**ESSEX COUNTY COLLEGE**

**Social Sciences Division**

**PSY 250 – Theory and Practice of Counseling and Psychotherapy**

**Course Outline**

**Course Number & Name:**  PSY 250 Theory and Practice of Counseling and Psychotherapy

**Credit Hours:**  3 .0 **Contact Hours:**  3.0 **Lecture:** 3.0 **Lab:**  N/A **Other:**  N/A

**Prerequisites**:  Grade of “C” or better in PSY 101

**Co-requisites:** None **Concurrent Courses:** None

**Course Outline Revision Date:**  Fall 2010

**Course Description**: This course will present the current theories and practices used in counseling and psychotherapy. It will cover topics such as ethical issues and therapies such as psychodynamic, cognitive behavioral, group, and peer self-help groups.

**Course Goals:** Upon successful completion of this course, students should be able to do the following:

1. identify and discuss the basic philosophies of the prevailing therapies and their key figures/founders;

2. identify and discuss the key concepts of the prevailing therapies;

3. identify and discuss the goal(s) of the prevailing therapies;

4. identify and describe the purpose of the prevailing therapies;

5. identify and discuss the contributions and limitations of the prevailing therapies;

6. identify and describe how ethical decision making is an evolutionary process that requires continual openness and self-reflection; and

7. explain the importance of having a theoretical orientation in counseling and psychotherapy.

**Measurable Course Performance Objectives (MPOs)**: Upon successful completion of this course,

students should specifically be able to do the following:

1. Identify and discuss the basic philosophies of the prevailing therapies and their key figures/founders:

* 1. *identify and discuss how the basic philosophy of psychoanalytic therapy, with Sigmund Freud as its key figure, is that human beings are basically determined by psychic energy and by early experiences*;
  2. *identify and discuss how the basic philosophy of Adlerian therapy, with Alfred Adler as its key figure, is that humans are motivated by social interest, by striving toward goals, by inferiority and superiority, and by dealing with the tasks of life;*

**Measurable Course Performance Objectives (MPOs)** (continued):

* 1. *identify and discuss how the basic philosophy of existential therapy, with Viktor Frankl, Rollo May, and Irvin Yalom as key figures, is on the nature of the human condition, which includes a capacity for self-awareness, freedom of choice to decide one’s fate, responsibility, anxiety, the search for meaning, being along and being in relation with others, striving for authenticity, and facing living and dying;*
  2. *identify and discuss how the basic philosophy of person-centered therapy, with Carl Rogers as its founder,is the view of humans as positive—that humans have an inclination toward becoming fully functioning;*
  3. *identify and discuss how the basic philosophy of gestalt therapy, with Fritz and Laura Perls as its founders, is that the person strives for wholeness and integration of thinking, feeling, and behaving;*
  4. *identify and discuss how the basic philosophy of behavior therapy, with B. F. Skinner, Arnold Lazarus, and Albert Bandura as its key figures, is that behavior is the product of learning based on the principles of classical and operant conditioning;*
  5. *identify and discuss how the basic philosophy of cognitive behavior therapy, with Albert Ellis and Aaron T. Beck as its key figures, is that individuals tend to incorporate faulty thinking, which leads to emotional and behavioral disturbances;*
  6. *identify and discuss how the basic philosophy of reality therapy, with William Glasser as its founder, is based on choice theory and that we need quality relationships to be happy;*
  7. *identify and discuss how the basic philosophy of feminist therapy, that grew out of the efforts of many women (e.g., Jean Baker Miller, Carolyn Zerbe Enns, Oliva Espin, and Laura Brown) is a systems approach that focuses on the cultural, social, and political factors that contribute to an individual’s problems;*
  8. *identify and discuss how the basic philosophy of postmodern approaches, associated with several key figures (e.g., Steve de Shazer, Insoo Kim Berg, Michael White, and David Epston), is on multiple realities and multiple truths; that the focus of therapy is on creating solutions in the present and the future;* and
  9. *identify and discuss how the basic philosophy of family systems therapy, with Alfred Adler, Murray Bowen, Virginia Satir, Carl Whitaker, Salvador Minuchin, Jay Haley, and Cloe Madanes, is on the family; that clients are connected to a living system and that a change in one part of the system will result in a change in the other parts*

