The APA PsycTherapy® Teaching Guide

REVISED EDITION

by: Gary VandenBos, Edward Meidenbauer, and Julia Frank-McNeil

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Part I

Introduction and Features

Chapter 1

Introduction

If a picture is worth a thousand words, video must be worth many thousands more. Students have long been able to read the works of master clinicians. Now they can learn extraordinarily valuable lessons by watching videos of master practitioners as they practice. APA PsycTherapy, APA's database of streaming psychotherapy videos, provides opportunities for many such lessons in the field of psychotherapy. This guidebook is intended to help you use APA PsycTherapy to teach your students. APA PsycTherapy is much more than a resource for watching videos; the clip-making and playlist features turn it from a passive viewing platform to a resource for active engagement. In this book, we provide 20 ways to use APA PsycTherapy, including exercises and advice on how to incorporate video into classes on psychopathology, personality theory, and psychotherapy theory, among others, as well as ways to use it in clinical supervision, empathic training, and psychotherapy researcher training.

What Is APA PsycTherapy?

APA PsycTherapy is a database containing hundreds of streaming videos showing expert psychotherapists demonstrating the approaches for which they are known in unscripted, spontaneous sessions. APA PsycTherapy provides access to hundreds of authentic psychotherapy interactions. APA produced these videos with the help of volunteer participants, people who courageously revealed their life struggles, emotions, and the chronic issues they are wrestling with, all for the purpose of educating and training mental health professionals. APA PsycTherapy holds examples of more than 120 therapeutic approaches and more than 300 presenting issues or topics. Whether APA PsycTherapy is used for self-education or for teaching others, the rich content and powerful search, clip-making, and playlist-making features make it an ideal educational tool.

APA PsycTherapy is uniquely flexible and powerful. Here are some of the ways it is used.

- Search or browse all the videos to find a precise topic or approach—or even participant or therapist demographic.

- Search individual video transcripts, with the ability to seek out exact moments in a demonstration.

- Access hundreds of examples of psychotherapy, allowing easy comparison of approaches.

- Delineate clips or portions of a video to share with others—that is, "quote" a video (in the same way that one may quote a text) so that other users of APA PsycTherapy can view clips, along with any notes the clip creator may have about the video clip.

- Create playlists: this ability not only enables users to create video course packets but also fosters a sense of communal interaction, as each user shares playlists of videos (or clips within videos) that he or she finds important or noteworthy.

- Show students exactly what is most compelling or important in a demonstration by creating playlists (as opposed to fumbling with a DVD player remote control to find the timecode of the exact moment you wanted to show).

- Show the same video demonstration to multiple users at varying times—users can watch an assigned video on their own time (as opposed to taking turns checking out the DVD in the library or having to participate in one viewing time for the entire class).

APA PsycTherapy provides the raw material—completely spontaneous therapy demonstrations—around which you can develop a class about psychotherapy practice. With hundreds of hours of therapy demonstrations at your fingertips, and the ability to search through transcripts of each demonstration and pick out specific clips and create playlists for students to watch on their own, professors can tailor a video course packet in a way that they simply cannot with DVDs. The database is accessible to all students in a class, on their own schedules. It is simple to use, making it an elegant solution for providing rich clinical demonstrations in a course on psychotherapy.

The database's therapy demonstrations amount to hundreds of hours of video. Each video has been coded with index terms, keywords, and information about the participants, the clinical demonstration content, and therapeutic approaches demonstrated. The videos have been transcribed word for word, and the transcripts scroll in sync with the video playback.

APA PsycTherapy is completely searchable through the use of index terms and information and also within the transcripts. As mentioned, videos can be played in sync with their transcripts, and the transcript can be used as a tool to seek out and skip to precise moments in the therapy demonstration—in other words, the videos can be searched internally in much the same way as text-based media.

In addition, you can create playlists of videos or clips from within videos and these can be shared with a class or smaller group, your immediate institution, or with other users of APA PsycTherapy.

How APA PsycTherapy Differs from Other APA Databases

APA PsycTherapy is a platform for streaming videos, and those videos contain material that must be treated with care. These two facts mean that APA PsycTherapy holds a special place among APA's databases. This is obvious immediately upon an attempt to access APA PsycTherapy, where the first thing you notice is that you are required to agree to read a disclaimer and agree to the terms of use provided there. These terms outline how the videos are to be treated—that is, that they are to be used for legitimate educational purposes only and the material they contain is to be treated as confidential. Every session of APA PsycTherapy begins in this manner.

Another way that APA PsycTherapy differs from other APA databases is that, because of the unique nature of its content, users must create an account log-in separate from their "My APA PsycNet®" log-in to take full advantage of APA PsycTherapy's features. To save clips or playlists, you must register for an account on APA PsycTherapy, including creating a username and password and providing an e-mail address. Just to clarify—registering for an APA PsycTherapy account is not necessary for the casual APA PsycTherapy user, but it is essential if you want to make the most of its many features because it allows you to save videos and clips and share them with others. Please see Chapter 4 for more details on how to register for an APA PsycTherapy account.

What Is This Book?

This guide was created to give ideas about how to use the content and features of APA PsycTherapy to teach and train students. On the surface, using APA PsycTherapy is simple: Find a video, press play, and enjoy an expert demonstrating therapy. Many viewers understand this use of APA PsycTherapy and take advantage of it. However, in the past years, in various discussions with faculty and librarians, it became obvious that there are two groups of APA PsycTherapy users: One that uses it in the basic way we just described and another that uses it in ways we had barely imagined. We made a concerted effort to seek out the people who were making the most of APA PsycTherapy, calling and e-mailing faculty at institutions around the world. This book was inspired by these conversations, and many of the examples of use described in the second part of this book are based on those mentioned by the faculty with whom we spoke.

The first section of the book (Chapters 2 through 5) includes a full explanation of the basic functions and the various features of APA PsycTherapy. The second part of the book (Chapters 6 through 14) features a series of exercises you can use with your students, including a step-by-step guide on how to conduct each exercise and video examples to use in the exercise. (Note: The video examples may be found in playlists on APA PsycTherapy.)

The chapters are broken down by the learning context or class in which the exercises fit best: For example, Chapter 6 provides ideas for an exercise for a theories of psychotherapy class, Chapter 7 features two exercises for use in theories of personality courses, and the last few chapters in the section go over uses for APA PsycTherapy in supervision, research training, and empathy training. This section of the book is not meant as a complete rendering of all possible uses for APA PsycTherapy but rather as inspiration for you to use to invent or adapt your own exercises. Each exercise is a framework to be used for building lessons, and the exercises are meant to be adapted and expanded to fit whatever particular topic you are teaching.

The final part of the book speaks more broadly about pedagogical methods and APA PsycTherapy: How to use it in a regular classroom setting, a flipped classroom, and in various forms of discussion groups. There is also a chapter about how to use APA PsycTherapy to increase student therapist confidence by asking students to reimagine sessions. This more advanced exercise can be used to help new therapists find their voice within the practice of therapy and make the approach they were trained in truly their own.

This book is not intended to be read as you would other books: That is, do not feel you must read it straight through. The first part of the book is a basic "How to" manual—specifically, how to use various features of APA PsycTherapy—and the second part provides detailed examples of specific uses. If you already know how to use APA PsycTherapy and its various features, bypass the first part of the book. If you are not interested in an example of use discussed in a chapter, do not feel compelled to read that chapter. In other words, please feel free to skip around.

What's New in APA PsycTherapy?

The updated platform has a new look—cleaner, crisper, and contemporary—as well several new or improved features. Here is a quick rundown of these new and improved items:

- **Favorites:** Any item in APA PsycTherapy, whether it is a video, a clip, a therapist, or a topic, may be "favorited" by clicking the star icon next to the content's title or, if you are watching a video, the Favorite button below the video screen. This will add the item to your favorites list, a casual list of things that you can use to remember things you have found interesting in APA PsycTherapy—your favorite things.
- **Segments**: Newer videos as well as some of the more frequently viewed older videos have been broken up into segments—that is, meaningful portions or chapters. If a video has been segmented, there will be a "Segments" tab right next to the "Transcript" tab in the video player.
- **Clip-Making:** This feature is now a pop-up tool that allows you to quickly create a clip by entering beginning and end time of the clip. You may find out more about this in Chapter 4.
- **Playlist-Making:** Making a list of your favorite videos and clips is now much easier to do. You may read more about it in Chapter 5.

- ***Bookmarks:*** This feature can be used to create a savable shareable URL for anything from a full video, a clip, or a segment.

If you are already familiar with the features of APA PsycTherapy, we suggest that you take a look at the items above and acquaint yourself with the new and improved elements of the site. If you are new to APA PsycTherapy, the first part of this book will help you learn everything you need to know to get started using it, beginning with the basic process for finding a video.

Chapter 2

How to Find a Video

APA PsycTherapy contains hundreds of videos, so when you first launch APA PsycTherapy, you will want to find a specific video or videos. There are several ways to do this: You can use the *search, advanced search,* and *browse* functions. However, if you know what you want, searching is the best method. One of the greatest strengths of APA PsycTherapy is its searchability. Each video is tagged with specific information, index terms, and keywords, making it easy to find just the video you are looking for using the search function.

This chapter covers basic search and browse functions: Please feel free to skip this chapter if you feel you have a firm grasp of this.

Searching

The search function lets you input terms to obtain precise search results. In the upper right of any APA PsycTherapy is a box with the label "Search." This tool gives access to a search conducted across all categories of information, including the transcripts. However, further to the left of the Search box is a hamburger menu with a number of options, including "Advanced Search." Clicking the Advanced Search option gives you access to a more powerful search, one that lets you combine one or more search fields to limit a search.

Whether you are using the search or advanced search function, you can use Boolean searching in all search fields. Boolean operators and wildcard characters allow identification of a large number of words corresponding to a defined pattern:

- A general thing to remember about Boolean operators is that they must be CAPITALIZED in searches so that they are distinguished from the normal *and, not,* and *or* that might occur in titles or abstracts.
- The Boolean AND operator retrieves all cases in which words and phrases appear together (e.g., depression AND anxiety). More search terms will bring fewer results, but each result will have higher relevance.
- Inserting an OR operator widens the search results by retrieving records that are relevant to any terms in the search. For example, if you search for "depression OR anxiety," the resulting set will contain all discussions of depression, all discussions of anxiety, and all discussions that include both. Using OR will increase the number of results and is useful when one wants to include synonyms of a search term.

- Using the NOT operator retrieves results in which one or more words are excluded from a search (e.g., depression NOT anxiety).

Using the wildcard * in place of a part of a word allows you to broaden the search so as not to exclude possible results (e.g., depress* rather than using *depression*, which would exclude the word *depressed*). Including terms in a variety of fields provides results that are more restricted, meaning the results list is shorter, which may be desirable. To reset a search screen, click the "Clear form" link underneath the "Search" button. You can browse all terms in a field by selecting the "select terms" link (for an image of the advanced search page, see Figure 2.1). The following is an explanation of each field on the advanced search page.

Figure 2.1. **Advanced search.**

Title: Use this field to search the titles of the videos. This field can be used to search the list of titles for full videos as well as segment and clip titles.

Transcript: Use this field to search for any word spoken in any video or for words in video abstracts and notes. If you combine this field with the indexed fields below, the results can be very powerful because the searches can be broad in one sense (searching the entire transcript of every video) while simultaneously narrowed (excluding all videos that do not also include a term entered for one of the other fields).

For example, searching for "depression" in the transcripts combined with searching for "cognitive–behavior" in the Therapeutic Approaches field results in a list of any videos that discuss depression and demonstrate cognitive–behavior therapy.

Therapeutic Approach: Use this field to find videos demonstrating a specific type of therapy.

Therapy Topic: Use this field to find videos that cover specific topics or presenting issues.

Prescription Drug Use: Use this field to find videos that feature mention of prescription drugs.

Tests/Measures Used: Use this field to find mention of tests or measures in the videos.

Date Recorded: Use these fields to narrow the search to the particular time period in which a video was recorded (all current videos were recorded between 2002 and 2019).

Keywords: Use this field to search for any natural language terms or descriptions applied to the video—that is, terms that are not part of the *Thesaurus of Psychological Index Terms.*

Index Terms: Use this field to search for video records with any controlled vocabulary from the APA *Thesaurus of Psychological Index Terms.*

Therapist Details: Use the fields labeled *Therapist Race/Ethnicity, Therapist Nationality,* and *Therapist Gender* to delineate the search according to therapist demographics and find videos and clips featuring therapists of a specific gender, nationality, or ethnicity or race.

Client Details: Use the fields labeled *Client Race/Ethnicity, Client Nationality, Client Gender, Client Sexual Orientation,* and *Client Age Range* to delineate the search according to client demographics and find videos and clips featuring clients of a specific age range, gender, nationality, sexual orientation, or ethnicity or race.

Note that the search fields will self-populate with suggested searches. The self-populating words correspond with actual content in the database and are intended to assist in making searches more efficient.

Search Results

In both types of searches, the search results come back as a list of videos and other items, with a thumbnail image, title, and highlighted information from your search terms (Figure 2.2). At the top of the results screen is a summary with the number of results and the search criteria. By default, the results are listed according to relevancy to the search terms. However, you can narrow the results by using the filters to the left (i.e., Filter results by Title, Therapeutic Approach, Therapist, Clips, Segments, or Therapy Topics).

Figure 2.2. Excerpt from results list for search term "Emotion-Focused Therapy."

To access the result, click the thumbnail or anywhere in the box around the result. This brings you immediately to the entity page, whether that page is a video or another type of page (e.g., an approach page, or a therapist biography page); the third option causes the video to play immediately.

If your search results show transcript hits, the result box should show passages from the transcript with the search term highlighted at that point in the transcript. Clicking the specific line in the transcript will lead you directly to that point in the video and transcript.

If there are more than a few transcript hits in a result, clicking the "Show more" option at the bottom of the result box shows more results from the transcript (see Figure 2.3).

TITLE   47:56

Cognitive-Behavioral Therapy for a Woman With Social Phobia

Olatunji, Bunmi O., 2013

... social phobia. The client reports a life-long history of severe social **anxiety**, resulting in missing...... the evidence for her beliefs. This session focuses on how the client's perfectionism and avoidance contributes to her social **anxiety**....

[09:20] BUNMI O. OLATUNJI: pursuing you, or what's sort of the -- I mean I understand that some of it is **anxiety**

[11:55] BUNMI O. OLATUNJI: about your own life in terms of how you sort of grew up and some of the social **anxiety** issues

[15:45] BUNMI O. OLATUNJI: you know, because when we think about individuals who show social **anxiety**,

[17:40] BUNMI O. OLATUNJI: That's fairly common for people who have **anxiety** to sort of have this intuition

[17:45] BUNMI O. OLATUNJI: that their **anxiety**, their thoughts and their beliefs. You know, "it doesn't make sense.

