REHC 5310 (Rehabilitation Counseling Theory) - Barnes

REHC 5310
Rehabilitation Counseling Theory
Fall Semester 2014
Tuesdays 4:30 p.m. – 7:20 p.m.
236 Campbell

Course Syllabus

Instructor
Erin F. Barnes, Ph.D., CRC
Phone: (915) 747-7257
Fax: 915-747-7207
E-mail: efbarnes@utep.edu

Physical Address:
The University of Texas at El Paso
College of Health Sciences
Department of Rehabilitation Sciences
1101 N. Campbell St., Room 318
El Paso TX 79902

** Office Hours: By Appointment Only **

*Please send me an email message in advance if you would like to meet. I can be very flexible if you work and can’t meet during “traditional hours” I can also be available using Apple’s FaceTime or telephone in order to accommodate your schedules.

Course Time/Location
Tuesdays: 4:30 p.m. - 7:20 p.m.

*NOTE- This is a hybrid course. The course will meet in class on 7 Tuesdays (August 26, September 2, September 16, September 30, October 14, October 28, November 11). The remaining class sessions will be held online in asynchronous format.

Necessary Technology Competencies:
To successfully complete this course it is necessary that students have access to the Internet and know how to receive and send emails. Messages sent to students will be disseminated using students’ university assigned emails. If you prefer to use another account make sure to forward all messages from your university account to your preferred email account. Also, when contacting the faculty member/instructor in charge of the course, be sure to include a topic relevant to your question in the subject line.

Students will also need to use Dropbox AND Blackboard. I will send you an invitation to join a Dropbox folder. From there, you should upload all assignments to your own, personal folder using the file saving directions provided in the syllabus. Because there may be times when students experience technical difficulties saving files to Dropbox, students must ALSO place a copy of his or her assignment to Blackboard. So, files must be saved in two places – in your Dropbox folder AND on Blackboard. This procedure was implemented so that there would be no concerns about whether the assignment was successfully uploaded. If the instructor does not see your assignment in one folder she will look in the other. If your assignment cannot be located then it will be considered late, and points will be deducted.

A special note for students who reside at least 2 hours from El Paso due to a clinical experience required for graduation and need to correspond via distance. You must be able to do the following:

- Be sure your computer meets minimum technical specifications.
- Be able to download and install plug-ins and required software for distance communication.
Familiarize yourself with the learning management systems (elluminate live) or other software applications (Skype, or Apple's FaceTime) that allow for distance communication as early as possible. If you have problems using the system it is your responsibility to contact the FIT lab to learn more about using the program.

If you need any help or have any concerns about these required skills please contact the Instructional Support Services (FIT lab) at 915-747-5940 or visit them in the Undergraduate Learning Center Room 340. If you have specific concerns about Dropbox, however, please see the instructor.

**Late Assignments**
Students will receive up to one week to submit assignments late, given that such students received advanced permission from the instructor. This extension does, however, come with a price. Students who do not submit assignments by the deadline will automatically receive a 1 point deduction from their participation score and a one point deduction on their assignment grade. No assignment extensions will be granted for assignments due during the last week of class. Please note, the instructor will not accept late assignments from students who have not received advanced permission to submit an assignment late.

**Course Overview**
Counseling theories play a large role in what we do as rehabilitation counselors. What separates rehabilitation counselors from other rehabilitation professionals is that we operate from a counseling modality. Likewise, the focus on the impact of disability on the individual divides us from general counseling disciplines. We use counseling theories and techniques to effect change in the lives of our clients with disabilities. At any point in the services you provide for a client, you should be able to identify the theoretical basis for what you are doing. That ability is dependent upon your understanding and knowledge of the counseling theories.

Every rehabilitation counselor should develop a theoretical orientation. There are two major factors that you will need to consider as you begin to develop your own theoretical orientation:

1) Your awareness of yourself
2) Your personal philosophy of behavior

Each theory offers a different view of human behavior and cognition. You will be looking for the best match of theory to who you are. To do this, you must know who you are. You will also be attempting to find the best match between theory and how you believe people develop and change. This course will be a process of learning both new theories as well as learning about yourself.