2. Identify and discuss the key concepts of the prevailing therapies:

* 1. *identify and discuss how the key concept of psychoanalytic therapy is that normal personality development is based on successful resolution and integration of psychosexual stages of development;*
  2. *identify and discuss how the key concepts of Adlerian therapy include the unity of personality, the need to view people from their subjective perspective, and the importance of life goals that give direction to behavior;*
  3. *identify and discuss how the key concept of existential therapy is that normal personality development is based on the uniqueness of each individual;*
  4. *identify and discuss how the key concept of person-centered therapy is that the client has the potential to become aware of problems and the means to resolve them;*
  5. *identify and discuss how the key concept of gestalt therapy is an emphasis on the “what” and “how” of experiencing in the here and now to help clients accept all aspects of themselves;*

**Measurable Course Performance Objectives (MPOs)** (continued):

* 1. *identify and discuss how the key concept of behavior therapy is the focus on overt behavior, precision in specifying goals of treatment, development of specific treatment plans, and objective evaluation of therapy outcomes;*
  2. *identify and discuss how the key concept of cognitive behavior therapy is that although psychological problems may be rooted in childhood, they are reinforced by present ways of thinking;*
  3. *identify and discuss how the key concept of reality therapy is on what clients are doing and how to get them to evaluate whether their present actions are working for them;*
  4. *identify and discuss how the key concepts that form the foundation of practice of feminist therapy are that the personal is political, a commitment to social change, women’s voices and ways of knowing are valued, and women’s experiences are honored*;
  5. *identify and discuss how the key concept of postmodern approaches is that therapy tends to be brief and addresses the present and the future*; and
  6. *identify and discuss how the key concept of family systems therapy is on communication patterns within the family, both verbal and non-verbal*

3. Identify and discuss the goal(s) of the prevailing therapies:

3.1 *identify and discuss how the goal of psychoanalytic therapy is to make the unconscious conscious;*

3.2 *identify and discuss how the goal of Adlerian therapy is to challenge clients’ basic premises and life goals by offering encouragement so individuals can develop socially useful goals and increase social interest;*

3.3 *identify and discuss how the goal of existential therapy is to help people see that they are free and to become aware of their possibilities;*

3.4 *identify and discuss how the goal of person-centered therapy is to provide a safe climate conducive to clients’ self-exploration, so they can recognize blocks to growth and can experience aspects of self that were formerly denied or distorted;*

3.5 *identify and discuss how the goal of gestalt therapy is to assist clients in gaining awareness of moment-to-moment experiencing and to expand the capacity to make choices;*

3.6 *identify and discuss how the goal of behavior therapy is to eliminate maladaptive behaviors and learn more effective behaviors;*

3.7 *identify and discuss how the goal of cognitive behavioral therapy is to challenge clients to confront faulty beliefs with contradictory evidence that they gather and evaluate;*

3.8 *identify and discuss how the goal of reality therapy is to help people become more effective in meeting all of their psychological needs by teaching them choice theory;*

3.9 *identify and discuss how the goal of feminist therapy is to bring about transformation both in the individual client and in society;*

3.10 *identify and discuss how the goal of postmodern approaches is to change the way clients view problems and what they can do about these concerns;* and

3.11 *identify and discuss how the goal of family systems therapy is to help members gain awareness of patterns of relationships that are not working well and to create new ways of interacting*

**Measurable Course Performance Objectives (MPOs)** (continued):

4. Identify and describe the purpose of the techniques used in the prevailing therapies:

4.1 *identify and describe how key techniques of interpretation, dream analysis, free association, analysis of resistance, analysis of transference, and understanding transference in psychoanalytic therapy are used to help clients gain access to their unconscious conflicts, which leads to insight and eventual assimilation of new material by the ego;*

