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COUN 620.01: Advanced Counseling Theories

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SYLLABUS – COUN 620: Advanced Theories

UNIVERSITY OF MONTANA – Spring 2023
(aka Evidence-Based Counseling Approaches)

INSTRUCTOR INFORMATION

John Sommers-Flanagan, Ph.D. – Contact me via email (preferred) at john.sf@mso.umt.edu or via cellphone (if needed) at 406-721-6367

OFFICE HOURS

Mostly my office hours will be Thursday mornings from 9am to 12pm. However, because historically no one ever pops by during standard office hours, you should email me to let me know if you're coming because otherwise I might be wandering the halls or step out for a coffee or already be meeting with someone at the time you pop by. I can also meet at other times, just email me and we'll set something up.

SCHEDULED CLASS MEETINGS

Class meeting times are Wednesdays from 9am to 11:50am

METHODS OF INSTRUCTION

1. Lectures/class demonstrations.
2. Guest lectures/student presentations.
3. Video presentations.
4. Class discussions/reading reviews.
5. In-class experiential activities

CACREP 2016 KNOWLEDGE AND SKILL OUTCOMES (from CACREP 6.B.)

- 1.a. Scholarly examination of theories relevant to counseling
- 1.b. Integration of theories relevant to counseling – **Key Performance Indicator**
- 1.c. Conceptualization of clients from multiple theoretical perspectives
- 1.d. Evidence-based counseling practices

TEXTBOOKS

We have a main textbook for this course, plus we'll be reading several journal articles. During the first 2/3 of the course we'll focus on the evidence-based relationship factors and all things CBT; during the last 1/3 of the course, we'll focus on other specific theory and research-based approaches. Additional readings will be assigned.

Text: Beck, J. S. (2021). *Cognitive behavior therapy: Basics and beyond*. Guilford.

Readings: You will have readings in addition to the textbook. I've selected a few readings in advance, but other readings will be selected based on your interests.