[24:50] BUNMI O. OLATUNJI: window into how the social **anxiety** sort of gets into the way. **KAITLYN:** Definitely. **BUNMI O. OLATUNJI:** So let's imagine that you were Show More

Figure 2.3. Search result box shows any hits in the video abstract and transcript, including the ability to see additional transcript hits by clicking "Show more" at the bottom.

Narrowing the Results Set

You can limit the list of results by using the filters or facets in the left-hand pane of the results screen. The more selections made using the filters, the more limited the results.

When results come back, you can also search within the results using the box directly above the facets list on the left-hand side of the page.

Tips for Searching

The following are some basic things to keep in mind for better search results.

> **Tip 1.** Keep searches simple. For instance, if you are searching for *cognitive–behavior therapy,* you need to type only "cognitive behavior."

> **Tip 2.** The order of words, uppercase and lowercase letters, and punctuation are not important. Don't focus on these! However, do put words that typically go together in the proper order for better results (e.g., "major depression" versus "depression major").

> **Tip 3.** You can enter more than one term in each search box. The system will combine them using a Boolean AND.

> **Tip 4.** When using the Search page, be sure to use the most appropriate box for your search.

> **Tip 5.** Enter terms in the singular (for example, "daughter" not "daughters") or truncate using an asterisk for more forms of the word (for example, alcoh* returns alcohol, alcoholism, and alcoholic).

> **Tip 6.** After search results are returned, use the facet sidebar to refine the results, or use the search box above it to search within the results.

Browsing

There are four browsing functions in APA PsycTherapy for reviewing and selecting videos: Titles, Topics, Approaches, and Therapists. On the APA PsycTherapy home page, there are a series of tiles below the main carousel banner with each of the browse options listed. Clicking on one of these moves you directly to that browse option. From any other page in the database, simply click on the hamburger menu at the upper left to bring up a list of options, including the four browse options, or click the APA PsycTherapy wordmark at the top of the page to return to the home page and access the browse options from there (see Figure 2.4). The basic ways to browse are presented here.

Figure 2.4. The four Browse tiles are seen below the main carousel banner on the home page. The browse options may also be found from any page in APA PsycTherapy using on the main navigation options listed in the menu on the upper left of any page.

Browsing Titles

Clicking on the Titles browse button brings you to the "Browse Titles" page (Figure 2.5). This page is the entry point for a list of all the videos in APA PsycTherapy, and it is a flexible tool that allows you to reorder the list in several ways.

Clicking the "Sort results by" toggle lets you view the list in alphabetical order or with the most relevant title listed first (only applicable in a search results list).
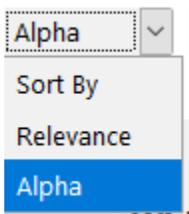
The default view is to see them alphabetically by title. To add Therapist Bios, Therapeutic Approaches, or Therapy Topics, to this browse list, click the appropriate facet tool in the left-hand pane. This will increase the number of items to browse.

Figure 2.5. Browse Titles page.

Browsing Therapeutic Approaches

From the home page, clicking on the Approaches tile brings you to a dedicated "Browse Therapeutic Approaches" page, which lists all the different therapeutic approaches in APA PsycTherapy (see Figure 2.6). Included are the names of the approaches, the first few lines of a definition of the approach, and the number of videos associated with each shown as the number next to the List and Star icons on the upper right of each result box. By clicking on a result, you can view the Approach page, where you will find the full brief definition of the approach and a list of the videos in which the approach is demonstrated.

Figure 2.6. Browse Therapeutic Approaches page.

Browsing Therapists

The Browsing Therapists function is a way to browse a list of all the therapists in APA PsycTherapy. Included are the therapist's name, a portrait of the therapist, the number of videos associated with the therapist, as well as the first few lines of their biography. The full brief biography and a list of the videos in which the therapist appears are available when you click a Therapist result.

Browsing Therapy Topics

If you click on the Topics icon on the home page, it brings you to a dedicated list of all the therapy topics (or presenting problems) in APA PsycTherapy. Included are the various topics and the number of videos associated with each, as well as the first few lines of a definition of the topic. By clicking on result box, you will be brought that Topic page, where you can read a brief definition of the topic and view a list of the videos in which the therapy topic is handled.

Between browsing and searching, you undoubtedly have found a video or two to view. The next chapter covers how the video player works.

Chapter 3

How to Play a Video

The APA PsycTherapy video player page features controls such as the sideways triangle of the play button ▶ and the volume level selector with its speaker icon 🔊 ▬▬. These simple controls may distract the casual user from some key pieces of the video player that allow access to other useful functions.

Playing the Video

After you find a video title you would like to play, click on the video title, which opens the video player page. When this page opens, the video will automatically start to play. There is a pause button, with the two vertical lines ‖ right below the video player screen. If you pause the video and wish to restart it, the sideways triangle icon is the symbol for "play" on most devices and does not require any explanation. See Figure 3.1 for an image of the video player screen.
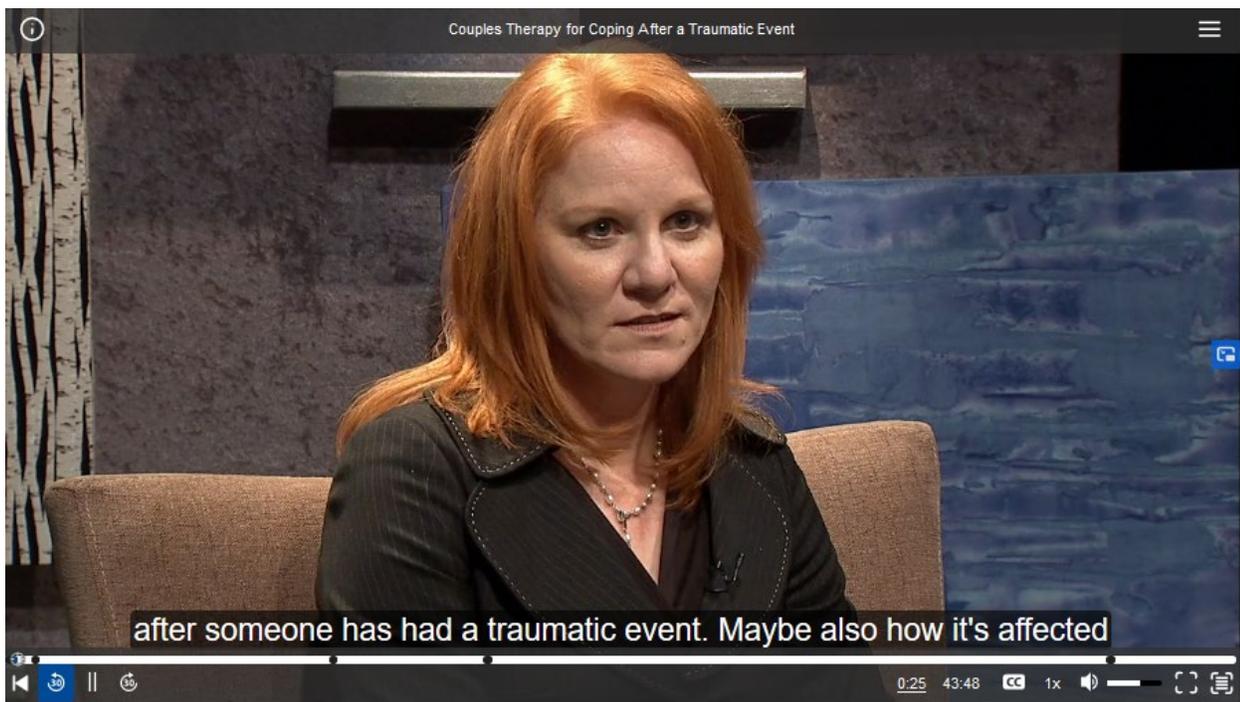
Figure 3.1. Video player.

Adjusting the Volume

To adjust the volume of the video player, click the speaker icon and slide the golden line across the -sound bar next to the speaker icon. (See Figure 3.1.)

Changing the Size of the Screen

Several little squares in the tool bar near the lower right corner of the screen are for changing the size of the video screen.   Once in full-screen mode, you will see a second option: .

- The default size shows the transcript to the right of the screen. (See Figure 3.2.)
- If you press the first square , the video screen size changes to full screen without the transcript.
- If you then revert to the default size, the second square changes the screen layout to full screen, but this time with the transcript on the right.
- In full-screen mode, the two view square options are for toggling out of full screen and for switching to viewing full screen with transcript or viewing full screen without the transcript depending on which mode you are currently in.
- To exit the full screen, press the Esc (escape) button or the icon.

Moving Back and Forth Through the Video

The horizontal bar at the bottom of the screen represents a timeline, with the little circle showing where in the video you are currently positioned. The part of the video you have just viewed is represented by the blue part of the timeline, and the part unviewed is represented by the clear part of the timeline. This timeline not only indicates the current moment you are viewing in the video, but also is a tool that allows you to move back and forth through the video. Clicking anywhere on the bar moves the video and the synchronized transcript to that point in the video (see Figure 3.2). Alternately, you can use the circle to move back and forth in the video. Click and hold down the rectangle with your mouse and move it through the video.

It is also possible to click back or forward 30 seconds by clicking the circular arrows with the number 30 in them to either side of the "Play/Pause" button.
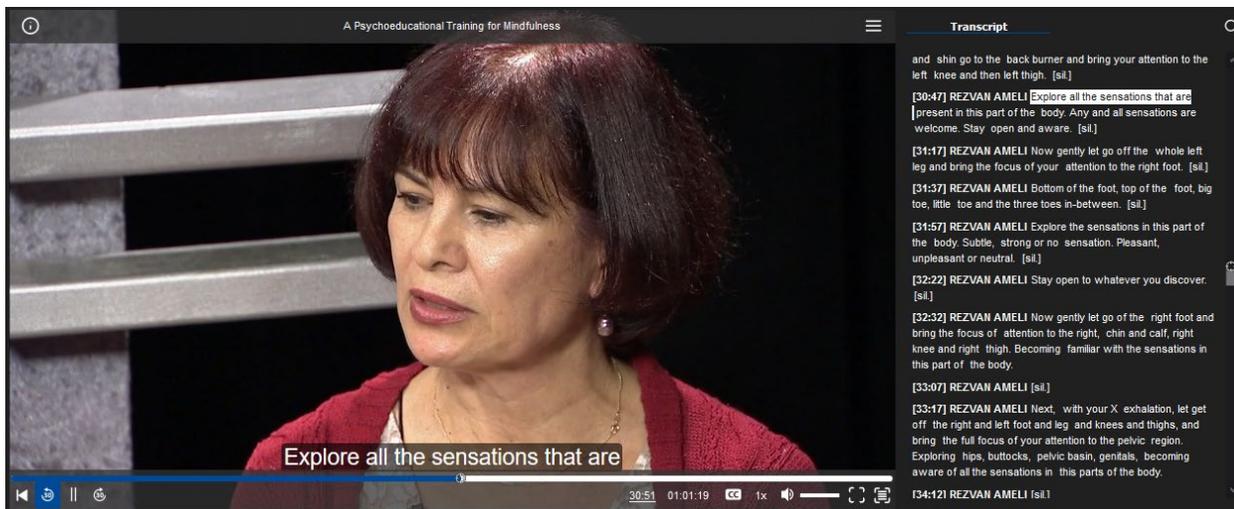
Figure 3.2. The synchronized transcript. Note also the timeline at the bottom of the screen indicating position within the video.

Other Features of the Video Player Page

There are other useful features on the video player page, including most obviously the transcript, searching the transcript, information about the video, how to cite it, and functions such as the ability to create clips and add the video to a playlist. These last two features are covered in chapters of their own because they require special attention. The other features are covered here.

The Transcript and Searching the Transcript

To the right of the video screen is a transcript of the video. The transcript shows every word spoken in the video and who says each word. When you play a video, it automatically plays in sync with the transcript, and moving highlighting indicates what is being spoken at any given moment, which makes it very easy to follow along.

Because the transcript is synchronized with the video, it turns the video into a kind of written document: just as you can search an electronic document for words, page through it, and so forth, you can search videos on this platform in the same way. You may use the transcript and scrollbars to locate exact points within the video and create clips for sharing or personal use.

You may search or navigate the video and transcript in several ways. When you search for a term in the transcript, your search jumps to the point of interest in the video and transcript:

> 1. Any place or term within the transcript pane may be double-clicked to navigate directly to that point.
> 2. The search box above the video pane can be used to find any word in the transcript, and clicking "Search" finds every instance of that word in the transcript and video.
> 3. After entering a search term, the arrows above the transcript going right and left allow you to skip to the next occurrence of that term in the transcript. The word searched for will be highlighted in the transcript for easy identification.

Details About the Video, Segments, and Video Thumbnails

Clicking the Information icon on the upper left-hand corner of the video player brings up a few options: Info, Segments, and Thumbnails. Clicking the "Info" option reveals the record for the video, including the abstract, a biography of the therapist, index terms and keywords for the video, and demographic information about the client and the therapist. Note, if you are on the video player page in the default view, this information also appears below the video player on the page itself.

The second option on the video player page is the "Segments" option. This option is not always present, as not all videos in APA PsycTherapy have been segmented. Clicking this option produces an overlay on the video player screen that shows the different segments of the video, including thumbnails from that segment.

The third option is "Thumbnails." Clicking this produces a series of images from the video, allowing you to see a visual table of contents. This is handy when you want to move to a certain point in the video that is visually distinguishable from another point in the video. Perhaps you are watching a couple's session and you remember there was a moment in which the therapist asks one partner to step out while he speaks to the other, but you can't remember the minute marker where it occurred. Opening the thumbnails allows you to see where this happened in the session. Clicking on that thumbnail brings you to that moment in the session.

Share, Bookmark, APA Citation, and Notes About Accessibility

Clicking the hamburger menu to the upper right of the video screen ☰ brings up a set of player tools: Sharing, Bookmarks, Cite, and Accessibility.

Clicking the Sharing tool **⤳ Share** allows you to produce a shareable link for either the entire video, a segment, or a clip you have created.
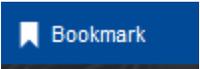
The Bookmark tool **🔖 Bookmark** gives you the ability to create a bookmark URL that you can save or share. The bookmark URL can bring readers directly to either a clip you have created, a segment in the video, or an entire video.

The Cite **❞ Cite** button brings up a page with the exact APA style citation for the particular video you have open.