* NOTE: Because we only meet, in-person, a total of 7 times during the semester, it is critical that students attend each class. Excessive absences will impact your participation score.

**Healthy People 2020**
Course content will reflect the following Healthy People 2020 objective: Mental Health. Students will identify theoretical models of counseling interventions that reflect culturally responsive treatment.

**Respect for the Learning Experience and Environment**
Adult learning experiences are enhanced by the committed participation of peers. For this reason, importance is placed on attendance and scholarly participation in seminar activities and discussions. As professionals and
future professors/supervisors it is necessary to develop the skills of mutual respect, punctuality and promptness in completing tasks during graduate training. Please be respectful of the seminar participants by placing class as a priority. However, when a professional judgment must be made to miss class, you should contact Dr. Barnes as soon as possible by email. **You will lose 1 participation point each time you are late for class or need to leave early. You will lose 5 points each time you miss class, regardless of the reason.** You will, however, have an opportunity to recoup some of the lost points by completing an assignment of the instructor’s choosing.

It is dually important to maintain a pleasant classroom atmosphere. As such, cell phone should be placed on vibrate, and there should not be excessive use of cell phones during class. **Each instance of excessive cell phone use (i.e. talking or texting) can result in a deduction of 1 participation point per infraction.**

**A Note About Missed Classes**: You are responsible for getting from a classmate the materials (class notes, handouts, etc.) that you missed. If you have specific questions that cannot be answered by a classmate, you may ask the instructor. If you know that you are going to miss class in advance, it would be wise to ask a classmate in advance to gather materials for you.

**Respect for Diversity**

It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender, sexual orientation, disability, age, socioeconomic status, ethnicity, race, culture, perspective, and other background characteristics. Your suggestions about how to improve the value of diversity in this course are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally or for other students or student groups.

**Accommodation Policy for Students with Disabilities**

If you have or suspect a disability and need accommodations you should contact the Center for Accommodations and Support Services (CASS) at 747-5148 or at CASS@utep.edu, or visit Room 106 Union East Building.

**Academic Dishonesty Policy**

Academic dishonesty will not be tolerated. If you have any questions about what constitutes academic dishonesty, refer to the Handbook of Operating Procedures. The University of Texas at El Paso prides itself on its standards of academic excellence. In all matters of intellectual pursuit, UTEP faculty and students must strive to achieve excellence based on the quality of work produced by the individual. In the classroom and in all other academic activities, students are expected to uphold the highest standards of academic integrity. Any form of scholastic dishonesty is an affront to the pursuit of knowledge and jeopardizes the quality of the degree awarded to all graduates of UTEP. It is imperative, therefore, that the members of this academic community understand the regulations pertaining to academic integrity and that all faculty insist on adherence to these standards.

Any student who commits an act of scholastic dishonesty is subject to discipline. **Scholastic dishonesty includes, but is not limited to, cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts.** Proven violations of the detailed regulations, as printed in the Handbook of Operating Procedures (HOP), and available
in the Office of the Dean of Students, and the homepage of The Dean of Students (DOS) at http://studentaffairs.utep.edu/dos, may result in sanctions ranging from disciplinary probation, to failing grade on the work in question, to a failing grade in the course, to suspension or dismissal, among others.

**Required Materials**
- The Theory and Practice of Counseling and Psychotherapy (9th Edition)
- Other materials (Available on Blackboard.)