- *Aideyan, B., Martin, G. C., & Beeson, E. T. (2020). A practitioner's guide to breathwork in clinical mental health counseling. *Journal of Mental Health Counseling, 42*(1), 78-94.
doi:<https://doi.org/10.17744/mehc.42.1.06>
- Blackwell, S. E. (2019). Mental imagery: From basic research to clinical practice. *Journal of Psychotherapy Integration, 29*(3), 235-247. doi:<https://doi.org/10.1037/int0000108>
- *Bowden, T., & Bowden, S. (2012). Acceptance and Commitment Therapy (ACT): An Overview for Practitioners. *Australian Journal of Guidance and Counselling, 22*(2), 279-285.
doi:10.1017/jgc.2012.32
- Budge, S. L., Sinnard, M. T., & Hoyt, W. T. (2021). Longitudinal effects of psychotherapy with transgender and nonbinary clients: A randomized controlled pilot trial. *Psychotherapy, 58*(1), 1-11. doi:<https://doi.org/10.1037/pst0000310>
- Friedlander, M. L., Angus, L., Wright, S. T., Günther, C., Austin, C. L., Kangos, K., . . . Khattra, J. (2018). "If those tears could talk, what would they say?" Multi-method analysis of a corrective experience in brief dynamic therapy. *Psychotherapy Research, 28*(2), 217-234.
doi:<https://doi.org/10.1080/10503307.2016.1184350>
- Givens, J., & Wilkinson, B. D. (2022). More than a feeling: Constructing emotion in theory and practice. *Journal of Counseling & Development, 100*(4), 433-441. doi:<https://doi.org/10.1002/jcad.12437>
- Guiffrida, D., Tansey, M., & Miller, D. (2019). A constructive approach to help counselors work with clients who express discriminatory views. *Journal of Counseling & Development, 97*(1), 105-112.
doi:<https://doi.org/10.1002/jcad.12240>
- *Gutierrez, D., & Hagedorn, W. B. (2013). The toxicity of shame applications for acceptance and commitment therapy. *Journal of Mental Health Counseling, 35*(1), 43-59.
doi:<https://doi.org/10.17744/mehc.35.1.5n16p4x782601253>
- Hanna, F. J., Hanna, C. A., & Keys, S. G. (1999). Fifty strategies for counseling defiant, aggressive adolescents: Reaching, accepting, and relating. *Journal of Counseling & Development, 77*(4), 395-404.
- *Hibbs, R., Pugh, M., & Fox, J. R. E. (2021). Applying emotion-focused therapy to work with the "anorexic voice" within anorexia nervosa: A brief intervention. *Journal of Psychotherapy Integration, 31*(4), 327-347. doi:<https://doi.org/10.1037/int0000252>
- Kim, S. R., & Zalaquett, C. (2019). An exploratory study of prevalence and predictors of neuromyths among potential mental health counselors. *Journal of Mental Health Counseling, 41*(2), 173-187. doi:<https://doi.org/10.17744/mehc.41.2.06>
- Kress, V. E., Haiyasoso, M., Zoldan, C. A., Headley, J. A., & Trepal, H. (2018). The use of relational-cultural theory in counseling clients who have traumatic stress disorders. *Journal of Counseling & Development, 96*(1), 106-114. doi:<https://doi.org/10.1002/jcad.12182>
- *Lane, R. D., Subic-Wrana, C., Greenberg, L., & Yovel, I. (2022). The role of enhanced emotional awareness in promoting change across psychotherapy modalities. *Journal of Psychotherapy Integration, 32*(2), 131-150. doi:<https://doi.org/10.1037/int0000244>
- *Lee, A. T., & Haskins, N. H. (2022). Toward a culturally humble practice: Critical consciousness as an antecedent. *Journal of Counseling & Development, 100*(1), 104-112.
doi:<https://doi.org/10.1002/jcad.12403>
- Levine, P. A., Blakeslee, A., & Sylvae, J. (2018). Reintegrating fragmentation of the primitive self: Discussion of "Somatic experiencing". *Psychoanalytic Dialogues, 28*(5), 620-628.
doi:<https://doi.org/10.1080/10481885.2018.1506216>

