PSY501 Fundamental Therapy Skills

Reformed Theological Seminary – Orlando
July 10, 17, 31 & August 7, 8:30a.m. – 3:30 p.m., August 9, 1:00 – 5:30 p.m.
Summer Term, 2013, 2 credit hours
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Telephone: (407) 366-9493, Ext. 238
E-mail: scoupland@rts.edu
Office Hours: By appointment

PURPOSE
This course seeks to develop the specific personal attributes and professional competencies you will use in your counseling career. The course provides the opportunity for you to build a framework of relational skills growing out of your academic work, your own life experiences, and your Christian worldview. The emphasis of the course will be on application and practice of basic counseling skills conducted in an environment that allows for immediate feedback and supervision. The focus will be placed on attending and essential interviewing skills.

OBJECTIVES
As a result of participation in this course the student should demonstrate the following:
1. An understanding of a three-stage counseling model that helps clients explore and understand their thoughts, feelings and actions, and then decide what action to take on the basis of the exploration and insight.
2. Specific exploration competencies that include establishing and maintaining a rapport, attending and active listening skills, the use of open-ended and close-ended questions, restatement, silence, and feelings reflection.
3. Specific insight competencies that include challenging clients, giving interpretations, self-disclosure, and the use of immediacy.
4. Specific action competencies that include the giving of information, offering feedback, process advisement, direct guidance, and disclosure of strategies.
5. Ability to conduct an initial interview with a volunteer client.

LEARNING FORMAT
Lecture, small group discussion, lab groups, conducting and review of an intake session.

REQUIRED TEXTS
REQUIREMENTS

1. Active and full participation in class discussions, group exercises, and lab sessions.
2. Participation in lab sessions in the role of counselor, client, and observer.
3. Write up a Progress Note (check box and fill-in-the-blank form) and Personal Narrative Note (in DAP format) using the handout provided for each triad session in which you participated as the counselor. Your notes for Friday’s session with a volunteer client will be written up immediately after the session. The progress and personal narrative notes for your triad experiences are to be completed immediately following the triad exercises and turned in before you leave the classroom. These are to be neatly handwritten in pen using the format listed below on the form provided to you. The notes for Friday, August 9th’s volunteer client experience will be due at the end of class that day. See progress note outline below.
4. Conduct a 30 minute intake session with a volunteer client provided for you on the last day of class. This session must be digitally recorded for later review. Write a 2 page critique of your session regarding your ability to apply the skills learned in this class and in the required reading. You will sign up for a 30 minute supervision session of your intake session. Your critique will be due at the time the supervision session.
5. Complete the required reading by the time of your supervision session.

GRADING

The final course grade will be assigned according to the following schedule:

<table>
<thead>
<tr>
<th>Component</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress notes (5 points x 5 notes)</td>
<td>25 points</td>
</tr>
<tr>
<td>Required reading</td>
<td>25 points</td>
</tr>
<tr>
<td>Critique and supervision</td>
<td>50 points</td>
</tr>
<tr>
<td>Total points</td>
<td>100 points</td>
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</tbody>
</table>

Course grades will be determined by adding points from the five progress notes, required reading, and critique and supervision assignments. Grades will be based on the following scale:

- **A** = 97-100 points
- **B+** = 93-96 points
- **B** = 88-92 points
- **B-** = 86-87 points
- **A-** = 94-96 points
- **C+** = 83-85 points
- **C** = 80-82 points
- **C-** = 78-79 points
- **D+** = 75-77 points
- **D** = 72-74 points
- **D-** = 70-71 points
- **F** = below 70 points

NOTE: Satisfactory completion of this course is a prerequisite to enroll in Practicum PSY650.

ACADEMIC STANDARDS

1. All assignments will be due on the date specified in the syllabus. For each day an assignment is late, 5 points will be deducted from the total score.
2. Use APA format, 5th edition for writing your paper.
3. Format for Personal Narrative Notes:

   - **“D”** = Data
     - Subjective and objective data about the client.
     - What did client say or feel. For example, “Ct reports improved mood.”
     - Significant phrase that encapsulates the session, such as “Frequent fights with M during past wk.”
     - Significant observable behavior by therapist. For example, “Avoided eye contact with me.” or “Ct smiled & laughed when talking about childhood abuse.”
     - What was observed? For example, “W repeatedly interrupted H when he tried to talk. H yelled at W near end of session.”
     - Assessment tools used—methods, tests, and questions—but not results
     - Counselor intervention and client response. For example, “Confronted ct’s sarcasm and he offered a quick apology.”
     - Social and family history.
     - Progress on presenting problem.
- Review of HW.
- Description of both the content and process of the session.

“A” = Assessment
- Clinician’s hypotheses—how do you as a client make sense of the data above. Working hypotheses, gut hunches.

P=Plan
- Homework assigned
- Issues to be discussed in next session
- Interventions to be used.