**Recommended Text**

**LEARNING OBJECTIVES**
Students will be able to:
1. Be able to demonstrate a basic understanding of the major theoretical approaches to counseling and psychotherapy by applying the Cheston Model to various counseling theories.
2. Develop a personal, philosophy of counseling statement.
3. Demonstrate a therapeutic technique based on a specific theory of counseling.
4. Develop clinical questions using background and foreground questions.
5. Develop a counseling-based, clinical portfolio comprised of evidence-based practices.
6. Formulate a clinical hypothesis.
7. Demonstrate an understanding of the major ethical issues by applying an ethical decision making model to a case study.
8. Demonstrate an understanding of the complexities of human development, growth, and change by analyzing the way in which the application of counseling theories vary across the developmental lifespan.

**COURSE ASSIGNMENTS AND REQUIREMENTS**

**Reading Assignments**
The student is expected to read material relevant to current topics in the course. Readings should not be limited to the texts and/or course handouts.

**Assignments, Discussions, Quizzes, and Exams**
All assignments are due on the date assigned. Assignments should adhere to the requirements outlined in the assignment description provided for that assignment. Any assignments that require a posting on Blackboard are due by 4:30 p.m. on the day that they are due. Late assignments will be accepted up to one week of the deadline but only if the student has received an extension from the instructor prior to the assignment’s due date, or if the student can provide documentation for some sort of extenuating circumstance. The late assignment, however, will automatically result in a 5 point penalty per day it is late, which will be deducted from your participation
score. If the late penalty is larger than the amount of points available for the assignment the student will receive a zero for the assignment, and will lose a fixed amount of participation points (5). This policy does not hold true for quizzes and exams. Students not submitting quizzes or the final exam by the due date will automatically receive a zero for the assessment.

**Course Evaluation**

Everyone is expected to perform well in this course, but all work is expected to represent graduate student quality. Students will be awarded grades on the following numerical scale:

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade</td>
<td>Over 100-90%</td>
<td>89 – 80%</td>
<td>79-70%</td>
<td>69-60%</td>
<td>59% and below</td>
</tr>
</tbody>
</table>

**Grading**

The points breakdown for the course is below. In order to receive full points on assignments you must adhere to the specifications listed in this syllabus and verbalized in class.

<table>
<thead>
<tr>
<th>Assignments (65 points)</th>
<th>Counseling Philosophy Paper (15 Points)</th>
<th>Group Project - Application Activity (50 Points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Project (Evidence Based Practice) - Clinical Question Development</td>
<td>Therapeutic Technique Demonstration</td>
<td></td>
</tr>
</tbody>
</table>

**Quizzes (110 points)**

Students will complete 11 quizzes, each worth 10 points.

**Final Exam (100 points)**

The final exam is comprehensive and will cover chapters 1 – 16.

**Participation (60 points)**

Your participation grade includes your participation in course discussions and activities, but also the quality and thoughtfulness of your commentary, attendance and tardiness to class, etc. I reserve the right to exercise considerable latitude with which these points are allocated. Note, this area can boost your grade when you are teetering between grades, so it is to your advantage to seek to gain all of the points possible in this area.

**Description of Required Assignments and Products**

<table>
<thead>
<tr>
<th>OPTIONAL Chapter Pretests</th>
<th>Each week you are will have access to an OPTIONAL pretest. You will not earn a grade for this assessment, but it is to your advantage to complete pretests as they will help you with your reading of the chapter and help you prepare for the quizzes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quizzes</td>
<td>You will take a quiz over 11 chapters. You must complete each chapter quiz by to 11:59 p.m. on the due date. Failure to complete the quiz by the deadline will result in an automatic zero with no exceptions, especially because quizzes are posted well in advance of the deadline and students are able to complete them early.</td>
</tr>
</tbody>
</table>
Submit a comprehensive paper which describes and explains your personal philosophies of counseling at this stage of your professional development. A significant outcome of your efforts in this course can be the initiation of the development of your own personal theory of counseling. By integrating what you know about yourself with what you understand about the theories presented in this course, you are asked to articulate some of the key concepts that will affect your personal approach to counseling.

The most important aspect of the development and writing of this paper is the level of **thinking** that you put into determining your own philosophical position in relation to key areas that comprise a theory of counseling. As a guide to help you organize your ideas (and to help ensure that there are no “free-floating essays” in place of a philosophy paper) please adhere to the following criteria.