4.2 *identify and describe how key techniques of gathering life-history data (e.g., family constellation, early recollections, and personal priorities), sharing interpretations with clients, offering encouragement, and assisting clients in searching for new possibilities are used by Adlerians to pay more attention to their clients’ subjective experiences*;

4.3 *identify and describe how existential therapists use few techniques because their theory stresses understanding first (e.g., freedom and responsibility, isolation and relationships, meaning and meaninglessness, and living and dying), and technique second;*

4.4 *identify and describe how person-centered therapists use few techniques but stress the attitudes of the therapist and a “way of being;”*

4.5 *identify and describe how gestalt therapists use a wide range of experiments designed to intensify experiencing and to integrate conflicting feelings;*

4.6 *identify and describe how main techniques behavior therapists use are reinforcement, shaping, modeling, systematic desensitization, relaxation methods, flooding, eye movement and desensitization reprocessing, cognitive restructuring, assertion and social skills training, self-management programs, mindfulness and acceptance methods, behavioral rehearsal, coaching, and various multimodal therapy techniques;*

4.7 *identify and describe how cognitive therapists use a variety of cognitive, emotive, and behavioral techniques (e.g., engaging in Socratic dialogue, collaborative empiricism, debating irrational beliefs, carrying out homework assignments, gathering data on assumptions one has made, keeping a record of activities, forming alternative interpretations, learning new coping skills, changing one’s language and thinking patterns, role playing, imagery confronting faulty beliefs, self-instructional training, and stress inoculation training);*

4.8 *identify and describe how reality therapists use various techniques to get clients to evaluate what the clients are presently doing to see if the clients are willing to change;*

4.9 *identify and describe how although feminist therapists tend to use techniques from traditional approaches, feminist therapists also employ consciousness-raising techniques aimed at helping clients recognize the impact of gender-role socialization on their lives. (Other techniques include gender-role analysis and intervention, power analysis and intervention, demystifying therapy, bibliotherapy, journal writing, therapist self-disclosure, assertiveness training, reframing and relabeling, cognitive restructuring, identifying and challenging untested beliefs, role playing, psychodramatic methods, group work, and social action);*

4.10 *identify and describe how in solution-focused therapy, one form of a postmodern approach, uses change talk, creative use of questioning, the miracle question, and scaling questions while in narrative therapy; and another form of a postmodern approach, uses listening to a client’s problems-saturated story without getting stuck, externalizing and naming the problem, externalizing conversations, and discovering clues to competence*; and

4.11 *identify and describe how family therapists use a variety of techniques depending on the particular theoretical orientation of the therapist (e.g., genograms, teaching, asking questions, joining the family, tracking sequences, issuing directives, use of countertransference, family mapping, reframing, restructuring, enactments, and setting boundaries)*

**Measurable Course Performance Objectives (MPOs)** (continued):

5. Identify and discuss the contributions and limitations of the prevailing therapies:

5.1 *identify and discuss how psychoanalytic therapy, more than any other system, has generated controversy and exploration and has stimulated further thinking and development of therapy, as well as providing a detailed and comprehensive description of personality structure and functioning;*

5.2 *identify and discuss how psychoanalytic therapy requires lengthy training for therapists and much time and expense for clients;*

5.3 *identify and discuss how a key contribution of Adlerian concepts is that it has influenced other systems and its concepts have been integrated into various contemporary therapies;*

5.4 *identify and discuss how Adlerian therapy is weak in terms of precision, testability, and empirical validity and, in addition to having a tendency to oversimplify some complex human problems, is based heavily on common sense;*

5.5 *identify and discuss how a major contribution of existential therapy is recognition of the need for a subjective approach based on a complete view of the human condition or the need for a philosophical statement on what it means to be a person;*

5.6 *identify and discuss how many basic concepts in existential therapy are fuzzy and ill-defined, making its general framework abstract at times;*