The "Accessibility" button opens up the list of keyboard commands to use if that is your preferred method of controlling the video player (see Figure 3.3).
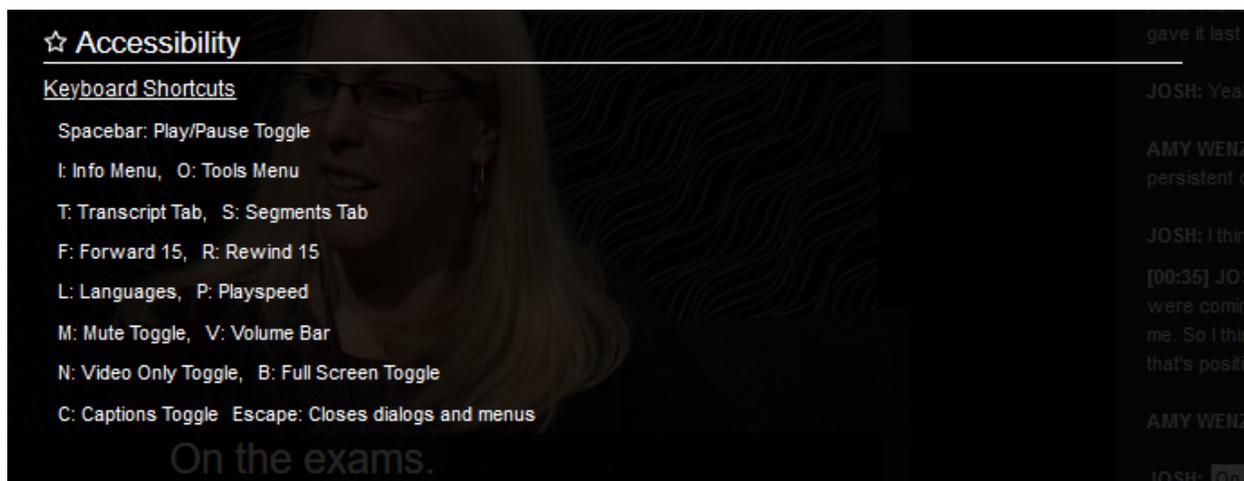
Figure 3.3. Video player keyboard command list.

Chapter 4

How to Use Clip-Making

Clip-making allows you to create short segments of video. This is one of APA PsycTherapy's most powerful features. Creating clips gives you the ability to pinpoint where you want students to look, and it allows students to reference specific parts of a video to show others. This feature eliminates the need to fast forward through a video looking for an exact time. Instead, you simply provide a link to the clip.

When you visit APA PsycTherapy, you can watch videos and use all the features immediately upon landing on the page. However, you cannot save clips or playlists without signing into your APA PsycTherapy account. Although you may already be "logged in" to APA PsycTherapy through your university—that is, you have access to the database—you must sign in to your personal APA PsycTherapy account to take advantage of additional features, just as you must log in to My APA PsycNet to save your APA PsycNet searches. However, your APA PsycTherapy account is different from your My APA PsycNet account.

If you are a new user and do not have an APA PsycTherapy account, you must register by following these steps:

1. Click the Profile icon ⚇ (looks like a little person) at the upper right corner of any APA PsycTherapy page.
2. This brings you to the Profile Login page. Because you do not have an account, click on the link below "Don't have an account?"
3. Follow the instructions on the Create Account page: Enter your email, create a password, and enter your first and last name. See the blank registration form in Figure 4.1.
4. You will receive a verification email—click the link in the email (or copy it and insert it into the browser you are using) and it will take you to your new Profile page.

Create Account

To create an account, use the form below. An email will be sent to your email box for verification. Once you click the link in that email, your account will be created.

Email Address

Password

Confirm Password

First Name

Last Name

Create

Figure 4.1. The user account registration page.

Afterward, whenever you wish to access, edit, share, or create new clips or playlists, you must first sign in.

Once signed in and ready to create a clip, follow these steps:

1. Click the "Create Clip" button **✂ Create Clip** below the video screen. This will reveal the clip-making tool (see Figure 4.2).
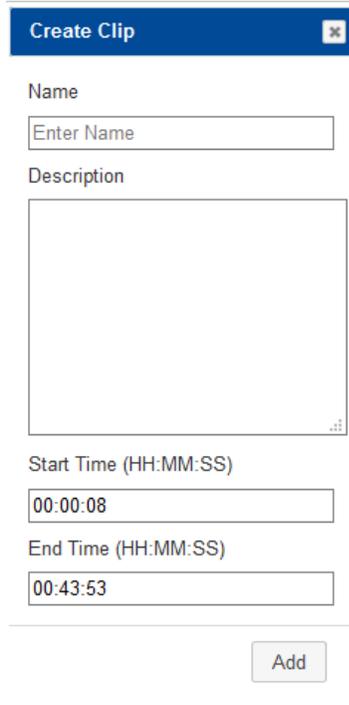
Figure 4.2. The clip-making tool.

2. Enter the name or title for the clip in the "name" box.
3. Select the portion of the video for the clip: The initial start time will automatically be whatever point the video is stopped on, and the end time will be the end of the full video, so simply change these manually to the start and stop time for your clip.
4. Use the "description" box to add any notes about the clip.
5. When you are finished, click "Add."
6. Your clip will now appear below the video player.

Once you have saved the clip, the clip title will appear below the video player screen. You can find this clip in your profile in the "Clips" tab.

In the Clips tab on your Profile page, you can see a list of all your chips and take a number of options here, including (a) deleting a clip, (b) saving a clip to a playlist, or (c) edit it:

- *Deleting a Clip:* If you wish to delete a clip, simply press the small "x" within a circle ⊗ to the upper right of a clip title, right next to the "edit" icon.

- *Saving a Clip to a Playlist:* To save a clip to a playlist, click the list icon ☰ right next to the clip duration on the right.

- *Editing a Clip:* If you wish to edit a clip, click the pen and paper icon ✎ next to the delete on the upper right. If you click this option, it allows you to edit the start and stop time, the description of the clip, as well as name. It also allows you to determine how widely the clip is shared: You can either keep it private (just for yourself), share it generally, or share it with anyone at your institution.

We will look more closely at playlists in the next chapter.

Chapter 5

How to Make Playlists

A playlist is a selection of videos or clips that are grouped together. You can create playlists or view those that are already available on APA PsycTherapy. The playlist feature allows you or your students to gather the most interesting segments of video you have found into one place, attach your notes to them, and share your findings with others. In addition, the playlist can be used to collect material from outside of APA PsycTherapy—videos from other sources, and nonvideo material such as web pages and links to articles or other electronic resources. This is a versatile tool worthy of frequent use.

You must sign in or register (using the Profile icon on the upper right) to save playlists from session to session. When you visit APA PsycTherapy, you can watch videos and use all the features immediately upon landing on the page. However, you cannot save clips or playlists without signing into your APA PsycTherapy account. If you are a new user, you must register by clicking "Sign in" at the upper right corner of any APA PsycTherapy page and following the instructions. Afterward, whenever you wish to access, edit, share, or create new clips or playlists, you must first sign in. Your APA PsycTherapy user account is separate from your My APA PsycNet account and is used only to save playlists or clips on the APA PsycTherapy platform. Any playlists created are saved in your "Lists." You can access them whenever you log in to your personal account on APA PsycTherapy.

To create a playlist, choose Add to Playlist (the little "list" icon). This opens up the "Add to List" box (see Figure 5.1).
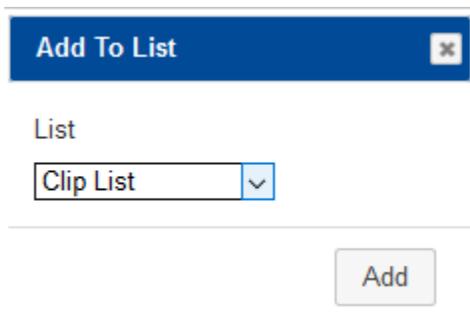
Figure 5.1. The "Add to list" box.

You will be asked to choose one of two options:

- *Create a new list:* If you choose the "New List" option, a box will open to allow you to type in a name for the new playlist, and it will automatically be created with the video or other item you have selected.
- *Select a current playlist:* The titles of existing playlists will be listed in the drop-down box, and you can click on one to add the chosen item to that playlist.

Once you have selected an option, you will see the playlist as a slide of thumbnails below the video that is currently playing in that list.

If you wish to edit your playlist, go to your Profile (the icon in the upper right of every page, or if you are logged in, your username will be there), and click on the "Lists" tab. When you see the playlist you would like to edit, click the edit icon [✏] (the pen and paper). You will be taken to the editing page for that playlist (see Figure 5.2). Editing the playlist allows you to do the following:

- enter notes in the description box
- reorder the list by clicking the up or down arrow next to each item
- delete items from the playlist by clicking delete icon ⊗ next to an item (the small "x" within the circle)
- change the title of the playlist
- change the "share settings" from Private to Share or to Institution

Figure 5.2. Editing your playlist.

Who Can See Your Playlist or Clips?

There are three options for who can see your playlist:

- Private (this keeps the playlist private so that only you can see the playlist)
- Share (this provides you with a URL to share your playlist, and only those with the URL will be able to see it)
- Institution (this option is for sharing the playlist with anyone accessing the database through your institution)

Sharing a playlist allows others to view the playlist—it is not open for others to edit. Only the creator of the playlist can edit it.

Note that individual clips also have the same three sharing options.

Here are some more detailed steps for sharing a playlist or clip with a specific group, such as students in your class:

1. From the "Lists" or "Clips" tab, click the "edit" icon for the item you wish to share and locate the dropdown with the name "Private" showing. Click the dropdown and change the option to "Share".
2. This will make a Shared URL appear.
3. Paste the link thus created into an email to your students, into the learning management system you are using for the class you are teaching, or however else you plan on sharing the list or clip with your students.

Accessing Others' Playlists

To view all playlists in APA PsycTherapy, click the "Lists" option on the hamburger menu on the upper left of any page. This will bring up a page displaying all playlists shared with you or shared globally. The Playlists page enables you to search playlists by title, author, or description by using the "Search Within Results" box on the upper left above the facet buttons.

Some playlists have been designated as "Featured" playlists, selected by the developers of APA PsycTherapy. There are 19 playlists that feature psychotherapy techniques, each being a collection of clips demonstrating specific strategies, techniques, or stances from 19 different psychotherapy approaches. For example, if you are teaching a Theories of Psychotherapy class, the playlists under that heading are a useful resource for your students because they provide examples of the techniques used in various psychotherapy approaches. Other playlists have been created specifically for this teaching guide.

Part II

Applications

Chapter 6

Uses in Theories of Psychotherapy Courses

"Theories of Psychotherapy" is a common introductory course in many graduate and some upper level undergraduate psychology programs. This course gives an overview of the variety of psychotherapies and their theoretical foundations. The goal of the course is not only to put contemporary therapeutic practice into context, but also to help clinical students develop a sense of which approach they might want to focus on in clinical training or research.

The wide variety of psychotherapies often makes it difficult for beginning students to get a handle on the differences among the various theories. Video of a psychotherapy demonstration illustrates how an approach looks in practice, what distinguishes it from other types of psychotherapy, and generally what a particular psychotherapy theory is about. The difference between a behavioral and a psychodynamic approach may not be so obvious to students. Students can read all they want about externalizing the problem in family therapy or dramatization in Gestalt therapy, but until they can see an example of it in action, it may not be clear exactly how these strategies or techniques work, how they differ from one another, and in what context they are used.

The exercise in this chapter is intended to show students how psychotherapy theory looks in action. This exercise can be used in classes in theories of psychotherapy and theoretical foundations for specific types of psychotherapy. The exercise in this chapter can be adapted to any of the major theories of psychotherapy, all of which are represented with demonstration sessions in APA PsycTherapy. In addition, APA has a series of books that students will find useful: The Theories of Psychotherapy Series, which includes works, often by authors who are featured in videos in APA PsycTherapy.

Exercise

This is a straightforward exercise that will familiarize students with whatever form of psychotherapy they are studying. The steps to this exercise are simple:

1. Students should already have read at least an introduction to the theory of the psychotherapy or psychotherapies demonstrated in the videos they will watch. If not, assign reading for the students and give them a chance to become grounded in the approach. Suggested readings are provided at the end of the chapter.

2. Once the students are familiar with the theory, assign a video for them to watch that demonstrates that particular approach to psychotherapy. Some suggested videos are listed in Table 6.1. (There is also a playlist with these videos on APA PsycTherapy.)

3. Using the clip-making function (Chapter 4), students should create clips that illustrate key aspects of the psychotherapeutic theory or theories they are studying. Ask them to identify exactly what is unique about the approach that is demonstrated in each clip. The clips can be named according to the theoretical principle or aspect of the approach that is identified in the clip (e.g., "Unconditional Positive Regard"), and the students can write comments about what unique thing is demonstrated in the clip in the "Note" box when they create the clip.

4. Students should use the APA PsycTherapy playlist feature to collect the clips they make. Let them know that as they create the clips, they should put them into an appropriately named playlist ("Liz Smith's Theories 800 Playlist" or whatever naming style you want to designate).

5. Grade the students on the appropriateness of the clips and the accuracy of what they have identified in them.

6. For class discussion, ask the students to choose their favorite clip to present to the class. Play the clip for the entire class. Use the questions below to aid in the discussion.

Present the assigned video to the students as a demonstration of the theory in practice. If necessary, provide some background before they watch the video: Information about the therapist or the session itself are both available on the video page under the "See more details" tab. Be sure to tell the students that, because the demonstrations in APA PsycTherapy show actual therapists demonstrating their typical work, the approaches are not "pure": That is, the therapists do not restrict themselves to only those strategies, techniques, or stances associated with the theory with which they most identify (or with the approach identified in information about the video). Just as in real-life practice, the therapists use the best strategies to help the person before them—even if the strategy comes from outside the orientation they identify with. As you evaluate any student discussion, please keep in mind that this lack of purity in the videos may be a challenge for some students because they may be confused if a technique is used that does not fit the approach being demonstrated.

There is one video for each of the main theories of psychotherapy in Table 6.1. Feel free to substitute some of your own favorite video examples of psychotherapy.

Discussion Questions

1. In addition to what was identified by the student who found the clip, can you point out anything else in the clip that shows something unique about the approach?
2. Was there anything in this clip that seemed to come from another approach to therapy?
3. Given what you learned about the client participant in the demonstration and the problem with which he or she presented, what do you think worked best about this approach with this client for this particular presenting issue?

