



## COU 602 Theories of Counseling and Practice II

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### Course Description

A study of basic theories, principles, and techniques of counseling and of their application to therapeutic settings. Students actively practice counseling skills.

### COURSE GOALS:

At the completion of this course students should have:

- Acquired an understanding of the history and basic concepts of each of the major theories of counseling.
- Demonstrated through role play an understanding of the basic techniques of counseling relevant to each theory covered in this course.
- Demonstrated an understanding the strengths and limitations of each theory.
- Demonstrated an understanding as to how the presented theoretical models relate to individual, group, couple, and family counseling.
- Students should be able to effectively apply the theories to a case study.
- Students should be able to demonstrate an understanding how social and cultural identities of theorists, practitioners, and clients influence theoretical development, theoretical applications, and counselor roles.
- Demonstrated an ability to use the theories covered in this course on a basic level.
- Demonstrated the ability to give basic feedback about counseling skills and techniques to their class peers.
- Integration and beginning the process of developing personal theoretical identity and style.
- Develop an understanding of the importance of self-care strategies appropriate to their role as a therapist.
- Obtain technological competence and computer literacy.
- Become familiar with professional organizations, primarily ACA/APA, as a practicing therapist..
- Be informed of ethical standards of ACA and related agencies.

- Examine current multicultural and pluralistic trends between and within diverse groups nationally and internationally.

## ROLE PLAY OF THEORY:

Student(s) will prepare a 45-minute role play of an assigned theory. The role play should demonstrate how the assigned theory is applied to a counseling session. Situation and dialogue will be created by the student(s). Included in the role play should be exceptions to confidentiality verbally explained to client and a first session intake. Students not participating in the role play will be observers of the role play and identify, in writing, the theory and techniques used in the role play. A 10 minute power point theory presentation will be made prior to role play. This presented should include the limitations/strengths of each theory. On Week 9 the instructor will role play a 45-minute session using an eclectic approach to psychotherapy. All students will observe and identify in writing the techniques used in this role play session. Students will be graded on the appropriate use of the following interviewing skills:

- ✓ A appropriate representation of the theory assigned to the student.
- ✓ Focusing and following
- ✓ Accurate identification and reflection of client emotion
- ✓ Clear verbal reflecting of the content of interviewee's statements
- ✓ Developing individual style – use of skills appears comfortable and congruent
- ✓ Appropriate communication of feelings and thoughts in the context of the session
- ✓ Noting discrepancies or inconsistencies in client's behavior without value judgment
- ✓ Use of self-disclosure when appropriate
- ✓ Orienting statements, feedback, reframe or other information statement when appropriate
- ✓ Verbally reconstructing the client's narrative to assist in attributing meaning
- ✓ Assist client in examining issues, considering alternative decisions
- ✓ Using verbal/nonverbal skills to decrease client discomfort and to increase cooperation

## PAPER:

A 4-6 page paper on the meaning of being “selective eclectic” will be due Week 8. This paper is to be written in accordance with APA style guidelines. Check your Student Manual or on line for a synopsis of APA formatting.

## STUDENT MANUAL

The text for this course comes with a student manual and CD showing applications of the theories in the text.

## PARTICIPATION:

A high premium is placed by the instructor on class participation. Ideal class participation, that which earns the highest number of participation points, will exemplify the following:

**Integrating class readings into participation:** Often cites from readings; uses readings to support points; often articulates fit of readings with the topic at hand and,

**Interaction in classroom discussions:** Always a willing participant; responds frequently to questions; routinely volunteers point of view, and,

**Interaction in classroom learning activities:** Always a willing participant; acts appropriately during all role plays, etc.; responds frequently to questions; routinely volunteers point of view.

#### ATTENDANCE:

There is no way a student can “makeup” missing a class. If you need to miss a class, notify the instructor as soon as possible. If you miss one class, your grade will drop one grade level (Example, A to A-). Missing more than one class is not acceptable. You will need to drop or retake the course with approval from the instructor and the Graduate Office.