5.7 *identify and discuss how in person-centered therapy, clients take an active stance and assume responsibility for the direction of therapy, its basic concepts are straightforward and easy to grasp and apply, and it is a foundation for building a trusting relationship that is applicable is all therapies;*

5.8 *identify and discuss how in person-centered therapy, there exist possible danger from the therapist who remains passive and inactive, many clients feel a need for greater direction, more structure, and more techniques, and that some cultural groups will expect more counselor activity;*

5.9 *identify and discuss how in gestalt therapy, the emphasis of direct experiencing and doing rather than on merely talking about feelings provides a perspective on growth and enhancement, not merely a treatment of disorders;*

5.10 *identify and discuss how in gestalt therapy, techniques lead to intense emotional expression; if these feelings are not explored and if cognitive work is not done, clients are likely to be left unfinished and will not have a sense of integration of their learning;*

5.11 *identify and discuss how behavior therapy, with its emphasis on assessment and evaluation techniques, provides a basis for accountable practice, has undergone extensive expansion and research literature abounds, and now makes room for cognitive factors and encourages self-directed programs for behavioral change;*

5.12 *identify and discuss how major criticisms of behavior therapy are that it may change behavior but not feelings; that it ignores the relational factors in therapy; that it does not provide insight; that it ignores historical causes of present behavior; that it involves control by the therapist; and that it is limited in its capacity to address certain aspects of the human condition*;

5.13 *identify and discuss how major contributions of cognitive behavior therapy include emphasis on a comprehensive and eclectic therapeutic practice; numerous cognitive, emotive, and behavioral techniques; an openness to incorporating techniques from other approaches; and a methodology for challenging and changing faulty thinking;*

5.14 *identify and discuss how cognitive behavior therapy tends to play down emotions, does not focus on exploring unconscious or underlying conflicts, de-emphasizes the value of insight, and sometimes does not give enough weight to the client’s past;*

**Measurable Course Performance Objectives (MPOs)** (continued):

5.15 *identify and discuss how reality therapy is a positive approach with an action orientation that relies on simple and clear concepts that are easily grasped in many professions;*

5.16 *identify and discuss how reality therapy discounts the therapeutic value of exploring the client’s past, dreams, the unconscious, early childhood experiences, and transference, and is limited to less complex problems;*

5.17 *identify and discuss ho*w *feminist therapy is responsible for encouraging increasing numbers of women to question gender stereotypes, to reject limited views of what a woman is expected to be, has brought attention to the extent and implications of child abuse, incest, rape, sexual harassment, and domestic violence, and can be incorporated in other therapy approaches;*

5.18 *identify and discuss how a possible limitation of feminist therapy is the potential for therapists to impose a new set of values on clients – such as striving for equality, power in relationships, defining oneself, freedom to pursue a career outside the home, and the right to an education;*

5.19 *identify and discuss how the brevity of postmodern approaches fits well with the limitations imposed by a managed care structure, with the question format being a major strength because it invites clients to view themselves in new and more effective ways;*

5.20 *identify and discuss how a major limitation of postmodern approaches is the lack of little empirical validation of the effectiveness of therapy outcome;*

5.21 *identify and discuss how a major contribution of family systems therapy is that from a systemic perspective, neither the individual nor the family is blamed for a particular dysfunction – the family is empowered through the process of identifying and exploring interactional patterns;* and

5.22 *identify and discuss how a major limitation of family systems therapy is its inability at being able to involve all the members of a family in the therapy, and that because of therapists’ self-knowledge and willingness to work on their own family-of-origin issues are crucial, the potential for countertransference is high.*

6. Identify and describe how ethical decision making is an evolutionary process that requires continual openness and self-reflection:

6.1 *identify and provide examples of mandatory ethics dealing with the minimum level of professional practice*;

6.2 *identify and provide examples of aspirational ethics dealing with the higher level of ethical practice that addresses what is in the best interest of clients*; and

6.3 *identify and provide examples of positive ethics taken by practitioners who want to do their best for clients rather than simply meet minimum standards to stay out of trouble*