Suggested Reading

Elliott, R. (2002). The effectiveness of humanistic therapies: A meta-analysis. In D. J. Cain (Ed.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 57–81). Washington, DC: American Psychological Association. doi: 10.1037/10439-002

Friedlander, M. L., Pieterse, A. L., & Lambert, J. E. (2012). The evolution of theory in counseling psychology. In N. A. Fouad (Ed.), *APA handbook of counseling psychology, Vol. 1: Theories, research, and methods* (pp. 31–57). Washington, DC: American Psychological Association. doi: 10.1037/13754-002

Gaete, A., & Gaete, J. (2015). On theoretical integration in psychotherapy. *Journal of Psychotherapy Integration, 25*(2), 158–174. doi: 10.1037/a0038883

Marmarosh, C. L., Markin, R. D., & Spiegel, E. B. (2013). *Attachment in group psychotherapy.* Washington, DC: American Psychological Association.

Monson, C. M., & Shnaider, P. (2014). *Treating PTSD with cognitive–behavioral therapies: Interventions that work.* Washington, DC: American Psychological Association. doi: 10.1037/14372-000

Nezu, A. M., Greenberg, L. M., & Nezu, C. M. Cognitive and behavioral therapies. (2014). In F. T. L. Leong (Ed.), *APA handbook of multicultural psychology, Vol. 2: Applications and training* (pp. 443–454). Washington, DC: American Psychological Association. doi: 10.1037/14187-025

Norcross, J. C., VandenBos, G. R., & Freedheim, D. K. (2011). *History of psychotherapy: Continuity and change* (2nd ed.). Washington, DC: American Psychological Association. doi: 10.1037/12353-000

Wheeler, G., & Axelsson, L. (2015). *Gestalt therapy.* Washington DC: American Psychological Association. doi: 10.1037/14527-000

Ziv-Beiman, S. (2014). The essential common ground of cultural psychotherapy and psychotherapy integration. *Journal of Psychotherapy Integration*, *24*(4), 336–340. doi: 10.1037/a0038254

Table 6.1 Suggested Videos for Theories of Psychotherapy Exercise

Theory of Psychotherapy	Video Title and Therapist Name	Unique Identifier of Video
Cognitive/Cognitive–Behavioral therapy	Self-Perceptions and Cognitive Therapy (Session 1 of 5); Keith S. Dobson	777700376-001
Emotion-Focused therapy	Using Emotion-Focused Therapy for Depression and Trauma (Session 2 of 2); Leslie S. Greenberg	777700054-001
Existential humanistic psychotherapy	Existential–Humanistic Therapy for Men With Anger Issues; Kirk J. Schneider	777700364-001
Family therapy	Cognitive-Behavioral Family Therapy With a Mexican Family; Frank M. Dattilio	777700452-001
Feminist therapy	Feminist Therapy for Father Absence; Laura S. Brown	777700076-001
Gestalt therapy	Gestalt Therapy With a Young Male Client Reflecting on Relationship Concerns; Gordon Wheeler	777700060-001
Multicultural therapy	Counseling a Mexican Immigrant Who Struggles to Further Her Education; Rita Chi-Ying Chung	777700242-001
Person-Centered psychotherapy	Collaborative Person-Centered Psychotherapy for Stress (Session 3 of 5); David J. Cain	777700297-001
Psychoanalytic/Psychodynamic therapy	Psychoanalytic Therapy With Intergenerational Patterns of Emotional Unavailability (Session 3 of 6); Jeremy D. Safran	777700264-001

Chapter 7

Uses in Theories of Personality Courses

Theories of personality are sometimes taught in courses specifically about personality, but often this area is covered in "History and Systems" classes. In clinical psychology programs, the purpose of teaching theories of personality is not only to give students some conceptualizations about what a *person* is but also to show how such theories often inform the way a therapist approaches patients. Psychotherapy-based theories of personality work from different models of what a *person* is, and this idea influenced the form these psychotherapies have taken. For example, Freud's division of personality into superego, ego, and id led to his focus in therapy on how these three pieces interact and influence the behavior of the patient, and one might expect to see psychoanalytic or psychodynamic therapists treating clients in ways that reflect this conceptualization.

Trait-based personality theories emerged as psychologists began to agree on definitions of traits such as extraversion, neuroticism, and agreeableness. Traits provide clear, measurable, and efficient points of focus for researchers to look at when assessing personality, and trait-based theories describe how these different focal points work together as well as how they manifest and change over time and across circumstances.

The first exercise in this chapter involves having students look at psychotherapy demonstrations for evidence of how the therapist's theory of personality influences how the therapist approaches the patient. The second exercise provided is for classes on trait-based theories of personality. It focuses less on the psychotherapist's approach and more on aspects of the client's personality as it may or may not be revealed in the therapy demonstration. This exercise can be used to help reinforce lessons on trait-based theory and also can serve as a springboard for discussing observer-based assessment methods.

Exercises

Psychotherapy-Based Theories of Personality

This is a simple exercise that requires students to focus on what the therapist is doing and saying in the video.

1. Students should have already read material about theories of personality with a basis in psychotherapy. If not, make sure you at least assign some reading on a specific theory of personality that is associated with one of the main schools of psychotherapy before doing this exercise. Suggested readings are provided at the end of the chapter.
2. Once the students are familiar with the theory of personality you are discussing, assign a video for the students to watch and analyze.
3. Videos associated with the different psychotherapy-based theories of personality are listed in Table 7.1. (There is also a playlist with these videos on APA PsycTherapy.)
4. Ask the students to watch the assigned video, paying particular attention to the therapist's responses and actions during the demonstration and noting anything that seems to reflect the concept of personality used in this particular therapeutic theory. You might frame this by asking them, "Does the therapist do or say anything that indicates what his or her definition of *person* is?" or "If you had to define the term *person* based only on the therapist's actions and verbalizations shown in the video, what would that definition be?"
5. Ask the students to create clips that show examples of the evidence for whatever definition of *person* they can derive from the therapist's actions and statements in the video.

Trait-Based Personality Theories

Unlike the previous exercise, this one requires the students to carefully observe what the client is doing in the therapy demonstration.

1. If your students are not already grounded in trait-based personality theory, assign them reading on a specific theory of personality that is based on traits (such as Raymond Cattell's 16-Factor Model). Suggested readings are provided at the end of the chapter. For this exercise to work, students must be familiar with examples of what each trait looks like in vivo (e.g., extraversion is not only observable by speech patterns, but also may be indicated by posture and seating position relative to others).
2. Once the students are familiar with whatever trait-based model you are focusing on, assign them a video to watch and analyze.
3. Ask the students to look at the client's words and affect during the demonstration and, using the theory they are studying, note anything that seems to reflect a specific personality trait or traits.

4. Ask the students to create clips that show the client exemplifying specific traits, annotating or labeling the clip with the trait (e.g., assertiveness, openness).
5. Evaluate the clips based on accuracy of identification and choose several of the best to show and discuss in class.

Present the assigned video as a way for the students to apply the personality theory they have been learning to actual people and interactions. Let the students know that it is possible they will not find more than two to three clips or they may find many examples of what they are looking for: A lot depends on the interaction depicted, and because the items the students are watching for require some subjective judgment, a lot depends on the perspective of the viewer. One student may see an example of a particular definition of *person* in the way a therapist asks a question, and another may not. One student may view a client's affect as denoting neuroticism, whereas another may see the client's emotions as resulting from particular circumstances. Such differences will make for rich class discussion.

For the first exercise, Table 7.1 lists videos to use. Note that there are many more videos to be found in APA PsycTherapy: To find possible alternatives, browse by therapeutic approach. This task can be given to students as a first step before beginning the exercise.

For the second exercise, almost any video in APA PsycTherapy will work. There are more than 200 different client participants and about 100 different therapists, with many interactions that allow for observation of personality.

Discussion Questions

1. What aspect of the personality theory is exemplified in this clip?
2. Based on what you saw in this video, how does theory of personality influence what a therapist does in therapy?
3. What were the interventions or techniques that best demonstrate this approach's theory of personality?
4. What is it about the therapist's stance—his presence, the general feel of the therapist in the room—that reflects the theory of personality stated by this approach?
5. Does the client respond to the therapist in a way that suggests the theory of personality is influencing how the client thinks of himself or herself?
6. What are your thoughts about analyzing personality on the basis of observation? (This question is for discussion about trait-based theories of personality.)
7. Are there other explanations for the therapist or client actions/affect/or statements than what has already been posited here in class? (This question is for discussion about trait-based theories of personality.)

Suggested Reading

Personality Theories Linked to Types of Psychotherapy

–Clarkin, J. F., Cain, N. M., & Livesley, W. J. (2015). The link between personality theory and psychological treatment: A shifting terrain. In S. K. Huprich (Ed.), *Personality disorders: Toward theoretical and empirical integration in diagnosis and assessment* (pp. 413–433). Washington, DC: American Psychological Association. doi: 10.1037/14549-018

Harkness, A. R., & McNulty, J. L. (2006). An overview of personality: The MMPI-2 personality psychopathology five (PSY-5) scales. In J. N. Butcher (Ed.), *MMPI-2: A practitioner's guide* (pp. 73–97). Washington, DC: American Psychological Association. doi: 10.1037/11287-004

Huprich, S. K. (Ed.). (2015). *Personality disorders: Toward theoretical and empirical integration in diagnosis and assessment.* Washington, DC: American Psychological Association. doi: 10.1037/14549-000

Trait-Based Personality Theories

–Decuyper, M., De Clercq, B., & Tackett, J. L. (2015). Assessing maladaptive traits in youth: An English-language version of the Dimensional Personality Symptom Item Pool. *Personality Disorders: Theory, Research, and Treatment.* Advance online publication. doi: 10.1037/per0000114

Hudson, N. W., & Fraley, R. C. (2015). Volitional personality trait change: Can people choose to change their personality traits? *Journal of Personality and Social Psychology.* Advance online publication. doi: 10.1037/pspp0000021

Meehan, K. B., & Clarkin, J. F. (2015). A critical evaluation of moving toward a trait system for personality disorder assessment. In S. K. Huprich (Ed.), *Personality disorders: Toward theoretical and empirical integration in diagnosis and assessment* (pp. 85–106). Washington, DC: American Psychological Association. doi: 10.1037/14549-005

Miller, J. D., Few, L. R., Lynam, D. R., & MacKillop, J. (2015). Pathological personality traits can capture DSM-IV personality disorder types. *Personality Disorders: Theory, Research, and Treatment*, *6*(1), 32–40. doi: 10.1037/per0000064

Yam, W. H., & Simms, L. J. (2014). Comparing criterion- and trait-based personality disorder diagnoses in DSM-5. *Journal of Abnormal Psychology*, *123*(4), 802–808. doi: 10.1037/a0037633

Zuckerman, M. (2011). *Personality science: Three approaches and their applications to the causes and treatment of depression.* Washington, DC: American Psychological Association. doi: 10.1037/12309-000

Table 7.1 Suggested Videos for the Psychotherapy-Based Theories of Personality Exercise

Theory of Personality	Video Title and Therapist Name	Unique Identifier of Video
Behavioral	Behavioral Evaluation and Treatment of Headaches; Donald B. Penzien	777700094-001
Behavioral	Cognitive Behavior Therapy for Anxiety Disorders; Michelle G. Craske	777700227-001
Psychodynamic	Psychodynamic Psychotherapy Session With a Gay Female African American Adult; Ritch C. Savin-Williams	777700223-001
Psychodynamic	Psychoanalytic Therapy With a Pattern of Broken Relationships (Session 3 of 6); Jeremy D. Safran	777700263-001
Humanistic	Existential–Humanistic Therapy for Life Satisfaction (Session 3 of 4); Kirk J. Schneider	777700342-001
Humanistic	Collaborative Person-Centered Psychotherapy for Stress (Session 2 of 5); David J. Cain	777700295-001

Chapter 8

Uses in Psychopathology Courses

It is important for students in clinical psychology to learn about different abnormal psychological disorders and illnesses, including how to tell when a constellation of symptoms adds up to a specific diagnosis and when it does not. Such a skill is founded on memorized lists of symptoms but is truly driven home by repeated in vivo observation and interaction. The psychotherapy demonstrations in APA PsycTherapy are a great first step in this direction and can be used to help illustrate not only treatment of psychopathology, but also assessment and classification (i.e., by looking at examples of the symptoms of various mental disorders) and causes (i.e., by looking at what participants may reveal about their life history and family). The exercise that follows is a way to learn not only about treatment, but also etiology and classification.

Exercise

1. Students should already be somewhat familiar with psychopathology before they watch any videos, so it may be that you do not want to use this assignment until well into the semester. Suggested readings are provided at the end of the chapter.
2. Once students are grounded in psychopathology, assign a video or videos for them to watch on their own time. You can do this by first assigning a specific disorder to each student or groups of students. Then give them a video that shows a client that may have that disorder. An alternative to assigning videos is to ask the students to find the videos on their own. In either case, the exercise works the same.
3. Ask students to watch the videos and create three sets of clips. Give them a time limit for clip length (30 seconds to 3 minutes). For each clip, ask the students to add an annotation with comments about why they chose this clip and name the clip so as to designate what mental disorder, intervention, or etiology is illustrated in the clip:
    a. The first clip should illustrate quintessential symptoms of the mental disorders under discussion.
    b. The second clip should point to some indication of the origin of the mental disorder, whether it is something about the client's family history or specific circumstances in his or her environment or experience. Let students know that this clip may not be possible to find, depending on the video they watch.
    c. The third clip should focus on the therapeutic intervention or strategy that is used to begin to help the client.

4. Direct students to the clip-making and playlist features in APA PsycTherapy as the tools they should use for this assignment. As they create the clips, they should put them into an appropriately named playlist ("Liz Smith's Psychopathology Playlist" or whatever naming style you assign). Direct them to make their playlists viewable to the entire class or institution at which you teach.
5. Show the best examples in class (or ask for volunteers to share their best examples if you do not have the resources to go through all of the chosen clips), and discuss.
6. Grade the students on the appropriateness of the clips and the accuracy of what they have identified in them, or alternately, use this exercise to spur class discussion. Discussion questions are provided.

Present this exercise to the students as a way to use what they have learned in their reading on psychopathology. Before the students watch the videos, suggest that they read the information about each video in the "Show more details" tab directly above the video player screen. This will give them information gleaned by the original APA PsycTherapy review team, including the disorder used by the review team to index this video, interventions used, and the approach and background of the therapist in the video.

The purpose of the exercise is not so much to make accurate assessment of these disorders, but rather to stir discussion and begin to develop a sense of the process therapists go through as they work with various disorders. Encourage your students to take risks in their assessment of disorders in these videos—it is something they will not be able to do necessarily in actual practice, so having such freedom can be a great moment of learning. One caveat to keep in mind that may help give students license to take such risks: The participants in these videos typically have not been diagnosed by the guest therapist in the video, and their diagnosis is therefore usually either self-reported within the video or a judgment call by the team that created APA PsycTherapy—in either case, it is best to recall that the identification of the disorder is sometimes arguable. This should make for richer class discussion and it is hoped will give students some room to make their own assessment of the clients in these videos.