**Style:** Your paper should be organized into sections that address **each** of the areas identified below. You must complete your paper on a word processor and it must follow the publication guidelines and format developed by the American Psychological Association (APA Format). **The APA Publication Manual, Sixth Edition will be used as style authority.**

**Content:** The theories covered in this class are well-established and most have a strong research base. Therefore, it is only natural that your ideas will be influenced significantly by these theories. You have a responsibility to integrate the principles and ideas of these theories into your own philosophy of counseling and so the quality and quantity of your use of resources will be considered in the grading process. However, your own ideas, beliefs, and values must be clearly expressed in the paper. It is important that your paper not simply be a “restatement” of the ideas of one of the established theories. The reader should be able to see something of **you** in your paper.

**Topics to be Included in the Rehabilitation Counseling Philosophy Paper**

1. Briefly describe your personal development and family background and how they have affected your current beliefs, values and philosophy or theory of counseling.
2. What is your definition of counseling?
3. Which **THEORY** covered in this course has had the greatest impact on **your** own theory?
   a. You must choose only **one** theory to discuss
4. What do you consider to be the most important goal(s) of counseling, according to your theory?
5. Explain client “progress” and how that is recognized within your system of counseling.
6. What do you believe to be the essential characteristics of an effective relationship between a counselor and a client, in accordance with your theory?
7. Define the counselor’s role as it fits into your counseling theory. What are the most important functions of a counselor within your system?
8. Discuss how your theory is applicable to persons with disabilities.
9. Discuss how your theory addresses cultural differences among clients.
10. Identify and explain the limitations of your theory of counseling.
Quality: This criterion relates to the “how” of the paper. Thoroughness, clarity, and consistency within each section of the paper and of the paper as a whole will be considered when graded. To what degree does the paper represent **graduate-level** work? Does it follow APA format and guidelines? Is it free of spelling, grammatical and syntax errors? Is the paper easy to follow? Is it organized? Does it “flow” together? Can the reader understand what you have written? Does it make sense?

Papers that exceed 10 double-spaced (12 point font) pages will be returned. Papers should be placed in the Dropbox on Blackboard by 11:59 p.m. on the due date. Be sure to make a copy of your paper for your files.

**Therapeutic Technique Demonstration**

You will be assigned a therapeutic technique, and will be responsible for the following:

1. Developing a handout to distribute to your peers that explains the following: a) origins of the technique; b) how to implement the technique; c) variations of the technique; and d) usefulness of the technique. (HINT: The textbook listed under the recommended texts entitled, “Thirty-five techniques every counselor should know”, would be very helpful for completing this assignment.)
2. Summarizing the handout for your peers during the assigned class meeting.
3. Conducting a demonstration of the technique to the class.

(NOTE: You will receive participation points for this in-class activity.)

**Group Project (Evidence Based Practice) - Clinical Question Development**

The integration of evidence into practice is critically important. As such, you will be assigned one of three groups, and your group will be required to present information regarding evidence based practices for 5, different client concerns. (Your presentation should be between 30 and 35 minutes in length.) In general, the components of the assignment include the following:

1. Using the list of reasons people come to therapy (developed by Goodtherapy.com ([http://www.goodtherapy.org/therapy-issues.html](http://www.goodtherapy.org/therapy-issues.html)), your group will select 5, different client concerns.
2. Your group will develop a fictitious case study where an individual is seeking help with one of the 5, different client concerns.
3. Your group will develop: a) a background question, and b) a foreground question for EACH of the 5, different client concerns.
4. You will summarize what appear to be the best practices for addressing the client issue.