- Lewis, T. F., Larson, M. F., & Korcuska, J. S. (2017). Strengthening the planning process of motivational interviewing using goal attainment scaling. *Journal of Mental Health Counseling, 39*(3), 195-210. doi:<https://doi.org/10.17744/mehc.39.3.02>
- Lilienfeld, S. O. (2017). Microaggressions: Strong claims, inadequate evidence. *Perspectives on Psychological Science, 12*(1), 138-169. doi:<https://doi.org/10.1177/1745691616659391>
- Luke, C., Miller, R., & McAuliffe, G. (2019). Neuro-informed mental health counseling: A person-first perspective. *Journal of Mental Health Counseling, 41*(1), 65-79. doi:<https://doi.org/10.17744/mehc.41.1.06>
- Macaulay, C. B., & Angus, L. (2019). The narrative-emotion process model: An integrative approach to working with complex posttraumatic stress. *Journal of Psychotherapy Integration, 29*(1), 42-53. doi:<https://doi.org/10.1037/int0000118>
- Martin, M. R., Bolden, J., & Walton, J. (2022). A socially distanced case study: Implementing the unified protocol-adolescent in the treatment of comorbid depression and anxiety via telehealth. *Clinical Case Studies, 21*(6), 516-532. doi:<https://doi.org/10.1177/15346501221099651>
- *Nuttgens, S. (2022). Of interventive doppelgangers and other barriers to evidence-based practice in psychotherapy. *Journal of Psychotherapy Integration*, doi:<https://doi.org/10.1037/int0000279>
- *Parrow, K.K., Sommers-Flanagan, J., Cova, J., & Lungu, H. (2019). Evidence-based relationship factors: A new focus for mental health counseling research, practice, and training. *Journal of Mental Health Counseling, 41*(4), 327–342. <https://doi.org/10.17744/mehc.41.4.04>
- Penney, E. S., & Norton, A. R. (2022). A novel application of the schema therapy mode model for social anxiety disorder: A naturalistic case study. *Clinical Case Studies, 21*(1), 34-47. doi:<https://doi.org/10.1177/15346501211027866>
- *Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95–103.
- Ruiz-García, A., & Valero-Aguayo, L. (2021). Progressive multimedia exposure for specific phobias: A clinical case of claustrophobia and acrophobia. *Clinical Case Studies, 20*(5), 402-416. doi:<https://doi.org/10.1177/15346501211007208>
- Shwartz, R. C. (2013). Moving from acceptance toward transformation with internal family systems (IFS) therapy. *Journal of Clinical Psychology: In Session, 69*(8), 805–816
- *Sezer, I., Pizzagalli, D. A., & Sacchet, M. D. (2022). Resting-state fMRI functional connectivity and mindfulness in clinical and non-clinical contexts: A review and synthesis. *Neuroscience and Biobehavioral Reviews, 135*, 22. doi:<https://doi.org/10.1016/j.neubiorev.2022.104583>
- *Singh, A. A., Appling, B., & Trepal, H. (2020). Using the multicultural and social justice counseling competencies to decolonize counseling practice: The important roles of theory, power, and action. *Journal of Counseling & Development, 98*(3), 261-271. doi:<https://doi.org/10.1002/jcad.12321>
- *Stevens, F., & Taber, K. (2021). The neuroscience of empathy and compassion in pro-social behavior. *Neuropsychologia, 159*, <https://doi.org/10.1016/j.neuropsychologia.2021.107925>.
- *Tifft, E. D., Roberts, M. Z., Underwood, S. B., & Forsyth, J. P. (2022). Acceptance and commitment therapy (ACT) for problematic anger: A case study. *Clinical Case Studies, 21*(4), 355-373. doi:<https://doi.org/10.1177/15346501221080931>

STUDENTS WITH DISABILITIES NOTICE

If you are a student with a disability and wish to discuss reasonable accommodations for this course,

contact me privately to discuss the specific modifications you wish to request. Please be advised I may request that you provide a letter from Disability Services for Students verifying your right to reasonable modifications. If you have not yet contacted the [Office of Disability Equity](#) located in Lommasson Center 154, please do so in order to verify your disability and to coordinate your reasonable modifications.

REFLECTIONS ON DIVERSITY, EQUITY, AND INCLUSION

As a first-generation college student who started my education at a community college, I believe higher education is transformative. Here at the University of Montana, I continue to feel transformed—at least on those days when I’m able to embrace an attitude of openness to learning. My goal in this course and in life is to create and maintain an interpersonal learning environment that feels safe and respectful of all people. I say this even though I have many quirks and judgments (including strong feelings about how people pronounce words like “data” and “Likert”). Despite these quirks, I will strive to contribute to the process of creating and maintaining a welcoming and respectful environment. The best news about DEI at the University of Montana and in our department is that I know I’m not alone in my efforts to recognize and bring out the best in others. I invite you all to join me in honoring all identities, recognizing historical discrimination/oppression, and working to make education and counseling accessible, responsive, and transformative for everyone. For more information, check out UM’s [Diversity, Equity, and Inclusion Plan](#).

ACADEMIC INTEGRITY

Academic misconduct is subject to an academic penalty by the course instructor and/or disciplinary sanction by the University. All students need to be familiar with the Student Conduct Code. The Code is available for review online at <http://www.umt.edu/AS/APSA/index.cfm/page/1321>.

GRADING PROCEDURES AND COURSE ASSIGNMENTS

This is a graduate seminar and therefore students contribute substantially to the teaching and learning process. Earning your grade involves completing the following course assignments, including class participation/attendance.