There are a number of videos in APA PsycTherapy having to do with psychopathologies, but not all videos have necessarily been labeled with diagnosable disorders. You or your students might seek out videos by using the "Browse Therapy Topics" feature or in the Search page by using terms in the Therapy Topic field. However, for convenience, Table 8.1 suggests some videos with participants that present with specific mental disorders. (There is also a playlist with these videos on APA PsycTherapy.)

Discussion Questions

1. Describe and discuss the elements of the symptom shown here. What makes these elements unique to this diagnosis?
2. Is there anything in this video that is not in keeping with the diagnosis assigned?
3. What, if anything, is indicated by the client or implied by the therapist's questioning, about the etiology of this disorder?
4. Where do you expect treatment to go after this session?

Suggested Reading

Classification

Berenbaum, H. (2013). Classification and psychopathology research. [Special Section: Reconceptualizing the Diagnosis of Mental Disorders: Incorporating Promising Leads Into Lasting Insights]. *Journal of Abnormal Psychology*, *122*(3), 894–901. doi: 10.1037/a0033096

Salzinger, K., & Serper, M. R. (Eds.). (2009). *Behavioral mechanisms and psychopathology: Advancing the explanation of its nature, cause, and treatment.* Washington, DC: American Psychological Association. doi: 10.1037/11884-000

Symptomology

Butcher, J. N., Bubany, S., & Mason, S. N. (2013). Assessment of personality and psychopathology with self-report inventories. In K. F. Geisinger (Ed.), *APA handbook of testing and assessment in psychology, Vol. 2: Testing and assessment in clinical and counseling psychology* (pp. 171–192). Washington, DC: American Psychological Association. doi: 10.1037/14048-011

Kihlstrom, J. F. (2002). To honor Kraepelin...: From symptoms to pathology in the diagnosis of mental illness. Rethinking the DSM: A psychological perspective. In L. E. Beutler & M. L. Malik (Eds.), *Rethinking the DSM: A psychological perspective* (pp. 279–303). Washington, DC: American Psychological Association. doi: 10.1037/10456-011

Etiology

Adams, R. L., Parsons, O. A., Culbertson, J. L., & Nixon, S. J. (Eds.). (1996). *Neuropsychology for clinical practice: Etiology, assessment, and treatment of common neurological disorders.* Washington, DC: American Psychological Association. doi: 10.1037/10198-000

Marlatt, G. A., & Witkiewitz, K. (Eds.). (2009). *Addictive behaviors: New readings on etiology, prevention, and treatment.* Washington, DC: American Psychological Association. doi: 10.1037/11855-000

Scheier, L. M. (Ed.). (2010). *Handbook of drug use etiology: Theory, methods, and empirical findings.* Washington, DC: American Psychological Association.

Treatment

Beck, J. G. (Ed.). (2010). *Interpersonal processes in the anxiety disorders: Implications for understanding psychopathology and treatment.* Washington, DC: American Psychological Association. doi: 10.1037/12084-000

Blatt, S. J. (2008). *Polarities of experience: Relatedness and self-definition in personality development, psychopathology, and the therapeutic process.* Washington, DC: American Psychological Association. doi: 10.1037/11749-000

Magnavita, J. J. (2005). Components of a unified treatment approach: Psychopathology, personality theory, and psychotherapy. In J. J. Magnavita, *Personality-guided relational psychotherapy: A unified approach* (pp. 51–76). Washington, DC: American Psychological Association. doi: 10.1037/10959-003

Table 8.1 Suggested Videos for the Psychopathology Exercises

Diagnosis	Video; Therapist	Unique Identifying Number
ADHD	Condensed ADHD Coaching With an Adult Male Client; Abigail Levrini	777700487-001
Anxiety disorder	Accelerated Experiential Dynamic Psychotherapy With a Client With Anxiety; Diana Fosha	777700156-001
Avoidant personality	The Eldest Child as Substitute Parent: Reorienting Life Roles With Adlerian Psychotherapy; Jon Carlson	777700049-001
Bipolar disorder	Helping a Young Woman Manage Her Bipolar Disorder Symptoms; David J. Miklowitz	777700247-001
Bulimia	Narrative Therapy for Bulimia (Session 1 of 6); Stephen Madigan	777700305-001
Depression	Deepening Psychotherapy for a Male With Major Depression; Frederic E. Rabinowitz	777700456-001
Generalized anxiety disorder	Cognitive Behavior Therapy for Anxiety Disorders; Michelle G. Craske	777700227-001
Insomnia	Problems With Sustaining Sleep; Edward Stepanski	777700006-001

Panic disorder	Cognitive Therapy to Control Compulsions (Session 1 of 6); Keith S. Dobson	777700387-001
Post-traumatic stress disorder	Personality-Guided Relational Psychotherapy for Anxiety (Session 1 of 5); Jeffrey J. Magnavita	777700252-001
Obsessive–Compulsive disorder	Behavior Modification Strategies for Obsessive–Compulsive Behavior; Martin M. Antony	777700162-001
Pathological gambling	Pathological Gambling Prevention; Nancy M. Petry	777700114-001
Social anxiety disorder	Existential–Integrative Psychotherapy With a Socially Anxious Young Adult Male Client; Kirk J. Schneider	777700399-001
Specific phobia	Cognitive–Behavior Therapy Session for a Client With Specific Phobia of Spiders; Michael A. Tompkins	777700463-001
Stress	Collaborative Person-Centered Psychotherapy for Stress; David J. Cain	777700295-001

Chapter 9

Uses When Studying Presenting Problems

Presenting problems are symptoms or issues that a patient or client cites as the reason to enter therapy. The exercise in this chapter allows students to encounter some of the variety of presenting problems and the approaches used to treat the clients presenting with them. The exercise can be used in courses such as "Assessment in Psychotherapy" and classes on interventions with specific populations or problems because these are often the academic context in which psychotherapy or counseling students learn about the range of presenting issues in therapy.

Beginning to work with a new client brings with it new presenting problems, and as work unfolds with a client, other issues emerge—life does not stand still, especially not in therapy, and what had been the reason to initiate the therapeutic relationship may turn out to be a small part of a larger issue. Taken together, presenting problems may form a constellation of symptoms that add up to a diagnosis, but more often than not, the issues clients bring into therapy—such as grief, sadness, and ordinary anxiety about life, making career choices, and relationship issues—fall outside the areas of diagnosis typically considered as psychopathologies.

Over the course of a career, a therapist can expect to encounter hundreds of different presenting problems. The exercise provided gives students a head start on this process by exposing them to a variety of presenting problems.

Exercise

1. Before students look at any videos, make sure they are familiar with some of the more commonly encountered presenting problems. Alternately, assign the students more general reading about the full span of potential presenting issues in therapy (see the suggested reading list at the end of the chapter).
2. Ask the students to seek out and view four therapy demonstrations on APA PsycTherapy that feature different presenting problems. You might use the videos Table 9.1 lists as illustrative examples of some of the different presenting problems found in videos in APA PsycTherapy. (There is also a playlist with these videos on APA PsycTherapy.)
3. Give your students a brief introduction to the playlist and clip-making functions on APA PsycTherapy (Chapters 4 and 5). Let them know that as they create the clips, they should put them into an appropriately named playlist ("Liz Smith's Presenting Problems Playlist" or whatever naming convention you prefer to give them to use).

4. The students should create two to three clips from each video they watch. The clips should capture the following:
    a. Clip 1 should show the client's first description of the issue that brought him or her to therapy.
    b. Clip 2 should show the therapist offering some advice or applying an intervention to help the client with the presenting problem he or she specified at the beginning of the session.
    c. Clip 3 should show, if applicable, any instance in which the therapy topic seems to expand into or allude to a larger (or at least a different) problem than the original presenting problem.
5. Clips should be named according to the initial presenting problem (e.g., "Marital tension Clip 1," "Marital Tension, Clip 2"). Ask students to annotate clip 3 with some indication of the new or larger problem uncovered in the session.
6. Ask the students to choose the most interesting presenting problem from among the four demonstrations they watched to discuss in class and to choose the most interesting clip from that session to present in class.
7. Let the students know that they should save their playlists and make them viewable by everyone in the class.
8. Have each student make a brief presentation on the most interesting presenting problem and the most intriguing clip from that session.
9. Alternately, make this a non-class presentation and grade the students on how well they completed the task of finding these clips.

Presenting problems in APA PsycTherapy are listed under "Therapy Topic," so students should use the "Browse Therapy Topics" option on the left-hand side of the APA PsycTherapy home page. They can also find a link to this option at the top of the main Browse page. However, one caveat should be given: The therapy topics in APA PsycTherapy are not always the initial presenting problems brought in by the client participants. Sometimes (not always) a client moves away from the initial issue to discuss something else entirely, and this second issue is what may be listed as the therapy topic. This is a clear instance of the type of shift the students should be looking for in this assignment—however, they need to know that the therapy topic listed is only sometimes the same as the presenting issue. For this exercise, they should note the issue that the client first says as a response to the therapist's inquiries as to what is bothering the client or why he or she is seeking therapy, even if it is not the presenting issue listed as the therapy topic for the video.

Discussion Questions

These questions can be used with each series of clips shown in class. Alternately, assign all (or some of) the questions as homework to complete after the students have found their clips.

1. Was there anything in the session not captured in these clips that is important to know?
2. What are some presenting issues you imagine are infrequently encountered in therapy? Why?
3. What do you notice about the way the client talks about the presenting issue?
4. How does the client's affect seem congruent or incongruent with the issue he or she claims to need help with?
5. What were you surprised by in this clip, if anything?
6. How was the secondary issue related to the main topic of therapy (and remember, sometimes the original presenting problem turned out to be secondary)?
7. How did the therapist's application fit the presenting problem or topic of therapy?

Suggested Reading

Grief

Fried, E. I., Bockting, C., Arjadi, R., Borsboom, D., Amshoff, M., Cramer, A. O. J., Epskamp, S., Tuerlinckx, F., Carr, D., & Stroebe, M. (2015). From loss to loneliness: The relationship between bereavement and depressive symptoms. *Journal of Abnormal Psychology*. Advance online publication. doi: 10.1037/abn0000028

Anxiety

Alfano, C. A., & Beidel, D. C. (Eds.). (2011). *Social anxiety in adolescents and young adults: Translating developmental science into practice*. Washington, DC: American Psychological Association. doi: 10.1037/12315-000

Cancer

Kayser, K., Watson, L. E., & Andrade, J. T. (2007). Cancer as a "we-disease": Examining the process of coping from a relational perspective. *Families, Systems, & Health, 25*(4), 404–418. doi: 10.1037/1091-7527.25.4.404

Baum, A., & Andersen, B. L. (Eds.). (2001). *Psychosocial interventions for cancer*. Washington, DC: American Psychological Association. doi: 10.1037/10402-000

Defining Career Goals

Hartung, P. J., Savickas, M. L., & Walsh, W. B. (2014). *APA handbook of career intervention*. Washington, DC: American Psychological Association.

Stress

Crum, A. J., Salovey, P., & Achor, S. (2013). Rethinking stress: The role of mindsets in determining the stress response. *Journal of Personality and Social Psychology, 104*(4), 716–733. doi: 10.1037/a0031201

Harkness, K. L., Hayden, E. P., & Lopez-Duran, N. L. (2015). Stress sensitivity and stress sensitization in psychopathology: An introduction to the special section. [Special Section: Stress Sensitivity in Psychopathology: Mechanisms and Consequences.] *Journal of Abnormal Psychology, 124*(1), 1–3. doi: 10.1037/abn0000041

A Resource About Relationship Problems

Rowe, L. S., Doss B. D., Hsueh, A. C., Libet, J., & Mitchell, A. E. (2011). Coexisting difficulties and couple therapy outcomes: Psychopathology and intimate partner violence. *Journal of Family Psychology, 25*(3), 455–458. doi: 10.1037/a0023696

Narrowing the Focus in Therapy

Goldman, R. N., & Greenberg, L. S. (2015). *Case formulation in emotion-focused therapy: Co-creating clinical maps for change*. Washington, DC: American Psychological Association. doi: 10.1037/14523-000

How to Do an Intake Session

Stein, M. B., & Jacobo, M. C. (2013). Brief inpatient psychotherapeutic technique. *Psychotherapy, 50*(3), 464–468. doi: 10.1037/a0032549

Table 9.1 Examples of Presenting Problems

	Example 1: Video Title; Therapist; and Unique Identifying Number	Example 2; Video Title; Therapist; and Unique Identifying Number	Example 3; Video Title; Therapist; and Unique Identifying Number
Aging	Mindfulness and Self Awareness in Coping With Aging; Lorne Ladner; 777700192-001	Psychotherapy With Older Adults; Bob Knight; 777700219-001	Interpersonal Psychotherapy With Older Adults; Gregory A. Hinrichsen; 777700193-001
Anger	Feminist Therapy for Treating Anger in a Young Adult Male (Session 5 of 6); Laura S. Brown; 777700291-001	Getting Control Over Anger Intensity; Lorne Korman; 777700222-001	Existential–Humanistic Therapy for Men With Anger Issues; Kirk J. Schneider; 777700364-001
Anxiety	Schema Therapy With a Client Suffering from Anxiety; Jeffrey E. Young; 777700173-001	Experiential Dynamic Psychotherapy With a Client With Anxiety; Diana Fosha; 777700156-001	Mindfulness Intervention for Anxiety; Ronald D. Siegel; 777700460-001

Bereavement/Grief	Interpersonal Psychotherapy With Older Adults; Gregory A. Hinrichsen; 777700193-001	Constructivist Therapy for Loss of a Father (Session 1 of 6); Robert A. Neimeyer; 777700230-001	Client-Directed Outcome-Focused Therapy for Loss; Scott D. Miller; 777700081-001
Binge eating	Problem-Solving Therapy With a Woman Coping With Binge Eating; Arthur M. Nezu; 777700228-001	Cognitive-Behavioral Therapy for Problems With Binge Eating; G. Terence Wilson; 777700179-001	Narrative Therapy for Bulimia (Session 4 of 6); Stephen Madigan; 777700311-001
Cancer	Discussing Family History of Cancer; Andrea Farkas Patenaude; 777700030-001	Hypnosis With a Woman With Cancer; David R. Patterson; 777700171-001	Cognitive Social Therapy for a Hispanic Woman With Breast Cancer; Suzanne M. Miller; 777700036-001
Defining career goals	Helping a Client Define His Career and Life Goals; Mark S. Kiselica; 777700246-001	Narrative Counseling: From Exploration to Career (Session 2 of 3); Mark L. Savickas; 777700335-001	Goal Setting With a Young Divorced Parent; Paul L. Wachtel; 777700178-001
Educational concerns	Counseling a Mexican Immigrant Who Struggles to Further Her Education; Rita Chi-Ying Chung; 777700242-001	Brief Dynamic Therapy With a Young Woman; Stanley B. Messer; 777700043-001	Narrative Counseling: A Male College Student Renews Career Plans; (Session 3 of 3); Mark L. Savickas; 777700336-001