#### GRADING:

Role Play/End of Term Final	40%
Intake Assessments	20%
Participation/Attendance	15%
Quizzes	10%
Paper	15%

Students must successfully complete each section of this course in order to receive a passing grade.

#### ACADEMIC INTEGRITY:

The faculty expects students to pursue and work with academic integrity. A copy of the policies concerning academic integrity may be obtained from the office of the Vice President for Academic Affairs in Crete or from the Dean of each program. Any breach of academic integrity may result in immediate suspension from the program.

#### ASSIGNED THEORIES/ROLE PLAY:

10-19-11	Week 1	Syllabus review and assignment of role plays.
10-16-11	Week 2	Psychoanalytic Theory - <b>DISCUSSION ONLY</b> (Read pages 1-92 in the textbook) Formulation of Intake Assessment
11-2-11	Week 3	Adlerian Therapy
11-9-11	Week 4	Existential
11-16-11	Week 5	Person-Centered Therapy
11-23-11	Week 6	Gestalt Behavior Therapy

11-30-11	Week 7	Cognitive Behavioral Reality Therapy
12-7-11	Week 8	Postmodern Approaches Family Systems Therapy PAPERS DUE!!!
12-14-11	Week 9	Final Student Observation

**ASSIGNED TEXT:**

Theory and Practice of Counseling and Psychotherapy, Gerald Corey and accompanying student manual. The Student Manual and VHS tape that are included in the packet are extremely valuable and enhance the textbook narrative. Students are encouraged to use these resources.

COU 602  
SAMPLE INTAKE FORM

Student Name \_\_\_\_\_

A. IDENTIFYING INFORMATION

Client Name:  
Social Security #:  
Date of Birth:  
Gender:  
Marital Status:  
Ethnicity:  
Referred By:  
Place of Evaluation:  
Evaluator:  
Start Time:  
End Time:  
Collateral Sources of Information:

~~The information and assessments below are based on observation of this client during an outpatient office visit.~~

B. MEDICAL HEALTH HISTORY

Medical Problems:

Current medications:

C. MENTAL HEALTH HISTORY

Mental Health History:  
Current Psychotropic Medications:

D. ALCOHOL/SUBSTANCE USE

Substance Use/Abuse: (Document exact substance, amount used, frequency used, length of use, and treatment programs – be sure to be clear about successful completion of program (s).)

Substance/alcohol Treatment: (Include hospitalizations, EPCs, group or private therapy. Also include dates of treatment and completion of treatment and/or programs.)

Suicide History: (Number of attempts, type, how interrupted, date(s), family history of suicide. RECORD IF THE CLIENT HAS CURRENT IDEATIONS.)

E. VIOLENCE HISTORY

Number of Assaults: (Include dates and type of assault and if a weapon was involved. Not limited to felonies – include misdemeanors.)

Number of Domestic Assaults: (Include dates, relationship of perpetrator, situation, and was a weapon involved.)

F. LEGAL HISTORY

G. SOCIAL HISTORY

Education:

Employment History:

Current Living Situation:

Relationships:

Spiritual Belief:

Cultural Background:

Family History: (Parents, siblings, and significant others.)

Personal Strengths/Weaknesses:

H. MENTAL STATUS DESCRIPTORS

1. Appearance and self-care:						
Stature	Small		Average		Tall (for age, if child)	
Weight	Average	Overweight	Obese	Underweight	Thin	Cachectic
Clothing	Neat/Clean					
	Careless/inappropriate					
	Metidculous					
	Disheveled					
	Dirty					
	Appropriate for age, occasion, weather					
	Seductive					
	Inappropriate					
	Bizarre					