The layout of your Powerpoint slides should be as follows:

- **Section Heading Slide:** List the client’s concern.
- **Slide 1:** Insert the client’s concern in the heading section. In the text box, insert your fictitious, case study based on one of the 10, different client concerns assigned.
- **Slide 2:** Insert the client’s concern in the heading section. In the text box, include bullets for the content outlined below:
  - Bullet 1: Insert one background question your team developed.
  - Bullet 2: Insert one foreground question your team developed. (Note: the foreground question you develop will be the key for your search for evidence
Evidence-based practice is a process that includes: beginning with knowing what clinical questions to ask, finding the best practice, and determining its validity and applicability for the client’s situation. The practice selected should also be congruent with the client’s values and needs. Once the practice (treatment) is applied, the clinician evaluates its effectiveness.

Forming the clinical question requires asking appropriate background and foreground questions.

- **Background questions** (or general questions) ask about a setting or context.
  - Typical **background questions can include**:
    - What are the most effective treatments for presenting problem Y?
    - Is treatment X an effective treatment for presenting problem Y?
    - Are there any significant risks associated with treatment X?

- **Foreground questions** ask about a specific case within that context and should be asked using the PICO format: patient group (P), intervention (I), comparison group (C), and outcome measures (O).
  - The following is an example of a foreground PICO question: For a Mexican-American female performing self-injurious behaviors (patient group), is there any evidence that dialectical behavioral therapy (intervention) is superior to the pharmacotherapy approach or Cognitive-Behavioral Modification (comparison group) in reducing problematic behaviors (outcome)?

Helpful EBP information can also be gleaned from the following websites:

- [http://www.goodtherapy.org/therapy-issues.html](http://www.goodtherapy.org/therapy-issues.html)

Finally, our College’s librarian is Angela Lucero. If you need advice on developing a strategy to answer your clinical question, be sure to contact her WELL IN ADVANCE of the presentation deadline. Her contact information is below:

Angela Lucero, Instruction Librarian, Library Room 214
Phone: 915-747-5685   Email: ajmartinez5@utep.edu
As a means to demonstrate your understanding of the theories covered during this course, students will work in groups (Group Y or Group Z) to complete an application activity based on a mock client. To assist you in your clinical skill-building, you will apply a theory to a mock client.

You will select one client and then complete the application activity. The client used should be one of the following four individuals portrayed in the television show, ‘Intervention’.

<table>
<thead>
<tr>
<th>Group Project - Application Activity</th>
</tr>
</thead>
</table>
| **Linda (Season 7)** | **Age:** 39  
| **Location:** Los Angeles, California  
| **Addiction:** Fentanyl  
| After graduating college, Linda found success working as an extra in Hollywood, achieving the glamorous life she always wanted. But her dreams died when she came down with Ehlers-Danlos Syndrome, a rare disorder characterized by joint dislocations. Linda started taking fentanyl, a painkiller 100 times stronger than morphine. As her painkiller use escalated, she claimed that different sources were causing her pain, including electricity, energy, colors, and even specific people. Despite Linda's wild claims, her mother clings to the belief that Linda's pain is real and she must do everything to help her, including depleting the family's savings and sending her son to be Linda's caretaker. |
| **Amy W. (Season 7)** | **Age:** 27  
| **Location:** New Mexico  
| **Addiction:** Alcohol (vodka), anorexia, self-injury (cutting)  
| Amy grew up feeling unloved and unable to meet her parents’ high expectations. She was also molested by a neighbor when she was eight, but never told anyone in her family. She began to self-mutilate and restrict her diet, and by 17, she was diagnosed with bipolar disorder. Now, Amy eats only 500 calories a day, drinks up to two bottles of vodka a night, and regularly self-mutilates. Amy’s family is ready to give up on her, but they still don’t know about Amy's sexual abuse. Only Amy’s friend, Jessica, knows the truth, but will she have the courage to tell Amy’s family before it’s too late? |
| **Sebastian and Marcel (Season 6)** | **Age:** Sebastian is 21, Marcel is 20 (Choose one of the brothers)  
| **Location:** Palm Springs, California  
| **Addiction:** Heroin (black tar, smoked)  
| **Official synopsis:** Sebastian, 21, and his brother Marcel, 20, were soccer celebrities in their town at a very young age. Cool and rebellious, Sebastian hung out with older teammates and started doing marijuana, cocaine and meth. Then Marcel got strung out on cocaine, Xanax and OxyContin, and also sold drugs. Now their older brother is angry, their mother feels betrayed, and their father is ready to give up his wife, his oldest son, and his own life to |
save them. An intervention is the last hope for the entire family.