Write in black or blue ink only.
Write one continuous paragraph.
3-5 sentences per section are sufficient and desirable.
Commonly used abbreviations are acceptable.
All errors should be lined out with a single strike through (e.g., error), initialed and dated.
End the note with a line to the edge of the paper or the words “END OF NOTE.”

Example DAP note (for a married male client):

(D) Ct reported that he was sleeping less and able to concentrate more at work, but does not think it is due to starting Prozac two weeks ago. Ct reported an increase in the frequency and effectiveness of communication with his wife due to the “speaker-listener” HW. Ct stated his wife tells him that he still doesn’t seem to open up that much with her. Ct disagrees with her assessment and feels that he is really “spilling his guts.” The rest of the session focused on his understanding of opening up/sharing with his wife. The Ct was often tangential or silent in response to questions regarding his responsibility in the matters being addressed. (A) Ct’s symptoms of depression appear to be lessening. Ct’s communication with his wife has improved somewhat, but his self-protective patterns interfere with his ability to connect emotionally with her. Ct’s notion of spilling his guts seems to be reporting facts about his day. Ct tends to avoid owning his role in their marital struggles. (P) Continue to work on his risking emotional openness in the session and with his wife. HW: Keep a feelings log for the next week.----------

The DAP note is signed (include your highest earned degree) and dated.

4. The next two pages are the form for the Progress Note.
TREATMENT NOTES:

Name(s): ____________________________ Date: ____________

Appt. Length: ________  Session number: _______  Modality:  □ Individual  □ Couple  □ Family
□ On time  □ late _________ min.  □ No show  □ Cancelled  □ Emergency  Treatment plan in file:  □ Yes  □ No
Phone contact since last session  □ Reason:  □ Scheduling  □ Call back  □ Multiple calls (see note)

Provider: ____________________________

<table>
<thead>
<tr>
<th>Symptoms/problems/observations reported by client and/or observed by provider and addressed today:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Depression</td>
<td>□ Family of origin</td>
</tr>
<tr>
<td>□ Mania/hypomania</td>
<td>□ Grief/loss</td>
</tr>
<tr>
<td>□ Anxiety</td>
<td>□ Boundaries</td>
</tr>
<tr>
<td>□ Panic</td>
<td>□ Enabling</td>
</tr>
<tr>
<td>□ Fear</td>
<td>□ Dependency</td>
</tr>
<tr>
<td>□ Anger</td>
<td>□ Controlled by others</td>
</tr>
<tr>
<td>□ Worry</td>
<td>□ Low self-esteem</td>
</tr>
<tr>
<td>□ Phobia</td>
<td>□ Loneliness</td>
</tr>
<tr>
<td>□ Guilt</td>
<td>□ Loss of control</td>
</tr>
<tr>
<td>□ Shame</td>
<td>□ Controlling</td>
</tr>
<tr>
<td>□ Emotional abuse</td>
<td>□ Relationship problems</td>
</tr>
<tr>
<td>□ Physical abuse</td>
<td>□ Marital separation/div.</td>
</tr>
<tr>
<td>□ Sexual abuse</td>
<td>□ Marital problems</td>
</tr>
<tr>
<td>□ Residual trauma</td>
<td>□ Family conflict</td>
</tr>
<tr>
<td>□ Unwanted memories</td>
<td>□ Parenting problems</td>
</tr>
<tr>
<td>□ Trust/mistrust</td>
<td>□ Peer troubles</td>
</tr>
<tr>
<td>□ Dissociation</td>
<td>□ Aggressive behavior</td>
</tr>
<tr>
<td>□ Behavioral problems</td>
<td>□ Impulsive behavior</td>
</tr>
<tr>
<td>□ Eating problems</td>
<td>□ Hyperactive</td>
</tr>
<tr>
<td>□ Inattentive</td>
<td>□ Gender identity</td>
</tr>
<tr>
<td>□ Delusional</td>
<td>□ Current stressors</td>
</tr>
<tr>
<td>□ Financial problems</td>
<td>□ Work/school stress</td>
</tr>
<tr>
<td>□ Legal matters</td>
<td>□ Financial problems</td>
</tr>
<tr>
<td>□ Sexual dysfunction</td>
<td>□ Somatization</td>
</tr>
<tr>
<td>□ Health concerns</td>
<td>□ Drug use</td>
</tr>
<tr>
<td>□ Drug use</td>
<td>□ Alcohol use</td>
</tr>
<tr>
<td>□ Other</td>
<td>□ Other______________</td>
</tr>
</tbody>
</table>

Interventions Used:

□ Client Centered Theory  □ Emotionally Focused  □ Crisis Mgmt
□ Behavioral                                                                                   □ Cognitive  □ Insight Therapy
□ Existential                                                                                  □ Facilitative Listening  □ Psychoeducation
□ Maint/Relapse Prevention                                                                     □ Motivational Interviewing  □ Psychodynamic
□ Skills Training                                                                              □ Solution Focused  □ Integrative
□ Systemic                                                                                    □ Gestalt  □ Family Systems
□ Experiential                                                                                 □ Developmental
□ Multicultural                                                                               □ Interpersonal