1. **Q & A or Demonstration Role-Play with JSF (in pairs)**: Throughout the semester, we’ll strive to make different technical counseling strategies come alive. To do that, I’ll need you all to volunteer for demonstrations and discussions. To spread out the joy of active participation, each of you will need to pick partner and a date/topic to do either a role play/demo and debrief, or in-depth Q & A with me. We’ll start this process during week 3. I’ll send out a list of “opportunities.” Keep in mind two things: (a) we’ll do a short planning session before we go live in class, and (b) I don’t have to be the counselor (meaning, you can be MY counselor). (20 points).
2. **Professional skills presentation**: Students will form groups of 3-4 to create a 40-45 minute professional skills presentation. The presentation will focus on describing, explaining, and demonstrating at least one specific theory-based skill or procedure. Your role play/demo can be live or you can record and present a video of yourselves doing the demonstration (or, if one of you is in practicum or internship and can implement a specific technique with a client, you can

use a real case). Before you present, you'll need to consult with me to describe/summarize what you'll be presenting. Small group presentations should synch with one of the week topics and can begin anytime (40 points).

Instructions: Choose your presentation partners, your area of focus, and set up a prep meeting with me. Your presentation/role play should last 40-45 minutes and:

- a. Provide background information pertaining to why you've chosen your topic and skills or techniques—including statements about when these techniques should be used with what problems/diagnoses and what client population. You'll need to cite research.
 - b. Include a clear articulation of the skills/techniques you'll be demonstrating.
 - c. Include a role play or video demo (this may be an actual case from practicum/internship) of the skills/techniques
 - d. Engage the class in an interactive discussion about the pros/cons of the skills/techniques as well as sharing any insights you might have about how to implement these skills/techniques ethically, effectively, and with cultural awareness/knowledge/skills.
 - e. Give the class (and me) a chance to ask questions (while you answer them).
 - f. End the discussion with a summary of what you've covered.
 - g. Provide classmates with a one-page electronic handout that includes tips and resources related to the techniques in your presentation.
3. **CBT and Three-Way Case Formulation Exam (CACREP KPI 1.a., 1.b.):** On March 10 you'll be given an online take-home exam, due midnight, March 17. About half of the exam will be multiple choice and the rest will involve you reviewing a video and then developing three case formulations. First, you'll write up a CBT case formulation. Second, you'll write up an integrative case formulation that includes at least three theoretical perspectives. One perspective will be CBT. The other two perspectives are your choice. You will be given a specific outline for completing this three-way case formulation examination (40 points)
 4. **Final Quiz and Examination:** Prior to our last meeting I'll give you a Moodle based final quiz (20 points). Then, at our last meeting, we will celebrate all the learning we've experienced in this class with a final oral examination (20 points). Like the COUN 511 Counseling Theories Final, I will ask pre-arranged questions (from the quiz), but you won't know which ones you'll be getting. My expectations will be for us all to contribute to an informed discussion of the question content and beyond. (Total = 40 points)
 5. **Your Weekly "Three Take-Aways":** Every week after class (by Friday at 5pm), email me one to three paragraphs describing three ideas or techniques that you want to "take-away" or remember or apply in the future and why these ideas/techniques feel important to you. These ideas or techniques can be from readings or our class time or some personal epiphany you would like to share. (3 points each week: Total = 45 points)
 6. **Attendance and Participation:** (40 points; if you miss one class, you lose 0 points; 10 points for the second class missed, and the rest of your points for your third absence; if you have compelling personal or medical issues you can talk with me about making up points for absences by completing alternative assignments or watching a video of class and answering

questions). I will also ask questions about the readings (including TBA readings) every week. I'll cut you slack if you're unable to answer a question. But, if you have a pattern of not answering questions or you don't consistently participate, you could lose attendance points.

There are 225 points available to earn during the course. You should track your own performance/grade. If you ask me I can also provide you feedback on your grade status in the course. Overall, grades will be assigned on a percentage basis.