Latisha (Season 10)

**Age:** 40s  
**Location:** Kalamzaoo, Michigan  
**Addiction:** Crack

A mother of three, Latisha will go to any lengths to feed her crack addiction, including prostitution. Having been abandoned by her own parents because of their addictions, she’s happy with her life and just wants her family to get off her back, but the needs of her young daughter Tuesday are going unmet. There's only one way to save Latisha from her herself—an intervention.

To view any of these episodes you will need to purchase (or rent it) from iTunes or some other proprietary digital media player application.

The assignment consists of two parts. Your group will devedlp: a) a psychological assessment/ case study and b) develop three clinical hypotheses based on three different counseling theories. You must use the template provided by the instructor, but the description below should provide a general idea about what is expected.

**PART A.** Complete a psychological assessment which will include the following subsections (some of them may not apply to your client). If you do not have enough information for some of the more important sections, explain why:

- A description of the client and presenting concerns/issues/problems
- Family and developmental history
- Current living arrangements
- Psychosocial history (history of relationships other than family relationships, for example, early friendships, romantic relationships, work relationships)
- Educational history
- Vocational history
- Sexual/sexuality history, if relevant
- Medical history
- Substance abuse history
- Legal history
- Psychiatric history of client and his/her family and mental status examination

**PART B.** Develop three clinical hypotheses about the client’s concern using three different counseling theories. Clinical hypotheses are educated guesses that could explain the client’s concern. Their purpose is to guide current assessment and intervention. For each of the three theories you select, you must 1) provide an outline for each theory that answers the questions below and 2) develop a hypothesis about the client’s problem using each of the three theories.

**Outline Requirements**

Questions to answer for theory outlines:

- What are the basic assumptions underlying this theory?
• What are the fundamental concepts behind change in this theory?
• What makes this theory different from other approaches?
• What are the goals of the therapeutic approach?
• What are the roles and responsibilities of the therapist in this approach? The client?
• What research has been conducted using the theory, especially regarding its efficacy (usefulness);
• What assessment tools that have been developed based on the theory?
• What are the limitations to this theory/approach?
• What are the major strengths of this theory/approach?
• What particular strengths/relevance does this theory/approach have for counseling with persons with disabilities? What are its limitations in this area?
  o What particular strengths/relevance does this theory/approach have for counseling culturally different persons? What are its limitations in this area?
• What is your overall evaluation of this theory/approach

NOTE: It is important that your outlines demonstrate a clear understanding of the theory and the approaches based on it (as opposed to a direct replication of material read from the text and other summaries of the theory). It should not simply be an accumulation of direct quotes or paraphrases from other materials. The description should reflect the fact that you have not only read about the theory—but have thought about it and come to some personal understanding of its relevance and importance as one of the primary counseling theories.

Clinical Hypotheses Requirements
You are to develop a hypothesis about the relationship between presenting problems and what maintains them (maintaining factors). The purpose of the clinical hypothesis is to guide current assessment and intervention.

The University of London outlined several principles for writing clinical hypothesis in the health sciences. These principles include the following:

1. A hypothesis should concern information that still needs to be established. If conclusions have already been reached as the result of referral information and/or assessment and/or intervention it is not necessary to convert them into hypotheses. The hypotheses themselves should present new theories that would be useful to investigate through further assessment and/or therapy.
2. A hypothesis should be a statement worded precisely and objectively in the present tense.
3. A hypothesis can relate to arrange of factors such as: a) the nature of the impairment, b) the severity of the impairment, stating whether it is mild, moderate or severe, the causal factors, c) any maintaining/exacerbating factors.
4. A hypothesis should be based on clear evidence (reported or theoretical) which provides a rationale for formulating it.
5. Where there are two possible contradictory hypotheses, use the one that you have more evidence to support it.
6. A hypothesis should be a statement that can be investigated or tested through further information gathering, assessment or evaluation of therapy that is
feasible.