Grooming	Normal	Well groomed	Neglected	Bizarre			
Cosmetic Use	Age appropriate	Inappropriate for age	Excessive	None			
Posture/gait	Normal	Tense	Rigid	Stooped	Slumped	Bizarre	
	Other:						
Motor activity	<u>Not remarkable</u>	Slowed Repetitive	Restless	Agitated	Tremor		
Other notable aspects							
<b>2. Sensorium</b>							
Attention	Normal	Unaware	Inattentive	Distractable	Confused	Persistent	Vigilant
Concentration	Normal		Scattered		Variable		
	Preoccupied		Anxiety/Interferes		Focuses on irrelevancies		
Orientation	Time	Person	Place	Situation	Object		
Recall/Memory	Normal						
	Defective In:	Immediate/short-term	Recent	Remote			
<b>3. Relating</b>							
Eye contact	Normal	Fleeting	Avoided	None	Staring		
Facial expression	Responsive	Constricted	Tense	Anxious			
	Sad	Depressed	Angry				
Attitude toward examiner	Cooperative	Dependent	Hostile	Sarcastic			
	Irritable	Threatening	Suspicious	Guarded			
	Defensive	Manipulative	Argumentative	Flirtatious			
<b>4. Affect and mood</b>							
Affect	Appropriate		Labile		Restricted		
	Blunted		Flat		Other:		
Mood	Euthymic	Pessimistic	Depressed	Hypomanic	Euphoric		
	Self reported:						
Vegatative Functioning	Sleep disturbance	Appetite changes	Energy reduction	Increased energy			

	Anhedonia	Other: Client reports no change in the above.					
<b>5. Thought and language</b>							
Speech flow	Normal	Mute	Loud				
	Blocked	Paucity	Pressured				
	Flight of ideas						
Thought content	Appropriate to mood and circumstances						
	Personalizations						
	Persecutions						
	Suspicious						
	Delusions						
	Ideas of reference						
	Ideas of influence						
	Illusions						
Preoccupations	None	Phobias	Somatic	Homicidal	Suicide	Guilt	Religion
	Other:						
Hallucinations	None			Auditory			
	Other:						
Organization	Logical	Goal-directed	Circumstantial	Loose	Preservations		
<b>6. Executive functions</b>							
Fund of knowledge	Average						
	Impoverished by:						
Intelligence	Average	Below average	Above average	Needs investigation			
Abstraction	Normal	Concrete	Functional	Popular	Abstract	Overly abstract	
Judgment	Normal	Common-sensical	Fair				
	Poor	Dangerous					
Reality testing	Realistic	Adequate	Distorted	Variable	Unaware		
Insight	Uses connections						
	Gaps						
	Flashes of:	Unaware	Nil	Denial			
Decision making	Normal	Only Simple	Impulsive				
	Vacillates	Confused	Paralyzed				



<b>7. Stress</b>						
<b>Stressors</b>	Money	Housing	Family conflict	Work		
	Grief/Loss	Illness	Transitions			
<b>Coping ability</b>	Normal	Resilient	Exhausted	Overwhelmed		
	Deficient supports	Deficient skills	Growing			
<b>Skill deficits</b>	None					
	Intellect/education					
	Communication					
	Interpersonal					
	Decision making					
	Self-control					
	Responsibility					
	Self-care					
	Activities of daily living					
<b>Supports</b>	Usual	Family	Friends	Church		
	Needed:					
<b>8. Social functioning</b>						
	<b>Social maturity</b>	Responsible	Irresponsible	Self-centered	Impulsive	Isolates
	<b>Social Judgment</b>	Normal	“Street-smart”	Naïve		
		Heedless	Victimized	Impropriety		

Presenting problem:

## I. DIAGNOSIS

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V: GAF:

## J. INITIAL RECOMMENDATIONS

Treatment Needs:

Persons who might need to be included in the client's therapy:

Methods of meeting client's needs:

RECOMMENDATION:

This is a strictly confidential patient medical record. Re-disclosure or transfer requires compliance With legal and ethical standards. This report reflects the client's clinical presentation and verbalizations at the time of the evaluation. It does not necessarily reflect the client's diagnosis or condition at any subsequent time nor are its conclusions to be considered equal to a comprehensive psychological evaluation involving multiple interviews, psychological testing, confirmation interviews with outside sources and a verified psychological history.