A = 93-100% A- = 91-92%; B+ = 88-90%; B = 83-87%; B - = 81-82%; C+ = 78-80%; C = 73-77%; C- = 71-72%; D+ = 68-70%; D = 63-67%; D- = 61-62%; F = Below 61%

INFORMATION ON WRITING AND SPEAKING

Although this course isn't heavy on writing, keep in mind that the UM "Writing and Public Speaking Center provides one-on-one tutoring to students at all levels and at any time in the writing process. Visit now. Visit often. We're ready when you are. www.umt.edu/writingcenter."

COURSE PURPOSE AND OBJECTIVES

The overall purpose of this course is to provide you with in-depth knowledge and skill development opportunities for practicing one or more theoretically-based approaches to counseling. In particular, we'll focus on evidence-based relationships and techniques. As implied in the ACA ethical code, it's essential that professional counselors develop competence in identifying and implementing evidence-based counseling approaches.

WEEKLY SCHEDULE OF CLASS TOPICS

Week	Date	In-Class Topic	Homework/Readings
0		Organizational and Cognitive Prep – I will record a video to: (a) examine our many biases (personalized and fictional ideas about counseling theories and why people change); (b) get very clear on what constitutes "evidence-based," (c) discuss why we're starting with CBT, (d) review CBT principles (and chapters 1-3), (e) review the syllabus and course expectations.	Watch: JSF welcome to class and Advanced Theories reflection video. Turn In: Don't forget to write me weekly emails informing me of your three take-aways from the readings and class. You don't have to email me about this video. You should start with Kim's 1/18/23 lecture.
1	1/18	Evidence-Based Relationship Factors. All counseling takes place in a relational context. This week Kim will lead you in a discussion of EBRFs and how to implement them in counseling.	Reading: Parrow et al., (2020). You may have read this in COUN 510. If so, just review it in anticipation of today's class content. Reading: Rogers (1957): Everyone who does counseling should read this Rogers article,

			including you 😊. Turn In: The assignment described in the video regarding biases about CBT (and other theories).
2	1/25	CBT – 1: Intro to CBT Demonstration #1: Handling difficult questions from different theoretical perspectives (role plays and improv).	Reading: Beck – Chapters 1-4. Discussion Prep: (a) Q & A on Rogers reading; (b) different theoretical takes on why relational factors improve outcomes; (c) how is Beck’s relationship chapter similar/different than EBRFs?; (e) rupture and repair; (f) and EBRF discussion; (g) person-centered problem-solving (need volunteers).
3	2/1	CBT – 2: Assessment and Case Formulation. We’ll talk about CBT assessment, case formulation, and activity scheduling. We will also look at assessment and case formulation from psychoanalytic, person-centered, and feminist/RCT models. Demonstration #2: Person-centered assessment and problem-solving (David video clip)	Reading: Beck – Chapters 5 - 7. Discussion Prep: (a) Reading Q&A; (b) theory-based first session openings; (c) how to handle different problem presentations (e.g., panic, insomnia, flashbacks, nightmares, relationship break-up, suicidal ideation, etc.); (d) displaying credibility and competence; (e) setting an agenda, generating problem lists, etc., (f) how to facilitate emotional reconsolidation toward the end of a session; (g) the standard second session opening question (do you remember this, from theories?).

