
          Methods
               Fifty Specific Techniques
          Fail as quickly as possible until you find the
          technique or techniques that work for this particular
          client

6. Other Specific Tools
          Daily Mood Log
          Questionnaire to monitor the relationship
          List of were specific Techniques Seem to Work Best
          List of Common Self-Defeating Beliefs by Syndrome
           (Elaboration of what our clients are probably saying
          to themselves)

7. Behavioral Models
     The Tibetan Book of the Dead
     Avoidance is the cause of all anxiety
     Exposure is the cure for all anxiety

8. The Hidden Emotion Model

9. Illustration

Beier

1. Historical Background
     Beier U of U Professor
     The Silent Language of Psychotherapy

2. Key Concepts
     Interpersonal/Communication Model
          Why Communication Model
               Listening with the third ear
               What is being asked of me
               The meaning of behavior can be found in the
                result
     Covert Behavioral Control is a Possibility
     Where and How is Covert Behavioral Control Learned

How are abnormal people different from normal people
        Narrow range of responses
        Lack of willingness to own up
        Exaggerate need to control
Punishment/Reward/Experience Continuum
Where do we look for evidence of Covert Behavioral Control
Disengaged Responses
Beneficial Uncertainty
Three levels of behavior
        Manifest
        Covert
        Vulnerability

3. Goals for Counseling and Therapy
   Let the patient experience how he creates his problem
   Let the patient experience how he covertly tries to control
    others and how this pattern of behavior   is limiting and
    self defeating

4. Function and Roles of Therapists
   Establishes a relationship
   Provides disengage responses
   Creates beneficial uncertainty

5. Nature and Need for the Therapeutic Relationship
   Relationship and timing are important but the importance of
    rapport has been over stressed

6. Procedures and Techniques as a logical out growth of the
    theory
   Overview of the course of therapy
        Person will scan the therapist, looking for ways to
         control
        Person with try and engage the therapist and elicit the
         expected and familiar social response
        The therapist will use themself as an instrument
         and disengage
        Result beneficial uncertainty and eventual behavioral
         change
   Basic Assumptions
        Person hurts and feels vulnerable
        Tries to control relationships to protect themself,
         does not give up area of vulnerability and uses a
         covert control way of behaving
        Social microcosm/ client will do inside the hour what
         they do outside in the real world / will attempt to
         control the therapist
        When the client meets with a disengaged response they
         experience beneficial uncertainty and can
         experiment with other behaviors i.e. other ways of
          coping
        Intellectual vs. emotional insight
        Extratherapeutic Incidents = Basic rule the demand must
         be discussed

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                    Fees
                    Gifts
                    Insight
                    Missed appointments
                    Sex
                    Suicide
                    Talking to Others
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7. Applications
       Preferred Personality Style
       Think tank i.e. Resource Therapist

8. Major contributions to behavior modification process and
     services.

Reality Psychotherapy (316-336)

1. Historical Background (316)

2. Summary of two of Glasser's Books

       Reality Therapy (Handout)
             What is wrong with those who need treatment
             How do we fulfill our needs
             The basic needs
             Reality therapy-Responsibility Therapy
             Teaching of Responsibility
             Reality Therapy

             Difference between Reality Therapy and Conventional
              Therapy (320-321)

       Control Therapy (Handout)
             Introduction
             Basic needs (317)
             Pictures in our heads
             The power of pictures
             People function like a control system
             Behavior is made up of four components
             Implications and Summary

3. Key Concepts
             Basic notion of current Reality Therapy
             Key terms
                   Autonomy
                   Commitment
                   Control theory
                   Involvement
                   Paining behaviors (318)
                   Picture Album
                   Responsibility (319)
                   Total behavior (318)
                   Value judgments

4. Goals for Counseling and Therapy (321)
   To help people find better ways of met their needs.
   To help people to do worthwhile things and become
   warmly involved with the people they need.
   To help people achieve autonomy.
   To asks clients to look at whether their current
   actions are working for them.

5. Function and Roles of Therapists (321-322)
   To create the counseling environment (Handout)
   Use specific procedures that lead to changes in
   behavior. (Handout)

6. Nature and Need for the Therapeutic Relationship
   Involvement is the first step

7. Procedures and Techniques as a logical out growth of the
   theory (323-327)

         Original procedures and techniques of Reality Therapy
               Introduction
               Creating a relationship
               Focus on current behavior
               Help clients evaluate their behavior
               Help clients make a plan
               Get a commitment
               Accept no excuses
               Avoid the use of punishment
               Don't give up
               Approaching the end

         Procedures and techniques as modified by Control Theory
               Focus on total behavior
               Ask clients that they want, their pictures, what
                direction they want to take with the rest of
                their lives.
               The core of Reality Therapy
               Developing a plan
               Don't give up

8. Applications

9. Major Contributions to behavior modification process and
   services.

Gestalt Therapy (198-227)

1. Historical Background (198-199)

2. Introduction
   A. A server as an example of figure ground, and awareness.
   B. What Fritz apparently knew but never said
   C. The Figure Eight
      Regulation of the Boundary

Healthy Boundaries.
Boundary Disturbances.
D. What cause psychopathology i.e. neurosis and perhaps other forms of psychopathology.
E. What is a neurotic like i.e. what are the layers of Neurosis?
F. What is the Gestalt view of the developmental process I.e. Mental Metabolism
G. What cures psychopathology?
H. What Else Dose our book suggest?