Mental Status: (Mood: The client’s description of his/her predominant emotional state)

□ Euthymic: good, serene mood
□ Dysphoric: Discontent, uneasy, agitated, distressed, depressed mood
□ Euphoric: Elated, elevated mood
□ Sad
□ Grieving
□ Irritable
□ Angry
□ Anxious
□ Apathetic: indifferent, unresponsive, feeling little or no emotion
□ Alexithymic: client unable to describe subjective mood state
□ Other: ____________________________
Affect: The counselor’s observed expression of the client’s emotions
- appropriate with normal intensity and range of emotional expression
- inappropriate to the current situation (the outward display of emotions is out of context for the situation, such as laughter while describing pain or sadness) and:
  - constricted (mild restriction in intensity or range emotional expression)
  - blunted (markedly reduced but not absent emotional expression)
  - flat (complete or nearly complete absence of emotional expression)
  - labile (rapidly and easily changing, dramatic emotional expression)

Session progress: [ ] Signif. Improved [ ] Improved [ ] No change [ ] Regressed [ ] Signif. Regressed

Progress to date:
Since last session: [ ] No Change [ ] Improved [ ] Regressed
Since starting therapy: [ ] No Change [ ] Improved [ ] Regressed

Suicidal risk:
- None [ ] Passive Ideation [ ] Active Ideation [ ] Plans [ ] Attempts [ ] No Harm Contract

Homicidal risk:
- None [ ] Passive Ideation [ ] Active Ideation [ ] Plans [ ] Attempts [ ] No Harm Contract

Referral made: [ ] Physician [ ] Therapist [ ] Other To: ____________________________
For: [ ] Psychiatric eval. [ ] Medical check up [ ] Other ____________________________
  [ ] Medication check [ ] Case transfer

Homework/Follow Up:
__________________________________________ Return date: _________ Return time: _________ [ ] am [ ] pm

Student Intern/Provider’s Signature
Course Objectives Related to MAC Student Learning Outcomes

<table>
<thead>
<tr>
<th>MAC Student Learning Outcomes</th>
<th>Rubric</th>
<th>Mini-Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FOUNDATIONS</strong></td>
<td>Moderate</td>
<td>Students learn a basic counseling framework and its biblical underpinnings.</td>
</tr>
<tr>
<td>Understands and applies the basic knowledge needed to be an effective counselor including: the history and philosophy of counseling/soul care, a variety of counseling models and theories, ethics and professional standards of practice, and a psychological, biblical and theological framework for counseling/soul care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>COUNSELING, PREVENTION, AND INTERVENTION</strong></td>
<td>Strong</td>
<td>Students practice intervention skills in triad groups and with a volunteer client.</td>
</tr>
<tr>
<td>Able to describe and apply the principles of mental and spiritual health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a cultural/global society.</td>
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<td></td>
</tr>
<tr>
<td><strong>DIVERSITY AND ADVOCACY</strong></td>
<td>Minimal</td>
<td>Students practice counseling skills with persons that are different than themselves.</td>
</tr>
<tr>
<td>Understands and demonstrates how living in a cultural/global society affects clients who are seeking clinical mental health counseling services, as well as the effects of sin such as racism, discrimination, sexism, power, privilege, and oppression on one’s own life and career and those of the client.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ASSESSMENT</strong></td>
<td>Minimal</td>
<td>Students learn and practice how to informally assess clients.</td>
</tr>
<tr>
<td>Understands and applies various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments, and is sensitive to the complications of diagnosis and interpretation of formal and informal evaluation.</td>
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<td></td>
</tr>
<tr>
<td><strong>RESEARCH AND EVALUATION</strong></td>
<td>None</td>
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<tr>
<td>Understands and demonstrates the ability to critically evaluate research relevant to the practice of clinical mental health counseling through a biblical worldview.</td>
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<tr>
<td><strong>DIAGNOSIS</strong></td>
<td>None</td>
<td>Students learn to weave biblical and theological concepts with counseling theory.</td>
</tr>
<tr>
<td>Knows and applies the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), and evaluates them through a biblical and theological framework.</td>
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<td></td>
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<tr>
<td><strong>INTEGRATION</strong></td>
<td>Moderate</td>
<td>Students practice speaking the truth in love as a reflection of their desire to communicate the Gospel to others.</td>
</tr>
<tr>
<td>Integration of biblical &amp; theological concepts with counseling practices.</td>
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<tr>
<td><strong>SANCTIFICATION</strong></td>
<td>Strong</td>
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<tr>
<td>Demonstrates a love for Triune God</td>
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</tbody>
</table>