4	2/8	<p>CBT – 3: Neuroscience and action planning. We'll talk about why behaviors matter from behavioral and neuroscience perspectives.</p> <p>Demonstration #3: Different theoretical approaches (psychoanalytic, MI, CBT, Gestalt, etc.) to dealing with resistance or ambivalence (Hand-pushing game and Luis video clip)</p>	<p>Reading: Beck – Chapters 8-11</p> <p>Reading: Stevens, F., & Taber, K. (2021). The neuroscience of empathy and compassion in pro-social behavior. Or, Sezer, I., Pizzagalli, D. A., & Sacchet, M. D. (2022). Resting-state fMRI functional connectivity and mindfulness in clinical and non-clinical contexts: A review and synthesis. [Pick your neuroscience poison]</p> <p>Discussion Prep: (a) Reading Q&A; (b) how much did you understand of the neuroscience readings?; (c) action plans, homework, assignments, and special projects; (d) core ingredients of a treatment plan; (e) unplanning: Yalom's best session ever.</p>
5	2/15	<p>CBT – 4: Automatic thoughts and dealing with emotions. We'll talk about how, when it comes to ATs and emotions, CBT can become more than CBT.</p> <p>Demonstration #4: The affect bridge (Meagan video clip)</p>	<p>Readings: Beck – Chapters 12-13</p> <p>Discussion Prep: (a) Reading Q&A; (b) using the affect bridge for assessment and relationship-building (need volunteers); (b) breathing and relaxation; (c) skill development (role-playing); (d) visual imagery and debriefing; (e) exposure therapy and video clips; (f) behavioral activation.</p>
6	2/22	<p>Emotional Time-Out. We'll talk about the many ways (from different theoretical perspectives, but emphasizing EFT) emotions affect our lives, our counseling behaviors, and out clients.</p> <p>Demonstration #5: Two chairs, one person (role plays and/or video clip)</p>	<p>Readings: Aideyan, B., Martin, G. C., & Beeson, E. T. (2020). A practitioner's guide to breathwork in clinical mental health counseling.</p> <p>Hibbs, R., Pugh, M., & Fox, J. R. E. (2021). Applying emotion-focused therapy to work with the "anorexic voice" within anorexia nervosa: A brief intervention.</p> <p>Lane et al., (2022). The role of enhanced emotional awareness in promoting change across psychotherapy modalities.</p> <p>Discussion Prep: (a) Reading Q&A; (b) three-way breathing practice (and others?); (c) practice empty chair work: How risky is "voice-work" around emotions?; (d) pros and cons of</p>

			specific emotional language with clients (thoughts and feelings about alexithymia); (e) discuss emotional expression and how it acts as a mechanism of change
7	3/1	<p>CBT – 5: Evaluating Cognitions. We'll talk about the traditional cognitive standards for evaluating cognitions (accurate/helpful and "rational"). We'll also talk about integrating mindful acceptance as a primary alternative to "critical" evaluation of cognition – in the spirit of ACT, DBT, and MBCT.</p> <p>Demonstration #6: Mindful acceptance of what we don't like (role plays or video clip)</p>	<p>Readings: Beck – Chapters 14-16</p> <p>Gutierrez, D., & Hagedorn, W. B. (2013). The toxicity of shame applications for acceptance and commitment therapy.</p> <p>Lilienfeld, S. O. (2017). Microaggressions: Strong claims, inadequate evidence.</p> <p>Discussion Prep: (a) Reading Q&A; (b) your thoughts on Beck's questions in pursuit of ATs; (c) what standards are there, other than accuracy, helpfulness, and rationality?; (d) is "workability" different than the cognitive standards; (e) how about cognitive fusion; (f) where do micro- and macro-aggressions fit into CBT?</p>
8	3/8	<p>The ACT Time-Out. One key difference between CBT and ACT is ACTs insistence on accepting (not disputing) troubling cognitions and experiences. We'll talk about this distinction while experiencing several ACT interventions.</p> <p>Demonstration #7: The Hexaflexercise</p>	<p>Reading: Bowden, T., & Bowden, S. (2012). Acceptance and Commitment Therapy (ACT): An Overview for Practitioners.</p> <p>Tifft, E. D., Roberts, M. Z., Underwood, S. B., & Forsyth, J. P. (2022). Acceptance and commitment therapy (ACT) for problematic anger: A case study.</p> <p>Discussion Prep: (a) Describe theoretical roots and components of ACT; (b) describe ACT treatment process; (c) Identify main areas of focus in ACT; (d) describe how ACT principles and techniques can be applied to counseling cases.</p>

