Psychology 4310
Introduction to Counseling Theories
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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
61 % - 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 goal-oriented (99-100)
   Phenomenological 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
categorized 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 psychopathology
   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
Fees
Gifts
Insight
Missed appointments
Sex
Suicide
Talking to Others

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 meeting their needs.
   To help people to do worthwhile things and become
   warmly involved with the people they need.
   To help people achieve autonomy.
   To ask 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.

   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  


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)