Health issues	Genetic Concerns in a Woman With Fibromyalgia; Andrew Farkas Patenaude; 777700029-001	Health Counseling for a Woman With Gestational Diabetes; Len Sperry; 777700015-001	Behavioral Evaluation and Treatment of Headaches; Donald B. Penzien; 777700094-001
Life stressors	Rational Emotive Behavior Therapy for Coping With Divorce Transition (Session 1 of 6); Ann Vernon; 777700352-001	Psychoanalytic Therapy With a Pattern of Broken Relationships (Session 4 of 6); Jeremy D. Safran; 777700265-001	Narrative Counseling Following a Late-Career Job Loss (Session 1 of 3); Mark L. Savickas; 777700339-001
Sadness and depression	Relational-Cultural Therapy for Hopelessness (Session 3 of 5); Judith V. Jordan; 777700278-001	A Widowed Homemaker Seeks Counseling for Depression (Session 1 of 6); George Stricker; 777700381-001	Building Positive Expectancy to Counter Hopelessness; Michael D. Yapko; 777700408-001
Sex and relationships	Treating Fear of Intimacy With Relational-Cultural Therapy (Session 1 of 5); Judith V. Jordan; 777700273-001	Effects of Negative Self-Thoughts in a Romantic Relationship; Lisa Firestone; 777700009-001	Sex Therapy With a Young Woman; Barry W. McCarthy; 777700083-001
Sleep problems	Breaking a Long-Term Pattern of Poor Sleep; Edward J. Stepanski; 777700007-001	Problem-Solving Therapy With a Woman Coping With Anxiety; Patricia A. Areán; 777700500-001	Addressing an Older Caregiver's Depression With Cognitive Behavior Therapy; Dolores Gallagher-Thompson; 777700497-001

Weight loss	Gaining Insight Into Weight Loss and Gain Patterns; Ann Mary Kearney-Cooke; 777700013-001	Client-Directed Outcome-Focused Therapy for Weight Gain; D. Scott Miller; 777700080	Exercise Planning With a Woman in Mid-Life; Kate F. Hays; 777700001-001

Chapter 10

Uses When Studying Techniques

All psychotherapeutic approaches have specific techniques, stances, or strategies associated with them. Some approaches—those from the psychoanalytic and humanistic schools—deemphasize categorizing the specific actions taken in therapy as *techniques*, whereas others—those from the cognitive and behavioral schools—embrace this terminology. For the purposes of psychotherapy approaches, it is handy to use this term regardless of the approach being examined.

Observing how a technique is applied in real time can be a revelation to students. In this exercise, students first read about a specific technique, then watch how it is applied in a video demonstration on APA PsycTherapy. This exercise takes advantage of a useful resource, the book *Psychotherapy Theory and Techniques: A Reader* (VandenBos, Meidenbauer, Frank-McNeil, 2014), which provides excerpts on the theories and practice of various types of therapy and shows where in APA PsycTherapy to locate these techniques. For this exercise, simply go directly to the APA PsycTherapy playlists to find the featured playlists containing various techniques associated with different approaches to therapy. To find the playlists in APA PsycTherapy, click on "Playlists" in the blue navigation bar at the top of the screen and then click on the playlist for the approach you are looking for. If you want to see all the techniques, simply press "Play All Items." For a specific technique, click on the technique name.

Exercise

This simple exercise provides a rich tour of various psychotherapy techniques from contemporary clinical practice. The steps of the exercise are as follows:

1. Before beginning, students should have read introductory material on the theory of the psychotherapy or psychotherapies you are studying, focusing particularly on the theory as practiced and any techniques, strategies, or stances that are contained within that framework. If your students have not read anything yet (or you are still in the planning stages for the course), feel free to make use of the suggested readings at the end of the chapter.
2. Once the students are familiar with the therapy approach or approaches they will need, assign a playlist to them to watch. The playlists on the APA PsycTherapy Playlist page are broken down by different approaches; see Table 10.1 for a list of them and where they are located.
3. Ask students to choose two techniques associated with the approach or approaches you are studying. They should watch the clips with these techniques and provide an analysis of what is happening in the clip. What is the therapist doing, moment by moment? How is the client responding, moment by moment?

4. Once students have analyzed each technique, they should search APA PsycTherapy for another example of each technique, used by a therapist who is identified with the approach they are studying.

5. Students should create clips of the new technique examples they discover. Ask them to title each clip by the technique name (e.g., "Exploration of Defenses"), and the student can write comments about how this example of the technique is different from the one demonstrated in the playlist for this approach. Instruct them to write these notes in the "Note" box when they create the clip.

6. Students should save their own clips in a new playlist (titled with the student's name, the class name, and the psychotherapy or psychotherapies they are examining in the playlist; e.g., "Susan--Jimenez Theories 800 Person-Centered Playlist"). Students should include not only their own clips but also the two clips from the featured playlist they used as the basis for their research. They can add the clips to their playlists by using the plus sign ⊕ next to the clip.

7. Grade the students on the appropriateness of the clips and the accuracy with which they have identified the techniques.

8. Choose a few of the best playlists to discuss in class: show video clips and discuss (see discussion questions below).

The key to this exercise is making sure students are familiar with the therapeutic approach as well as the specific technique they are observing. Before students begin the assignment, be sure to provide background on the various techniques in the playlists they will be watching. Let the students know that identifying a technique within actual therapy sometimes takes practice and may require re-watching a session.

Alternate exercises: Although grounding the students in the therapeutic approach before they watch the clips seems to be the optimal way to teach psychotherapy, an interesting alternative is to use the clips to prime their interest in the approach. To do this, ask the students to watch clips of techniques before they learn about the approach. A sampling of interesting clips will get students thinking about the psychotherapy theory, developing hypotheses about how it might work, and they will find it interesting to compare their initial impressions of the techniques with those they develop after learning more about the therapy itself.

For more advanced clinical students, clips of psychotherapy techniques can be used as the basis for roleplaying how to use the techniques. A direct reenactment of a segment of a psychotherapy session can be a useful exercise for a new student of psychotherapy.

Discussion Questions

1. What were some of your observations about the techniques you observed demonstrated?
2. Was the therapist as directive or nondirective as you expected?
3. How was silence used in the technique, if at all? Were there other elements involving timing that you noticed? How important do you think these are to successful use of the techniques?

4. How does each technique fit uniquely into the therapy in which it is used?
5. Was there anything you were surprised at about the technique that you did not expect based on what you had read about it?

Suggested Reading

Resources focusing on techniques from specific approaches

Angus, L. E., & Greenberg, L. S. (2011). An introduction to working with narrative and emotion processes in emotion-focused therapy. In L. E. Angus & L. S. Greenberg, *Working with narrative in emotion-focused therapy: Changing stories, healing lives* (pp. 3–17). Washington, DC: American Psychological Association. doi: 10.1037/12325-001

Angus, L. E., & Greenberg, L. S. (2011). How we make meaning: The dialectical–constructivist model. In L. E. Angus & L. S. Greenberg, *Working with narrative in emotion-focused therapy: Changing stories, healing lives* (pp. 19–34). Washington, DC: American Psychological Association. doi: 10.1037/12325-002

DiBlasio, F. A., Worthington, E. L., Jr., & Jennings, D. J., II. (2013). Forgiveness interventions with children, adolescents, and families. In D. F. Walker & W. L. Hathaway (Eds.), *Spiritual interventions in child and adolescent psychotherapy* (pp. 233–258). Washington, DC: American Psychological Association. doi: 10.1037/13947-011

Duncan, B. L. (2014*). On becoming a better therapist: Evidence-based practice one client at a time* (2nd ed.). Washington, DC: American Psychological Association. doi: 10.1037/14392-000

Enright, R. D., & Fitzgibbons, R. P. (2015). *Forgiveness therapy: An empirical guide for resolving anger and restoring hope.* Washington, DC: American Psychological Association. doi: 10.1037/14526-000

Finn, S. E., & Martin, H. (2013). Therapeutic assessment: Using psychological testing as brief therapy. In K. F. Geisinger (Ed.), *APA handbook of testing and assessment in psychology, Vol. 2: Testing and assessment in clinical and counseling psychology* (pp. 453–465). Washington, DC: American Psychological Association. doi: 10.1037/14048-026

VandenBos, G., Meidenbauer, E., & Frank-McNeil, J. (Eds.). (2014). *Psychotherapy theories and techniques: A reader.* Washington, DC: American Psychological Association. http://dx.doi.org/10.1037/14295-000

Table 10.1 Playlists for the Techniques Exercise

Therapy Name	Playlist Location
Cognitive–Behavioral therapy	http://psyctherapy.apa.org/Playlists/406231
Emotion-focused therapy	http://psyctherapy.apa.org/Playlists/406302
Existential–Humanistic therapy	http://psyctherapy.apa.org/Playlists/406304
Feminist therapy	http://psyctherapy.apa.org/Playlists/406309
Multicultural therapy	http://psyctherapy.apa.org/Playlists/406311
Narrative therapy	http://psyctherapy.apa.org/Playlists/406316
Person-centered therapy	http://psyctherapy.apa.org/Playlists/406319
Psychoanalytic therapy	http://psyctherapy.apa.org/Playlists/406322

Chapter 11

Uses When Comparing and Contrasting Aspects of Psychotherapy

Learning about the diversity of approaches in psychotherapy can be an exciting challenge to graduate students in clinical programs. Introductory theories of psychotherapy provide a rare opportunity, at the beginning of a clinician's career, to examine the field at its broadest. Getting a true sense of the breadth of the field requires looking at some of the details about how each theory of psychotherapy is put into practice. The exercises in this chapter encourage this level of examination. Use these exercises toward the end of a course on theories of psychotherapy or in a theories of personality course. The proposed exercises are a great way to summarize the differences among all the various theoretical orientations and will force students to recall and synthesize the facts they have learned over the course of their studies and wrestle with the rich diversity of the field they will soon be entering as practitioners.

Exercise

1. Whether you are teaching a theories course or a more advanced course, by the time you will be using the exercises in this chapter your students should be grounded in all the basic information they need. However, if you are planning your course or looking for additional readings to give to your students, see the suggested reading list at the end of the chapter.
2. Assign videos to your students according to what you wish them to focus on—either comparing presenting problems or comparing uses of the same technique by different therapists (use the videos suggested here or choose your own videos).
    a. To compare different approaches to presenting problems, use Table 11.1. (There is also a playlist on APA PsycTherapy with the videos in this table.)
    b. To compare different uses of the same technique, use the videos in Table 11.2.
3. Give your students a brief introduction to the playlist and clip-making functions on APA PsycTherapy. As students create the clips, they should put them into an appropriately named playlist ("Bernard Jensen's Compare and Contrast Playlist" or whatever naming convention you prefer to give them to use).
4. A student's clips should illustrate key aspects from each video to compare or contrast. For example, if students are comparing techniques, ask them to choose two videos in which the same technique is used in a different way; if they are asked to compare presenting problems, ask them to choose two clips showing how a presenting problem is dealt with in a similar or different way. It might be interesting to show how a similar technique is used in a similar way by therapists from different orientations and to then discuss why this might be the case.

5. The clips should show different approaches, different ways of handling a presenting problem, or different uses of the same technique. They should be named according to the presenting problem or technique that is shown along with indication of the approach used ("Anxiety/Psychodynamic" or "Homework/CBT").
6. Students should save their playlists and make them viewable by everyone in the class since they may be sharing them.
7. Students should choose one or two clips for discussion in class from among those they have collected. Review the clips in class and discuss.
8. Have students make brief presentations on the most interesting items they noted in their comparisons. Use the questions suggested here to inspire class discussion.

If you are teaching a theories of personality course, ask the students to choose one presenting problem and then watch three different videos that show treatment of that problem by therapists whose approaches were influenced by one of the three main personality theories. Students can use Table 11.1 and watch a video from the second column (which will feature a therapist working from a behavioral theory of personality), the third column (a therapist working from the humanistic theory of personality), and the fourth column (a therapist working from the psychodynamic theory).

Discussion Questions

For Presenting Problems

1. When you watched examples of how different types of therapy approach the same presenting problem or how different approaches use the same technique, what types of observations did you have about how the theory influenced the practice of the approach?
2. Were the examples drastically different from one another? How so?
3. Were there any surprising similarities across approaches?
4. Imagine that you are the therapist in this situation. How would you work with a client on this particular issue or set of issues?

For Techniques

1. How were the demonstrations of the intervention different from one another?
2. How were they the same?
3. Do you think one of the applications of this intervention seemed more effectively executed than the others? If so, why? Substantiate your reasons.
4. If the interventions come from different approaches, what reasons do you see for the interventions being used in different therapeutic orientations?

5. If the interventions come from different approaches, was it surprising that an intervention was conducted by a therapist from this particular orientation?

For Personality Theories

1. What were some examples of how the theory of personality manifested in how the therapist treated the client?
2. Can you relate the three theories of personality with the manner in which the interventions were applied?
3. Was there anything that the therapist did that seemed to fall outside his or her stated orientation? If so, can you point to a reason why this might be the case?
4. How might the different theories of personality affect the results of treatment for the particular presenting issue in the demonstrations you watched?