9	3/15	<p>CBT – 6: Beliefs about Self, Others, and the Future. Beliefs tend to underlie ATs and have more pervasive influence on client emotions and behaviors. Culture, spirituality, and religion are woven into many strong beliefs. We will discuss how EMDR practitioners deal with big trauma beliefs, ideas about approaching or broaching culture, and how exposure is the cure for whatever ails you.</p> <p>Demonstration #8: Broaching words, broaching practice on ethnicity, diversity, and religion (role plays and/or video clips)</p>	<p>Readings: Beck – Chapters 17 - 18.</p> <p>Lee, A. T., & Haskins, N. H. (2022). Toward a culturally humble practice: Critical consciousness as an antecedent.</p> <p>Singh, A. A., Appling, B., & Trepal, H. (2020). Using the multicultural and social justice counseling competencies to decolonize counseling practice: The important roles of theory, power, and action.</p> <p>Discussion Prep: (a) Reading Q&A; (b) describe adaptive and maladaptive core beliefs; (c) how do you identify and nurture adaptive or positive core beliefs?; (d) how do we decide which beliefs to “modify” and how does culture enter into this? (e) what’s the research evidence or status on “broaching?”</p> <p>Online Case Formulation Exam this Week – Due Friday, 3/17/23</p>
10	3/22	Spring Break	
11	3/29	<p>Big Integration Approaches. Internal family systems, Gestalt, and other approaches emphasize acceptance and higher order integration of the self. We’ll talk about these approaches, bring out the chairs again, do a little hypnosis (maybe), and consider what types of clients this counseling might work for, while discussing interventive doppelgangers.</p> <p>Demonstration #9: Hypnotic integration (role play or video)</p>	<p>Readings: Shwartz, R. C. (2013). Moving from acceptance toward transformation with internal family systems (IFS) therapy.</p> <p>Nuttgens, S. (2022). Of interventive doppelgangers and other barriers to evidence-based practice in psychotherapy.</p> <p>Discussion Prep: (a) Reading Q&A; (b) what are the big beliefs that IFS, EFT, and other integrative efforts focus on?: (c) is psychoanalytic therapy a big integrator? (d) are the somatic-focused therapies integrators? (e) can we do the distilling that Nuttgens talks about in the reading?</p>
12	4/5	<p>Bringing in the Dialectic: Dialectical Behavior Therapy</p> <p>Demonstration #10: DBT, distress tolerance, and maybe suicide (role play or video).</p>	<p>Readings: TBA</p> <p>Discussion Prep: (a) Reading Q&A; (b) describe DBT treatment components; (c) Identify main areas of focus in DBT; (d) describe and apply DBT techniques are used in</p>