3. Function and Role of Gestalt Therapist i.e. What does the therapist do in more detail? (207-209)
   A. The Gestalt therapist works in the present.
   B. Gestalt Therapist attempt to increase awareness because they believe that awareness is the generic tool for personal growth.
   C. Gestalt therapist attempt to develop self-support.
   D. Gestalt Therapist attempt to discovering the wholes in the clients and provided needed frustration.
   E. They overcome the impasse and mustering the client's resources and more about frustration.
   F. Gestalt therapist meet patients and guide their awareness work
   G. Therapist notice the obvious, use their senses and teach others to use theirs, and they pay attention to body language.
   H. Therapist Pay attention to speaking habits as a way of increasing clients' awareness of themselves.
   I. Gestalt Therapist work with Boundary Issues.

4. Goals for Counseling and Therapy (206-207)
   To move from environmental support to self-support and assist the client in gaining awareness of moment-to-moment experiencing.

5. Nature and Need for a Therapeutic Relationship (209-211)

   Gestalt practice involves a person-to-person relationship between the therapist and the client. The therapist actively shares their own present perception and experiences as they encounter clients in the her and now.

   The I/thou relationship is given primary importance.

6. Procedures and Techniques as a Logical Out Growth of the Theory.

   One of the things a Gestalt therapist dose is devise experiments.
   Some of the more common Gestalt experiments are as follows.
   Dialogue experiment/ top dog underdog / the empty chair
   No gossiping
   Unfinished business

Making the Rounds (216)
I take responsibility for
I have a secret
Playing the projection
Reversal technique (217)
The rehearsal experiment (217)
The exaggeration experiment (217-218)
Staying with the feeling
May I feed you a sentence?
The rhythm of contact and withdrawal
Asking questions

Experiments can be used or abuse. The abuse of experiment is disparagingly referred to as "gimmickry."

7. Gestalt approach to dream work (218-219)

8. Perls approach to Group Work

9. Major Contributions

10. Gestalt Prayer.

11. Other Terms, Concepts and Definitions

Transactional Analysis (Handout)

1. Historical Background

2. Key Concepts

View of Human Nature
Ego States i.e. Parent, Adult, and Child
Developmental Perspective i.e. strokes, being OK or Not OK,
 early decisions, injunctions, games, rackets, life script,
and redecisions.
Transactions, Overt and Covert Levels of behavior.
Three rules of communication.
View of psychopathology.

3. Goals for Counseling and Therapy

4. Function and Roles of Therapist

5. Nature and Need for a Therapeutic Relationship

6. Procedures and Techniques as a Logical Out Growth of the Theory

The contract is an essential technique in TA therapy.

The use of a script checklist and questionnaire to detect injunctions, games, life positions, and early decisions is also an important technique.

Script analysis.
Analysis of Games.
Redecision.
Use of a Simple Common Vocabulary.
Structural analysis.
Didactic Methods.
Transactional analysis.
Empty Chair.
Game Interruption by Psychodrama.
Analysis of rituals and pastimes.
Role playing.
Family Modeling.

7. Redecision Therapy

8. Major Contributions

Existential Therapy (132-160)

1. Historical Background
    Early philosophers and writers
    Three specific therapist/writers
        Viktor Frankl(132)
        Rollo May (133)
        Irwin Yalom

2. Key Concepts
    Introduction
    Primarily a philosophy (132)
    Suggests a different from of conflict
    A different way of looking at anxiety
        Normal and Neurotic Anxiety
    Six Key Propositions (139-148)
    Definition of Terms (Handout)
        Existential guilt
        Existential neurosis
        Existential vacuum
        Freedom (141)
        Restricted existence (148)

3. Some of the Ultimate Concerns or Givens Associated with Life
    Awareness to death and it's significance to living (147-148)
    Freedom and Responsibility (140-142)
    Isolation, discovering one's identity and establishing
     meaningful relationships with others (143-144)
    The search from meaning (144-146)
    The capacity for self-awareness (139-140)
    Other Existential Themes (146-147)

3. Goals for Counseling and Therapy (148)
    Introduction
    Enable individuals to accept the freedom and responsibility
     that go along with action.
    Recognize the ways in which they are not living

authentically.
    Help people see that they are free and become aware of their
    possibilities
    Challenge clients to get out of a "victim role."
    To recognize factors that block freedom

4. Function and Roles of Therapists (148-149)

5. Nature and Need for the Therapeutic Relationship (150)
    Places primary emphasis on understanding the client's
    current experience, not on the use of techniques.
    Therapists are not bound by any prescribed procedures, so
    they can use techniques from other schools.
    Interventions are used in the service of broadening the ways
    in which clients live in   their world.
    Techniques are tools to help clients become aware of their
    choices and their potential for action.

6. Procedures and Techniques as a logical out growth of the
    theory

7. Applications

8. Major Contributions to behavior modification process and
    services

Behavior Modification (232-266) **If we have time and we probably
will not, I will supply the needed learning objectives.**

Ethics (37-51 and Handout)

**Methodology, Research Designs, and what Research has to say about
the Effectiveness of Psychotherapy**

Review, Contrast, Integration, Summary and Preparation for Final
(Handout)