7. A hypothesis is a statement that can be accepted/rejected/modified/revised on the basis of new evidence from further information gathering, assessment or evaluation of therapy in order to form a modified hypothesis.

8. Hypotheses may include a diagnostic term, but further observation and investigation over time, leading to new evidence, may necessitate a change to this term.

9. A hypothesis should be specific enough to lead towards clear assessment and intervention objectives.

10. When writing hypotheses for the review stage of the care pathway you need to consider whether you are specifically checking on long term aims e.g. reaching age-appropriate language levels, maximizing communicative abilities, or checking on whether a more specific short term objective has been achieved, as your hypothesis will vary accordingly.

For those of you who may be visual learners – the chart below may help you determine your hypothesis about the client’s problem. The diagram takes into account factors that lead to and perpetuate presenting issues as well as the client’s vulnerabilities and strengths.

This model includes the following elements:

- Presenting problems
- Factors that cause the individual to be vulnerable to the development of these problems (vulnerabilities) (NOTE: The theoretical perspective used will guide you on identifying vulnerability to the development of client problems.)
- Factors that trigger the onset of the presenting problems (triggers)
- Factors that might be barriers or supports for change (positive and negative prognostic indicators)

In order for the case formulation to be a useful tool, it needs to move beyond describing or listing the above factors. It should describe the relationships between these factors and provide a coherent story about the way the client is presenting in counseling. Also, be sure to consult the academic literature (books, journal articles) to learn more about precipitants for presenting problem (i.e. women are more likely to experience insomnia than men) and
triggers, like age (i.e. the onset for obsessive compulsive disorder can be at any age, but research suggests that there are two distinct periods when OCD symptoms are most likely to appear. The first occurs around the ages of 10 to 12 or just before puberty and the second is between the ages of 18 to 23.

Your typewritten assignment should follow the template provided by the instructor and be placed in the Dropbox on Blackboard by 11:59 p.m. on the due date. Only one person from your group needs to submit the paper. Be sure, however, that each of your group members has a copy for his or her own files.

**Course Schedule**

NOTE: Please read this syllabus carefully. You are responsible for knowing information contained within this document. It is important that you have a thorough understanding of the expectations of this course. If you have any questions about this course, ask the instructor early in the term.

<table>
<thead>
<tr>
<th>Week 1</th>
<th>August 26</th>
<th>Introduction</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 2</td>
<td>*September 2</td>
<td>Orientation &amp; Library Literacy</td>
<td>Chapters 1, 3, and 15</td>
</tr>
</tbody>
</table>

* Please bring your laptops/iPads to class for the Angela Lucero’s presentation about using library resources.*

<table>
<thead>
<tr>
<th>Week 3</th>
<th>September 9</th>
<th>Psychoanalytic Therapy</th>
<th>Chapter 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 4</td>
<td>*September 16</td>
<td>Adlerian Therapy</td>
<td><strong>Therapeutic Technique Demonstration (Adlerian) Due</strong></td>
</tr>
</tbody>
</table>

** Chapter Quizzes 4 and 5 are Due September 21 **

<table>
<thead>
<tr>
<th>Week 5</th>
<th>September 23</th>
<th>Existential Therapy</th>
<th>Chapter 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 6</td>
<td>*September 30</td>
<td>Person-Centered Therapy</td>
<td>Chapter 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gestalt Therapy</td>
<td><strong>Therapeutic Technique Demonstration (Gestalt) Due</strong></td>
</tr>
</tbody>
</table>