			a counseling session.
13	4/12	<p>Bringing in the Body: Body-Centered Work and Transgender Issues. Body work is very popular. In some ways, it's like psychoanalytic approaches in that the emphasis is that we carry "baggage" around with us, of which we're not aware. We will also discuss a research study on transgender, nonbinary, and sexually diverse clients, partly because issues of the body, acceptance, and coping with physical and psychological oppression are central to this population.</p> <p>Demonstration #11: Somatic demonstration and more reflections on exposure treatments.</p>	<p>Readings: Blackwell, S. E. (2019). Mental imagery: From basic research to clinical practice.</p> <p>Budge, S. L., Sinnard, M. T., & Hoyt, W. T. (2021). Longitudinal effects of psychotherapy with transgender and nonbinary clients: A randomized controlled pilot trial.</p> <p>Levine, P. A., Blakeslee, A., & Sylvae, J. (2018). Reintegrating fragmentation of the primitive self: Discussion of "Somatic experiencing".</p> <p>Discussion Prep: (a) Reading Q&A; (b) visual imagery, physical experiencing, and debriefing; (c) what do the neuroscientists say about somatic experiencing and polyvagal theory?; (d) what's a "neuromyth?" (e) how can we honor these approaches and stay empirically minded? (f) how much affirmation is optimal? (g) the purpose of checking in on microaggressions; (h) what theories guidance on self-development can help us in our work with sexually diverse clients.</p>
14	4/19	<p>Bringing in Narratives, Solutions, and Youth. After a quick review of constructive theoretical principles and practices, we'll jump into how to use constructive and creative CBT with young clients and students. Techniques reviewed include: (a) sharing referral info; (b) wishes and goals; (c) radical acceptance; (d) What's good about you?</p> <p>Demonstration #12: Opening sessions with youth. Does theory matter? (Claire video clip)</p>	<p>Readings: Martin, M. R., Bolden, J., & Walton, J. (2022). A socially distanced case study: Implementing the unified protocol-adolescent in the treatment of comorbid depression and anxiety via telehealth.</p> <p>Discussion Prep: (a) Reading Q&A; (b) Describe the theoretical roots and components of constructive approaches; (c) describe two techniques you know how to use in a constructive session; (d) what are some ways to open sessions with youth; (e) what are the theoretical roots of the approaches that fit with youth?</p>

15	4/26	<p>Creative CBT+ with Youth, Part 2. We continue with our focus on what’s likely to work with youth, mostly reviewing and experimenting with a range of technical interventions, including: (a) Asset flooding; (b) problem-solving therapy; (c) humor, riddles, and games; (d) addressing cultural differences; (e) rupture and repair with youth; (f) empowered storytelling.</p> <p>Demonstration #13: Closing with Claire</p>	<p>Readings: Hanna, F. J., Hanna, C. A., & Keys, S. G. (1999). Fifty strategies for counseling defiant, aggressive adolescents: Reaching, accepting, and relating.</p> <p>Discussion Prep: (a) Reading Q&A; (b) how does theory help you in your work with youth? (c) what are the key principles for working with youth?</p>
16	5/3	<p>Closings and Consolidation: It’s All Exposure and Corrective Emotional Experiences. Big goals of counseling and psychotherapy is consolidation of new learning, usually around corrective emotional experiences, that usually come about via exposure (e.g., EMDR). We will engage in activities designed to consolidate our learning and discuss how these ideas apply to our clients and ourselves.</p> <p>Demonstration #14: What will I remember? What will be my emotional memory?</p>	<p>Readings: Beck – Chapter 19.</p> <p>Friedlander, M. L., Angus, L., Wright, S. T., Günther, C., Austin, C. L., Kangos, K., . . . Khattra, J. (2018). “If those tears could talk, what would they say?” Multi-method analysis of a corrective experience in brief dynamic therapy.</p> <p>Possible EMDR reading, if I can find a useful one.</p> <p>Final Quiz questions distributed this Week</p>
17	5/10	Final Oral Examination and Reflections	Final Group Quiz

LAND ACKNOWLEDGEMENT:

The University of Montana resides on the traditional lands of many Indigenous peoples including the Selis (Salish), Ksanka (Kootenai), and Qlispe (Kalispel). Many other Indigenous peoples including the Amskapi Pikuni (Blackfeet), Nimiipuu (Nez Perce), Shoshone, Bannock, and Schitsu'umsh (Coeur D’Alene) also relied upon their traditional knowledge and relationships with this land and this space for survival in the past and today.

Action statement: We acknowledge that educational, health, and legal systems have led to the direct

removal, oppression, and marginalization of Indigenous people throughout Montana and the nation. The University of Montana strives to improve education, service, and scholarship for all Indigenous peoples through actions aimed at respecting tribal sovereignty, empowering Indigenous scholars, and creating safe learning environments for all students to live, work, and learn together in equitable and positive ways.

–This statement was developed with the Leadership of Dr. Annie Belcourt (Blackfeet, Mandan, Hidatsa, Chippewa), Professor in the School of Community and Public Health Sciences