7. Explain the importance of having a theoretical orientation in counseling and psychotherapy:

7.1 *describe how a theoretical orientation provides helpers with a framework for therapy that sets the foundation for intentional counseling – the prerequisite to ethical and effective helping*;

7.2 *discuss the importance of one’s values, life philosophy, and worldview in an honest way*;

7.3 *articulate one’s values by becoming introspective and imaginative*;

7.4 *assess one’s views about pathology, the counseling process, and treatment modalities*;

7.5 *determine one’s personality type;*

7.6 *use audio, digital, and videotaping techniques to capture oneself working as a professional helper*;

7.7 *describe how others have inspired oneself in one’s learning*;

**Measurable Course Performance Objectives (MPOs)** (continued):

7.8 *read and summarize as many of the original theories as possible*;

7.9 *try out and evaluate one’s theoretical orientation with people in all sorts of situations and backgrounds*;

7.10 *study with a master or at an institute specializing in the theory in which one is interested*; and

7.11 *live outside one’s comfort zone with cultures different from one’s own and describe the experience*

**Methods of Instruction**: Instruction will consist of, but not be limited to, a combination of lectures, class discussion, demonstrations and exercises, and media/audiovisual or educational videos. Specific choice of instructional methods is left to the discretion of the instructor.

**Outcomes Assessment:** Quiz and exam questions (if applicable) are blueprinted to course objectives. Checklist rubrics are used to evaluate non-test type assessment instruments (e.g., logs, reaction papers, theme papers, oral/written presentations, and projects), for the presence of course objectives. Data collected will be analyzed to provide direction for the improvement of instruction, viability of class assignments, relevancy of assigned literature, and evaluation of instructional time spent on specific topics.

**Course Requirements:** All students are required to:

1. Maintain regular and prompt attendance to all class sessions.

2. Participate in class discussions.

3.    Complete all assignments and take all quizzes and exams that are scheduled.

4. Follow any specific class requirements mandated by the instructor.

**Methods of Evaluation:** Final course grades will be computed as follows:

**% of**

**Grading Components final course grade**

* **Attendance/Class Participation** **5 – 15%**

Attendance points will be computed based on the ratio of the number of days attending the course during a regular semester (i.e., 28 contact days). A similar procedure will be used to determine participation points.

* Logs 10 – 15%

Logs are written exercises designed to heighten student’s awareness of various psychological phenomena that is experienced, observed, read, or viewed on television. Student must relate experiences to chapters either discussed/not discussed throughout the semester.

**Methods of Evaluation** (continued):

**% of**

**Grading Components final course grade**

* **Reaction Papers 15 – 20%**

Reaction papers are 2 – 3 page written exercises in which students read outside sources (e.g., newspapers, magazines, or “self-help” books in psychology), discuss their “emotional” reaction to the issue or author’s point of view, yet use critical thinking guidelines to assess claims made augmented by scholarly literature.

* **Theme Papers 20 – 25%**

Theme papers are 3 – 5 page written exercises in which students discuss how taking the course has been personally meaningful, beneficial, and relevant to their future professional aspirations. References can be cited using scholarly journals, psychologically-based magazines, or internet sites.

* **Literature Reviews/Research Papers 10 – 20%**

Literature reviews/research papers are written exercise in which students must investigate a particular topic either in the textbook or assigned by the instructor that is related to the course objectives and conduct a review of the psychological literature. Based on the literature review, students are required to develop a thesis/theme and draw conclusions on the topic researched.

* **Introspective Theme Paper/Case Study Analysis 30 – 40%**

The introspective theme paper/case study analysis is a 7 – 10 page written exercise in which students integrate and synthesize concepts to perform an in-depth analysis and demonstrate relevance of various theories to oneself as an emerging theoretical orientation or professional identity. If a child or teenager, adult person(s) or professional is interviewed, students must analyze, synthesize, integrate, and demonstrate relevance of concepts to course objectives.

