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| <p>Division 32: Humanistic Psychology American Psychological Association CE Program Proposal Guidelines</p> |
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Overview of Objectives: Objectives *must* be written in outcome language (i.e., what the participant will be able to do at the end of the presentation), realistic, appropriate for a licensed psychology, and within the scope of practice of psychologists.

Examples of Important Terminology Used in Learning Objectives

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| • Assess | • Discuss (not preferred as a term, but okay if not overused) | • Integrate |
| • Cite | • Distinguish between | • Name |
| • Critique | • Evaluate | • Organize |
| • Define | • Explain | • Outline |
| • Delineate | • Identify | • Prepare |
| • Demonstrate | • Incorporate | • Review |
| • Describe | | • Specify |
| • Differentiate | | • State |
| • Discriminate | | • Summarize |

Examples of Appropriate Learning Objectives:

- Participants will demonstrate an understanding of important ethical issues relevant to experiential therapy.
- Participants will be able to contrast humanistic and existential approaches to psychotherapy.
- Participants will be able to discuss the limitations of DSM diagnosis.
- Participants will be able to incorporate experiential processes in treatment interventions.
- Participants will be able to identify 3 principles of Gestalt therapy.

Examples of Learning Objectives which do NOT meet the criteria & why:

- Participants will be exposed to....
 - “exposed to” is not in the necessary outcome language
- Participants will learn about....
 - “learn about” is not in the necessary outcome language
- Participants will demonstrate an understanding of Humanistic Psychology.
 - This objective is too broad
- Participants will demonstrate competency in Client-Centered Therapy.
 - Competency requires both content and supervision/consultation. Workshops generally only provide the content portion of training.
- Participants will be able to identify the major neurological aspects of relationships (1-hour workshop).
 - Unrealistic for a 1-hour workshop
 - Example Sections of a CE Proposal

Division 32 – Sample Proposal Sections

Example 1

Course Title: Contemporary Client-Centered Therapy (3-hour workshop)

Course Description and Overview:

This workshop will provide an overview of Client-Centered Therapy beginning with the central tenets developed by Carl Rogers through contemporary developments. Participants will learn about important quantitative and qualitative research relevant to Client-Centered Therapy. Various challenges, limitations, and innovations in the client-centered approach will be discussed in depth. Included is a discussion of training and supervision issues will be a live demonstration of supervision from a client-centered approach.

Course Objectives:

Participants will be able to:

1. Define empathy, genuineness, and unconditional positive regard as understood by Carl Rogers.
2. Distinguish between reflecting content and process.
3. Identify 3 important qualities of a Client-Centered Therapist.
4. Discuss important contemporary qualitative research and meta-analyses which support Client-Centered Therapy.
5. Discuss important qualitative research that supports the efficacy of a client-centered approach to therapy.
6. Identify three important components of a client-centered approach to supervision.
7. Identify important critiques of Client-Centered Therapy.
8. Name three important innovations in Client-Centered Therapy.

Course Outline:

- I. Introduction (5 minutes)
- II. Origins of Client-Centered Therapy
 - a. Empathy, Genuineness, and Unconditional Positive Regard (10 minutes)
 - b. Therapist Factors in Client-Centered Therapy (10 minutes)
 - c. Content and Process (10 minutes)
- III. Research and Evidence-Based Practice
 - a. Quantitative Support for Client-Centered Therapy (15 minutes)
 - b. Meta-analyses Relevant to Client-Centered Therapy (15 minutes)
 - c. Qualitative Research Support for Client-Centered Therapy (15-minutes)
 - d. Future Research Directions (15-minutes)
- IV. Training Issues
 - a. Education and Training (15 minutes)
 - b. Supervision (15 minutes)
 - c. Supervision demonstration (20 minutes)
- V. Innovations & Limitations in Client-Centered Therapy
 - a. New Directions in Client-Centered Therapy (15 minutes)
 - b. Limitations of Client-Centered Therapy (10 minutes)
- VI. Conclusion (10 minutes)

Instructional Methods:

The majority of the presentation will be didactic with some discussion. An experiential component will also be included in the form of a live case consultation/supervision in a client-centered modality.

Limitations: Client centered therapy, in general, is well established in the literature with good research support including both quantitative and qualitative research. However, not all of the new innovations which will be discussed have been adequately researched. In the presentation, I will clearly identify which innovations have not been adequately researched as of yet.

References:

- Bozarth, J. D., Zimring, F. M., & Tausch, R. (2001). Client-centered therapy: The evolution of a revolution. In D. Cain & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp.). Washington D.C., American Psychological Association.
- Rogers, C. R. (1951). *Client-centered therapy*. Boston, MA: Houghton Mifflin.
- Taylor, E. I. & Martin, F. (). Humanistic psychology at the crossroads. In K. J. Schneider, J. F. T. Bugental, & J. F. Pierson (Eds.), *The handbook of humanistic psychology: Leading edges in theory, research, and practice* (pp. 21-28). Thousand Oaks, CA: Sage.

Brief Biographies:

Dr. R is a licensed psychologist who has been practicing and teaching Client-Centered Therapy for over 10-years. She has written several journal articles and conference papers on the client-centered approach. An adjunct professor at the Rogerian Institute, Dr. R provides supervision and mentoring for graduate students in humanistic psychology.

Example 2

Course Title: Integrating Experiential Processes into Psychotherapy Practice (2-hour workshop)

Course Description and Overview:

This workshop prepares clinicians to begin integrating experiential techniques into psychotherapeutic practice. Techniques discussed include focusing, guided imagery, role playing, empty chair, and vivifying resistance. Particular emphasis is placed on assisting therapists to determine which experiential approaches fit with their practice and how they can attain competency to begin integrating experiential processes into their therapeutic approach.

Course Objectives:

1. Participants will understand the ethical issues involved when integrating experiential processes into psychotherapy.
2. Participants will be able to identify 3 experiential techniques.
3. Participants will be able to discuss how to use focusing.
4. Participants will be able to distinguish between role playing the empty chair technique.
5. Participants will be aware of challenges to experiential psychotherapy.
6. Participants will understand how to integrate experiential techniques into psychotherapy practice.

Course Outline:

- I. Introduction (5 minutes)
- II. Experiential Techniques
 - a. Focusing (20 minutes)
 - b. Guided Imagery (20 minutes)
 - c. Role Playing (20 minutes)
 - d. Empty Chair (20 minutes)
 - e. Vivifying Resistance (20 minutes)
- III. Integrating the Techniques
 - a. Fitting Experiential Process into Your Psychotherapy Approach (25 minutes)
 - b. Ethical Issues (25 minutes)
- IV. Conclusion (5 minutes)

Instructional Methods:

The instructional methods will incorporate didactic and experiential processes. Each technique will be introduced didactically followed by an experiential demonstration of the technique. Discussion will also be used in helping clinicians identify how they may be able to integrate specific experiential processes into their approach to psychotherapy.

Brief Biographies:

Dr. E is a licensed clinical psychology who has practiced experiential psychotherapy for over 20-years. He has presented number papers on experiential therapy. Additionally, Dr. E. regularly leads workshops training therapist in experiential therapy. Dr. E. resides in Denver, Colorado where he maintains his private practice.