Suggested Reading

Comparing similar techniques used across approaches

Castonguay, L. G., & Hill, C. E. (Eds.). (2012). *Transformation in psychotherapy: Corrective experiences across cognitive behavioral, humanistic, and psychodynamic approaches.* Washington, DC: American Psychological Association. doi: 10.1037/13747-000

Cuijpers, P., van Straten, A., Andersson, G., & van Oppen, P. (2008). Psychotherapy for depression in adults: A meta-analysis of comparative outcome studies. *Journal of Consulting and Clinical Psychology, 76*(6), 909–922. doi: 10.1037/a0013075

Kasari, C., Gulsrud, A., Paparella, T., Hellemann, G., & Berry, K. (2015). Randomized comparative efficacy study of parent-mediated interventions for toddlers with autism. *Journal of Consulting and Clinical Psychology.* Advance online publication. doi: 10.1037/a0039080

Piper, W. E., Joyce, A. S., McCallum, M., Azim, H. F., & Ogrodniczuk, J. S. (2002). Relationships among therapy process, outcome, and dropping out. In W. E. Piper, A. S. Joyce, M. McCallum, H. F. Azim, & J. S. Ogrodniczuk, *Interpretive and supportive psychotherapies: Matching therapy and patient personality* (pp. 133–150). Washington, DC: American Psychological Association. doi: 10.1037/10445-008

Sperry, L., & Shafranske, E. P. (2005). Approaches to spiritually oriented psychotherapy: A comparative analysis. In L. Sperry & E. P. Shafranske (Eds.)*, Spiritually oriented psychotherapy* (pp. 333–350). Washington, DC: American Psychological Association. doi: 10.1037/10886-014

Staines, G. L. (2007). Comparative outcome evaluations of psychotherapies: Guidelines for addressing eight limitations of the gold standard of causal inference. *Psychotherapy: Theory, Research, Practice, Training, 44*(2), 161–174. doi: 10.1037/0033-3204.44.2.161

Comparability of theories

Brabender, V., & Fallon, A. (1993). The seven models: A comparative analysis. In V. Brabender & A. Fallon, *Models of inpatient group psychotherapy* (pp. 629–685). Washington, DC: American Psychological Association. doi: 10.1037/10121-010

Elliott, R. (2002). The effectiveness of humanistic therapies: A meta-analysis. In D. J. Cain (Ed.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 57–81). Washington, DC: American Psychological Association. doi: 10.1037/10439-002

Gaete, A., & Gaete, J. (2015). On theoretical integration in psychotherapy. *Journal of Psychotherapy Integration*. doi: 10.1037/a0038883

Ziv-Beiman, S. (2014). The essential common ground of cultural psychotherapy and psychotherapy integration. *Journal of Psychotherapy Integration*, *24*(4), 336–40. doi: 10.1037/a0038254

Table 11.1 Suggested Videos for the Exercises Comparing Approaches to Presenting Problems or Personality Theories

	Cognitive–Behavioral: Video Title; Therapist; and Unique Identifying Number	Humanistic: Video Title; Therapist; and Unique Identifying Number	Psychodynamic: Video Title; Therapist; and Unique Identifying Number	Multicultural/Postmodern: Video Title; Therapist; and Unique Identifying Number
Anger	Helping a Woman Deal With Her Anger; Lorne Korman; 777700221-001	Re-Experiencing Anger With AEDP in the Treatment of Anxiety; Diana Fosha; 777700155-001	Psychoanalytic Therapy With Intergenerational Patterns of Emotional Unavailability (Session 2 of 6); Jeremy Safran; 777700261-001	Feminist Therapy for Treating Anger in a Young Adult Male (Session 3 of 6); Laura Brown; 777700289-001
Anxiety	Behavior Modification Strategies for Obsessive-Compulsive Behavior; Martin M. Antony; 777700162-001)	Balancing Spiritual and Practical Needs in the Decision to Divorce (Session 6 of 6); Leslie S. Greenberg; 777700152-001	Goal Setting With a Young Divorced Parent; Paul L. Wachtel; 777700178-001	Constructivist Therapy for Loss of a Father (Session 3 of 6); Robert A. Neimeyer; 777700234-001

Bereavement/Grief	Grief Work With Acceptance and Commitment Therapy; Steven C. Hayes; 777700245-001	Re-Experiencing Anger With AEDP in the Treatment of Anxiety; Diana Fosha; 777700155-001	A Widowed Homemaker Seeks Counseling for Depression (Session 1 of 6); George Stricker; 777700381-001	Constructivist Therapy for the Loss of a Spouse; Robert A. Neimeyer; 777700057-001
Depression	Addressing an Older Caregiver's Depression With Cognitive Behavior Therapy; Dolores Gallagher-Thompson; 777700497-001	Emotion-Focused Therapy With a Middle-Aged Woman Suffering From Depression; Sandra C. Paivio; 777700505-001	Assimilative Psychodynamic Integration With a Female African American Unemployed Client (Session 3 of 5); George Stricker; 777700402-001	Constructivist Therapy for Loss of a Father (Session 3 of 6); Robert A. Neimeyer; 777700234-001
Educational problems	Exposure Therapy for Anxiety Disorders (Session 3 of 6); Martin M. Antony; 777700212-001	Family and Culture in a Native American Young Woman; Winona F. Simms; 777700078-001	Short-Term Psychodynamic Therapy With a Female Graduate Student Struggling With Substance Abuse; Donald K. Freedheim; 777700476-001	Culturally Sensitive Psychotherapy With a Young Asian American Man; Jean Lau Chin; 777700089-001

Family relations	Cognitive-Behavioral Therapy for Relational Issues in Remarriage; Bunmi O. Olantunji; 777700454-001	Client-Directed Outcome-Focused Therapy With Adult Child of Codependent Mother; Scott D. Miller; 777700082-001	Psychoanalytic Therapy With Intergenerational Patterns of Emotional Unavailability (Session 6 of 6); Jeremy D. Safran; 777700275-001	Improving a Problematic Relationship With a Nephew Who Abuses Alcohol; Paul B. Pedersen; 777700250-001
Infidelity	Rebuilding a Long-Term Marriage After One Partner's Infidelity; Donald H. Baucom; 777700241-001	Balancing Spiritual and Practical Needs in the Decision to Divorce (Session 3 of 6); Leslie S. Greenberg; 777700141-001	Rebuilding Trust Through Integrative Therapy (Session 2 of 6); Jon Carlson; 777700099-001	Cross-Cultural Relationship Counseling for a Young African American Client
Job loss /Unemployment	N/A	Client-Directed Outcome Informed Clinical Services With a Male Client; Barry L. Duncan; 777700448-001	Assimilative Psychodynamic Integration With a Female African American Unemployed Client (Session 1 of 5); George Stricker; 777700400-001	African-Centered Counseling for Job Loss; Thomas A. Parham; 777700085-001

Relationships and marital problems	Cognitive Behavior Therapy With a Couple With Relationship Issues; Paula Hartman-Stein; 777700026-001	Emotion-Focused Therapy With a Black, Female Client Experiencing Marital Dissatisfaction; Jeanne C. Watson; 777700479-001	Insight-Oriented Psychotherapy With Difficult Couples; Douglas K. Snyder; 777700090-001	Multicultural Therapy for Trust and Intimacy Issues (Session 1 of 6); Melba J. T. Vasquez; 777700344-001
Stress	Cognitive-Behavioral Therapy With a Single Parent; Gayle Y. Iwamasa; 777700453-001	Collaborative Person-Centered Psychotherapy for Stress (Session 3 of 5); David J. Cain; 777700297-001	Adlerian Therapy for Stress Management (Session 2 of 6); Jon Carlson; 777700100-001	A Divorced Mother Tries to Balance School and Childcare Responsibilities; Rita Chi-Ying Chung; 777700243-001

Table 11.2 Techniques

	Example 1: Video Title; Therapist; and Unique Identifying Number	**Example 2: Video Title; Therapist; and Unique Identifying Number**	**Example 3: Video Title; Therapist; and Unique Identifying Number**
Activity scheduling	Cognitive Therapy for Depression; Judith S. Beck; 777700472-001	Self-Perceptions and Cognitive Therapy (Session 3 of 5); Keith S. Dobson; 777700378-001	Client-Directed Outcome Informed Clinical Services With a Male Client; Barry L. Duncan; 777700448-001
Collaborative empiricism	Couple Coping With Heart Disorders; Paula Hartman-Stein; 777700025-001	Assessing Alcohol Drinking Attitudes With Motivational Interviewing; Linda Carter Sobell; 777700207-001	Cognitive Behavior Therapy for Anxiety Disorders; Michelle G. Craske; 777700227-001
Describing cyclical patterns	Psychoanalytic Therapy With Intergenerational Patterns of Emotional Unavailability (Session 4 of 6); Jeremy D. Safran; 777700266-001	Time-Limited Dynamic Psychotherapy, Client 1; Hanna Levenson; 777700413-001	Treating a Middle-Aged Woman With Low Self Esteem With Relational-Cultural Therapy; Judith V. Jordan; 777700198-001

Empathy	Collaborative Person Centered Psychotherapy for Stress (Session 5 of 5); David J. Cain; 777700301-001	Constructivist Therapy With a Young Woman Grieving the Loss of Her Mother; Robert A. Neimeyer; 777700056-001	Relational-Cultural Therapy for Hopelessness (Session 2 of 5); Judith V. Jordan; 777700276-001
Emphasizing strengths	Social Problem Solving With a Client Caring for His Mother; Tim Elliott; 777700128-001	Interpersonal-Relational Integrative Approach to Working With Men; Mark A. Stevens; 777700406-001	Rebuilding a Long-Term Marriage After One Partner's Infidelity; Donald H. Baucom; 777700241-001
Exposure therapy	Behavior Modification Strategies for Obsessive-Compulsive Behavior; Martin M. Antony; 777700162-001	Cognitive-Behavioral Therapy for Specific Phobia of Heights; Michael A. Tompkins; 777700462-001	Treatment of Anxiety and Panic With Systemic Treatment Selection; Larry E. Beutler; 777700170-001
Guided imagery	Mindfulness for Stress Reduction; Lorne Ladner; 777700190-001	Schema Therapy to Help a Married Couple Reprioritize Expectations; Jeffrey E. Young; 777700451-001	Hypnosis for Surgery-Related Anxiety; David R. Patterson; 777700172-001

Homework	Treating a Recently Married Couple With Integrative Adlerian Therapy (Session 3 of 6); Jon Carlson; 777700104-001	Rational Emotive Behavior Therapy for Considering Divorce (Session 4 of 6); Ann Vernon; 777700359-001	Family Therapy With a Young Couple Having Communication Problems (Session 4 of 6); Susan H. McDaniel; 777700323-001
Mindfulness and meditation	Mindfulness and Meditation for Working with Addictive Behaviors; G. Alan Marlatt; 777700069-001	Mindfulness Meditation for Anxiety With a Young Adult Client; Ronald D. Siegel; 777700461-001	Relational-Cultural Therapy for Hopelessness (Session 2 of 5); Judith V. Jordan; 777700276-001
Mirroring	Psychoanalytic Therapy With a Pattern of Broken Relationships (Session 4 of 6); Jeremy D. Safran; 777700265-001	Psychodynamic Psychotherapy Session With a Gay Female African American Adult; Ritch C. Savin-Williams; 777700223-001	Assimilative Psychodynamic Integration With a Female African American Unemployed Client (Session 4 of 5); George Stricker; 777700403-001
Role playing	Rebuilding Trust Through Integrative Therapy (Session 4 of 6); Jon Carlson; 777700105-001	Personality-Guided Relational Psychotherapy for Abuse and Trauma Victims (Session 2 of 5); Jeffrey J. Magnavita; 777700255-001	Schema Therapy With a Client Suffering from Anxiety; Jeffrey E. Young; 777700173-001

Socratic dialogue	Dependency in Interpersonal Relationships; Robert F. Bornstein; 777700174-001	Cognitive Behavior Therapy With a Couple With Relationship Issues; Paula Hartman-Stein; 777700026-001	Exposure Therapy for Obsessive-Compulsive Disorder; Martin M. Antony; 777700163-001
Therapeutic alliance building	Brief Dynamic Therapy With a Woman Considering Divorce; Stanley B. Messer; 777700044-001	A Psychodynamic Approach to Spirituality in Psychotherapy (Client 2); Edward P. Shafranske; 777700123-001	A Client-Directed Outcome Informed Approach to Helping a Man Handle Stress; Barry L. Duncan; 777700449-001

Chapter 12

Uses in Clinical Supervision and Training

Video examples of psychotherapy by experts can be a useful tool in supervision and training because such examples allow the supervisor to show, rather than tell, how an intervention might be applied in a better way or how a specific presenting problem looks in real life, and so forth. This chapter goes over a few ways that APA PsycTherapy can be used in clinical supervision settings.

Whether a supervisor is working one-on-one with a supervisee or in a supervision group, with multiple student therapists, or in a consultation setting with practicing therapists, the goal of supervision is the same: to help the supervisee to improve his or her abilities in service of the client. Using video examples to illustrate aspects of therapy can be a powerful tool in supervision. Video demonstrations of therapy can show ways to handle an issue or how to work with specific dynamics in therapy in ways that simple explanation cannot.

All therapists, even therapists who have practiced for many years, encounter situations that they have not seen before. For this reason, video is recommended as a tool for psychotherapy consultation with practicing therapists as well as for the supervision of student therapists.

Using APA PsycTherapy videos in supervision has an effect on supervision that goes beyond simply providing examples of how therapy is done. Holding up as an example the work of another therapist to your supervisee can change the dynamic of the supervisor–supervisee relationship by bringing a second expert "into the room." For instance, rather than saying to a supervisee, "This is how I use that technique," or role-playing how to handle such a situation, the supervisor can say, "Let's take a look at how this expert therapist deals with this." Such a shift in the supervision dynamics can, in the right circumstances, help boost student confidence in that it allows a student to see that there are experts the supervisor learns from as well.

Video examples of therapy can be introduced in any number of ways or situations during supervision or consultation. Imagine that in your supervision group, several supervisees are having some difficulty in handling client expression of anger. The supervisor can say, "I see that this week some of you seem to be having some challenges with client anger. If you all agree, I would like to show you a brief vignette of an expert therapist working with client anger." Such moments occur regularly in supervision.

Table 12.1 shows a number of common challenges faced by beginning therapists and cites some therapy sessions in which a therapist works with this challenge. (There is a playlist on APA PsycTherapy featuring the videos cited in the table.) Not every type of issue is covered. APA PsycTherapy fortunately has a powerful search function that allows you to find video examples in seconds—allowing you to seek out and explore presenting issues on the spot for your students to view.

Suggested Reading

The Supervisory Relationship

Falender, C. A. (Ed.). (2014). Supervision outcomes [Special issue]. *Training and Education in Professional Psychology, 8*(3).

Ladany, N., Friedlander, M. L., & Nelson, M. L. (2005). *Critical events in psychotherapy supervision: An interpersonal approach*. Washington, DC: American Psychological Association.

Thomas, J. T. (2010). *The ethics of supervision and consultation: Practical guidance for mental health professionals*. Washington, DC: American Psychological Association.