* **Written/Oral Presentation of Child, Teenager, Adult, 15 – 25%**

**Agency, or Professional in the Field**

The written/oral presentation of the interview of a child, teenager, adult, agency, or professional requires the student to gather information and to determine its relevance to concepts and theories presented in class and related to course objectives.

* **Oral Presentations 15 – 20%**

Oral presentations are based on a topic either discussed/not discussed during the semester, that is relevant to the study of psychology and related to course objectives. The instructor may require a written outline to augment the oral presentation.

* **Quizzes 10 – 15%**

Quizzes will provide evidence of the extent to which students have met course objectives.

**Methods of Evaluation** (continued):

**% of**

**Grading Components final course grade**

* Exams (number of exams and dates specified by the instructor) **20 – 30%**

Exams will provide evidence of the extent to which students have mastered and synthesize course material and have met course objectives.

**Note**: The instructor will determine (as appropriate) the specific components for the course and provide specific weights which lie in the above given ranges at the beginning of the semester.

**Academic Integrity:** Dishonesty disrupts the search for truth that is inherent in the learning process and so devalues the purpose and the mission of the College.  Academic dishonesty includes, but is not limited to, the following:

* plagiarism – the failure to acknowledge another writer’s words or ideas or to give proper credit to sources of information;
* cheating – knowingly obtaining or giving unauthorized information on any test/exam or any other academic assignment;
* interference – any interruption of the academic process that prevents others from the proper engagement in learning or teaching; and
* fraud – any act or instance of willful deceit or trickery.

Violations of academic integrity will be dealt with by imposing appropriate sanctions.  Sanctions for acts of academic dishonesty could include the resubmission of an assignment, failure of the test/exam, failure in the course, probation, suspension from the College, and even expulsion from the College.

**Student Code of Conduct:** All students are expected to conduct themselves as responsible and considerate adults who respect the rights of others. Disruptive behavior will not be tolerated. All students are also expected to attend and be on time all class meetings. No cell phones or similar electronic devices are permitted in class. Please refer to the Essex County College student handbook, *Lifeline*, for more specific information about the College’s Code of Conduct and attendance requirements.

**Course Content Outline:** based on the following textbooks:

Corey, G. (2009). *Theory and Practice of Counseling and Psychotherapy* (8th ed.). Belmont, CA: Thomas Higher Education.

Halbur, D. A. & Halbur, K. V. (2011). *Developing Your Theoretical Orientation in Counseling and Psychotherapy* (2nd ed.). Upper Saddle River, NJ: Pearson Education, Inc.

Merrill & Meier, S. T. & Davis, S. R. (2011). *The Elements of Counseling* (7th ed.). Belmont, CA: Brooks/Cole.

**Note:** It is the instructor’s discretion to recommend other references, as appropriate (e.g., student handbooks, textbooks, resources pertaining to careers in psychology, or style/writing manuals).

**Unit Areas/Topic**

1 Introduction: Distinguishing counseling from psychotherapy, diagnosing in the counseling profession

2 Psychoanalytic Paradigm/Theory of Counseling and Psychotherapy: Sigmund Freud – Psychoanalytic Therapy

3 Sociocultural Paradigm: Alfred Adler – Adlerian Therapy

4 Learning Paradigm: B. F. Skinner – Behavior Therapy, Albert Ellis and Aaron T. Beck – Cognitive Behavior Therapy, and Arnold Lazarus – Multimodal Therapy

5 Existential-Humanistic Paradigm: Carl Rogers – Person-Centered Therapy and Fritz Perls – Gestalt Therapy

6 (optional) Reality Therapy, Feminist Therapy, Family Systems Therapy, or Postmodern Approaches

7 (optional) Multicultural Counseling: Contributions and Limitations

8 (optional) Psychotherapy Integration

9 (optional) Thinking about Graduate School

**Note:** In PSY 250, the instructor must cover (at a minimum) units 1 – 5 listed above in any reasonable order throughout the duration of the semester/term. Also, the instructor may include additional areas based on his/her expertise and/or interest.