** Chapter Quizzes 6, 7, and 8 are Due October 5 **
| Cognitive Behavioral Approaches: Behavior Therapy, Cognitive Behavior Therapy, Rational Emotive Therapy, Reality Therapy |
|---|---|---|---|
| Week 7 | October 7 | Behavior Therapy | Chapter 9 |
| | | Cognitive Behavior Therapy |  |
| | | Reality Therapy | Chapter 11 |
| *October 14 | | Feminist Therapy | Chapter 12 |
| ** Therapeutic Technique Demonstration (Behavioral AND Cognitive-Behavioral) Due ** |

** Chapter Quizzes 9, 10, 11, and 12 are Due October 19 **

| Systems and Postmodern Approaches: Feminist Therapy, Postmodern Approaches, and Family Systems Therapy |
|---|---|---|---|
| Week 9 | October 21 | Postmodern Approaches | Chapter 13 |
| | | Family Systems Therapy | Chapter 14 |
| * October 28 | | Multicultural Competence | ** Therapeutic Technique Demonstration (Brief Counseling) Due ** |

** Chapter Quizzes 13 and 14, are Due November 2 **

| Professional Topics |
|---|---|---|---|
| Week 11 | November 4 | None | ** Counseling Philosophy Paper Due ** |
| *November 11 | Ethics, and Evidence Based Practice | ** Group Project (Evidence Based Practice) - Clinical Question Development Due ** |
| Week 12 | *November 11 | Ethics, and Evidence Based Practice | ** Group Project - Application Activity ** |
| Week 13 | November 18 | None |  |

| Integration |
|---|---|---|---|
| Week 14 | November 26 | THANKSGIVING – NOVEMBER 27-28 | None |
| Week 15 | December 3 | Study for the Final Exam | None |

** Final Exam Due December 7 **

Please note, a ‘*’ indicates an in-person session. All other sessions will be held in asynchronous format. A ‘**’ indicates an assignment or exam is due.
## Important Dates and Deadlines

<table>
<thead>
<tr>
<th>Date</th>
<th>Event/Activity/Assignment</th>
<th>Date</th>
<th>Event/Activity/Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 26</td>
<td>In-Person Class Meeting</td>
<td>October 19</td>
<td>Chapter Quizzes 9, 10, 11, and 12 Due</td>
</tr>
<tr>
<td>September 2</td>
<td>In-Person Class Meeting</td>
<td>October 28</td>
<td>In-Person Class Meeting</td>
</tr>
<tr>
<td>September 16</td>
<td>In-Person Class Meeting</td>
<td>October 28</td>
<td>Therapeutic Technique Demonstration (Brief Counseling) Due</td>
</tr>
<tr>
<td>September 16</td>
<td>Therapeutic Technique Demonstration (Adlerian) Due</td>
<td>November 2</td>
<td>Chapter Quizzes 13 and 14 Due</td>
</tr>
<tr>
<td>September 21</td>
<td>Chapter Quizzes 4 and 5 Due</td>
<td>November 4</td>
<td>Counseling Philosophy Paper Due</td>
</tr>
<tr>
<td>September 30</td>
<td>In-Person Class Meeting</td>
<td>November 11</td>
<td>In-Person Class Meeting</td>
</tr>
<tr>
<td>September 30</td>
<td>Therapeutic Technique Demonstration (Gestalt) Due</td>
<td>November 11</td>
<td>Group Project (Evidence Based Practice) - Clinical Question Development Due</td>
</tr>
<tr>
<td>October 6</td>
<td>Chapter Quizzes 6, 7, and 8 Due</td>
<td>November 18</td>
<td>Group Project - Application Activity Due</td>
</tr>
<tr>
<td>October 14</td>
<td>In-Person Class Meeting</td>
<td>December 7</td>
<td>Final Exam Due</td>
</tr>
<tr>
<td>October 14</td>
<td>Therapeutic Technique Demonstration (Behavioral AND Cognitive-Behavioral) Due</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>