Specific Approaches to Supervision

Eisenhard, M. L., & Muse-Burke, J. L. (2015). A comparison of individual supervision at forensic, inpatient, and college counseling internship sites. *Training and Education in Professional Psychology*, *9*(1), 61–67. doi: 10.1037/tep0000051

Falender, C. A., Shafranske, E. P., & Falicov, C. J. (Eds.). (2014). *Multiculturalism and diversity in clinical supervision: A competency-based approach*. Washington, DC: American Psychological Association. doi: 10.1037/14370-000

Watkins, C. E., Jr. (2015). Extrapolating Gelso's Tripartite Model of the psychotherapy relationship to the psychotherapy supervision relationship: A potential common factors perspective. *Journal of Psychotherapy Integration*. Advance online publication. doi: 10.1037/a0038882

Table 12.1 Suggested Sessions to Watch for Common Problems Experienced by Beginning Therapists

Topic or Presenting Issue	Video Title; Therapist; and Unique Identifying Number
Anger, questioning therapist	Interpersonal-Relational Integrative Approach to Working With Men; Mark A. Stevens; 777700406-001
Cultural sensitivity	Balancing School and Family in a New Culture Paul B. Pedersen; 777700024-001
Depressed presentation/Low energy	Working With Depression and Anxiety With Acceptance and Commitment Therapy; Steven C. Hayes; 777700244-001
Grief/Bereavement	Constructivist Therapy for Loss of a Father (Session 1 of 6); Robert A. Neimeyer; 777700230-001
Reporting Traumatic Experience	Accelerated Experiential Dynamic Psychotherapy With a Client With Anxiety; Diana Fosha; 777700156-001
Resistance	Treatment of Anxiety and Panic With Systemic Treatment Selection; Larry E. Beutler; 777700170-001

Chapter 13

Uses in Empathy Training

Empathy training is as important as training in techniques and education in theory and about presenting issues. In many respects, the ability to be empathic, being willing and able to understand the client's thoughts and experiences from the client's point of view, is a foundational skill in therapy. This exercise is intended to help therapists cultivate empathy, express empathy, and respond to the feelings that client expression of emotion may evoke in them.

Being able to be in touch with one's natural feelings of empathy and communicate that empathy therapeutically takes skill and practice. Many people who seek to become therapists already have a firm grasp of how to be empathic in their everyday lives—indeed, they usually are naturally empathic people. Empathy in therapy, however, serves an important purpose and is not simply an end in itself. Empathy (a) allows the client to feel safe, heard, and understood, and in doing so it (b) helps build the therapeutic alliance; equally important, (c) empathy provides a way for the therapist to understand from the client's perspective why he or she acts or thinks as he or she does.

Exercise

1. Students should be advanced enough that they are working under supervision with clients or will be doing so in the near future. You may want to assign them to read material on empathy in therapy (see suggested reading at the end of this chapter) before beginning this exercise.
2. The students should watch two videos listed in Table 13.1. (Note: There is a playlist on APA PsycTherapy featuring the videos cited in this table.) These videos have been recommended because of their therapy content: the client's presenting issue sometimes involves emotional expression, and sometimes it does not.
3. While watching the videos, the students should focus on putting themselves in the place of the therapist. Ask them to imagine they are sitting across from that client.
4. Instruct the students to listen closely to the client and adopt as much as possible the sense of presence they might have in the room with the client, noting how their posture and facial expression might be if they were actually facing this client during this therapeutic moment.
5. Direct the students to pause the video after every client verbalization. This is simple enough to do by keeping half an eye on the highlighting visible on the transcript: the highlighting tracks what words are currently being spoken in the video. Right before the highlighting reaches the therapist's spoken words, the students should pause the video.
6. Without looking at what the therapist's response to the client is, students should say (out loud or to themselves) what they would say to the client at that moment. The students should take their time

with this, really imagining what the most therapeutically empathic response might be. (Sometimes a response is nonverbal.)

7. Ask the students to close their eyes at that point and really put themselves in the room and sit with how they have just responded to the client. Direct them to imagine and actually envision how the client would respond to their empathy.

8. The students should mark the video time code of each such response and make notes of what they experienced and what they imagined might take place had they been in the room and working with that client.

9. Students should then continue playing the video and repeat this for 10 to 20 minutes of the session.

10. The students may or may not take note of what the therapist in the video demonstration is doing. One way to do this exercise is to ignore the therapist's responses. Another way is for the students to imagine their own empathic responses and then compare them with those of the therapist.

This can be a powerful exercise for students. Even when the therapy demonstration does not feature a particularly emotional presenting problem, the act of being empathic with anyone—that is, listening to a client with the client's needs at the forefront of the therapist's mind—is a powerful act. One nice aspect of this exercise is that it can be done in private and also as a group (as long as students are making their responses to themselves and not aloud). A group following this exercise has the advantage of being able to discuss what they experience immediately while the emotional piece is still fresh. Doing this exercise in a class setting also allows the instructor to carefully choose when to stop the video and what parts of the session to focus on.

Use the discussion questions in class or to spark student writing. In the latter case, instruct the students to write out their answers to these questions after they have gone through the exercise.

Discussion Questions

1. What thoughts, feelings, and sensations did you have as you listened to the client?
2. How would you characterize your imagined responses to the client?
3. How difficult was it to put aside analytical thoughts and simply listen empathically?
4. How do you imagine the client responding to your presence had you been there?

Suggested Reading

Angus, L., & Kagan, F. (2007). Empathic relational bonds and personal agency in psychotherapy: Implications for psychotherapy supervision, practice, and research. [Special Section: Psychotherapy Training: Effective Elements and New Directions.] *Psychotherapy: Theory, Research, Practice, Training, 44*(4), 371–377. doi: 10.1037/0033-3204.44.4.371

Elliott, R., Bohart, A. C., Watson, J. C., & Greenberg, L. S. (2011). Empathy. *Psychotherapy, 48*(1), 43–49. doi: 10.1037/a0022187

Hatcher, S. L., Favorite, T. K., Hardy, E. A., Goode, R. L., DeShetler, L. A., & Thomas, R. M. (2005). An analogue study of therapist empathic process: Working with difference. *Psychotherapy: Theory, Research, Practice, Training, 42*(2), 198–210. doi: 10.1037/0033-3204.42.2.198

Kim, E., & Kim, C. (2013). Comparative effects of empathic verbal responses: Reflection versus validation. *Journal of Counseling Psychology, 60*(3), 439–444. doi: 10.1037/a0032786

Pedersen, P. B., Crethar, H. C., & Carlson, J. (2008). Traditional and nontraditional perspectives on empathy, help-seeking, and healthy outcomes. In P. B. Pedersen, H. C. Crethar, & J. Carlson (Eds.), *Inclusive cultural empathy: Making relationships central in counseling and psychotherapy* (1st ed.) (pp. 7–21). Washington, DC: American Psychological Association. doi: 10.1037/11707-001

Table 13.1 Suggested Videos for the Empathy Training Exercise

Video Title; Therapist	Unique Identifying Number
Alleviating Fear of Failure and Perfectionism; Pamela A. Hays	777700468-001
Time-Limited Dynamic Psychotherapy, Client 2; Hanna Levenson	777700414-001
Accelerated Experiential Dynamic Psychotherapy With a Client With Anxiety; Diana Fosha	777700156-001
Experiential Context in Psychotherapy; Kirk J. Schneider	777700375-001
Working With Attachment Behavior in Affect-Focused Dynamic Therapy; Leigh McCullough	777700410-001
Grief Work With Acceptance and Commitment Therapy; Steven C. Hayes	777700245-001
Feminist Therapy for Father Absence; Laura S. Brown	777700076-001
Psychodynamic Psychotherapy Session With a Gay Female African American Adult; Ritch C. Savin-Williams	777700223-001
Deepening Psychotherapy for a Father With Family Stress; Frederic E. Rabinowitz	777700457-001

Chapter 14

Uses in Researcher Training

Psychotherapy research typically focuses on two areas, psychotherapy process (i.e., the change process) and psychotherapy outcome (i.e., efficacy). Psychotherapy process research usually involves behavioral coding of psychotherapy sessions (tagging and labeling time-delimited segments of a recording of therapy), and there are several different systems for doing this. Other forms of research might include narrative analysis or types of content analysis. APA PsycTherapy can be used to help train researchers in any of these methods because it provides unedited, spontaneous interactions between therapists and volunteer participants in the place of clients. In addition, the sessions are transcribed, making gathering data that much simpler.

This exercise can be used in research methodologies courses and to train students at the outset of participation in faculty-led research groups.

Exercise

1. Students will first need to be grounded in the type of research methodology they will be using.
2. Because this may be the first time the students will be doing this, assign only one video to start with, ensuring it is a video that you have watched and from which you have gathered data (done behavioral coding, qualitative coding, observational data, etc.), so you can create a key against which to measure student progress.
3. Once the students are familiar with the method, assign them the APA PsycTherapy video to use for the exercise.
4. Students should gather their data, notating and coding as you have directed.
5. Students could do this in several ways:
   a. *Using Video Player Times:* Students can note the beginning and ending times in the video player to show the location of the meaning units or other information that they are recording.
   b. *Using Clips:* Students can use the clip-making function to create short clips of the meaning units or pertinent portions of the video. Direct students to the clip-making and playlist features in APA PsycTherapy as the tools they should use for this assignment. Let them know that as they create the clips, they should put them into an appropriately named playlist ("Abdulai Johnson Research Playlist" or whatever naming convention you assign). Direct them to make their playlists viewable to you.
   c. *Annotating Transcripts:* A third way to code the therapy session is to copy the transcript of the session and paste it into a word processing document and annotate the document. Open the transcript page using the "Transcript" tab (right below the title of the video, above the video

player). Copy and paste into a word processing document. Use editorial tracking or annotation features to mark up the transcript according to whatever system you are using to train the students.

6. Evaluate the student work against the key you have created.

Shorter Exercise

You can create a shorter version of this exercise by using a shorter video:

1. First, identify a video segment that you judge rich in therapeutic content, and mark the beginning time and end time of the segment. The clip length is up to you, but make sure it is long enough to contain enough content upon which to gather data.
2. Create a clip using the clip-making feature of APA PsycTherapy and save it to a playlist (a one-clip playlist is acceptable) or simply save the clip (use a title such as "Process Research Exercise Clip"). Be sure you set the "Share setting" option as "Institution" (See Figure 14.1).
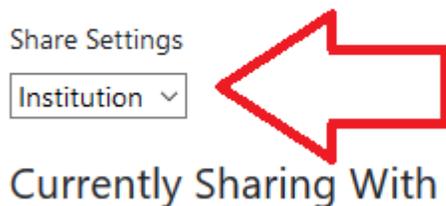
Figure 14.1. Choose "Institution" when setting permission for who can see the clip.

3. Go through the clip yourself and annotate it according to whatever research method you will be asking the students to use. This will be your key so that you can evaluate the student's work.
4. Give your students a link to the playlist to find the video assignment, or if you have saved it as a clip, give them a link to the video, the title of the clip, and tell them to look for it directly below the video player screen.

5. Follow steps 3 through 6 from the exercise above.

If your students are just beginning to learn psychotherapy process research methodology, the steps above will make for a good introductory exercise. Below are some general discussion questions for the class after the students have completed this exercise.

What if your students already know the basics of the research methodology you are training them in and just need more practice? If this is the case, simply assign them videos in APA PsycTherapy as fodder for their

research. As a gauge for how much you should assign, remember that five videos will provide nearly 4 hours of material.

Discussion Questions

1. What was your experience of breaking down a psychotherapy session and labeling various moments according to what was going on?
2. How did the experience of gathering these data and coding them change your view of psychotherapy, if at all?
3. Were there any surprises or revelations you had as you did your work in coding?
4. What were some of the more difficult aspects of this assignment?

Suggested Reading

Gazzola, N., & Stalikas, A. (2004). Therapist interpretations and client processes in three therapeutic modalities: Implications for psychotherapy integration. *Journal of Psychotherapy Integration, 14*(4), 397–418. http://dx.doi.org/10.1037/1053-0479.14.4.397

Heatherington, L. (1989). Toward more meaningful clinical research: Taking context into account in coding psychotherapy interaction. *Psychotherapy: Theory, Research, Practice, Training, 26*(4), 436–447. http://dx.doi.org/10.1037/h0085462

Thomas, K. M., Hopwood, C. J., Woody, E., Ethier, N., & Sadler, P. (2014). Momentary assessment of interpersonal process in psychotherapy. *Journal of Counseling Psychology, 61*(1), 1–14. http://dx.doi.org/10.1037/a0034277

Part III

Pedagogical Methods

Chapter 15

Video Discussion Options

There are many ways video can be used that go beyond passive viewing in the classroom. Similarly, the format for conducting a discussion about the videos can range from the traditional instructor–class dynamic to small student-led groups to student dyads. We discuss two ways of showing videos—in class and in flipped classroom assignments—and three formats for discussing videos, including general class discussion, discussion groups, and two-person video discussion teams.

Showing the Video

Whether the video is viewed in class, as homework before class, or in a flipped classroom approach, student discussion may be organized in whatever manner suits your objectives or is feasible for your class size. We touch on the possible discussion formats as we discuss ways of viewing videos, then go over the discussion formats in more detail afterward.

Watching Videos in Class

In some classes and training settings, watching a video during class time makes the most sense. It is the one way you can be sure the entire class watches the video, and in a large class setting, it allows you to be sure they are paying attention to the parts of the video that you want them to see. Here are just a few basic pointers:

- Choose the video carefully and review it: Make sure it covers the presenting issue or approach you want to show your students in a manner that meets your expectations.
- Always be sure that you have previewed the video so you can anticipate any questions the students may have or any points in the video that you may wish to highlight.
- Arrive at the classroom ahead of the start time to make sure the equipment and Internet connection work.
- Introduce the video to the students, clearly stating why you are showing the video, the goal of viewing it, and anything you want them to watch for (e.g., "About 12 minutes in, observe how the therapist redirects the client away from recounting the details of her week toward more therapeutically rich content").
- Do not be afraid to stop the video to take questions or highlight a key moment.

- Watch along. React with your students. Watching video is a unique experience in that you share something as a group, in real time, and the group emotional reaction to what you are viewing is as significant a response as an analytical statement about what is occurring in the video.

Watching Videos as Homework or as Part of a Flipped Classroom Assignment

Asking students to view videos outside of the classroom is an effective way to use class time for what it is intended: As a chance for students to interact with each other and their instructor. Videos have long been assigned as homework because it often would require too much class time (even multiple classes) to watch a longer documentary or educational video in class. Class time is often better spent in other ways.

A newer method of teaching is commonly known as flipping the classroom. A flipped classroom situation is one in which material that might otherwise be covered in class is completed by students before class, and class time is used for activities previously assigned as homework: completing workbook assignments, writing responses to videos they have watched, conducting experiments, and solving problems. This format allows students to ask their instructors questions as they are wrestling to understand a topic, rather than the situation found in a traditional classroom, in which class time is devoted to lectures, and students do homework outside of class, hand it into the professor or a graduate assistant, and do not receive a response until sometime later.

Here is a suggested way of using APA PsycTherapy in a flipped classroom:

1. Use APA PsycTherapy's search capabilities to find potential videos for your students to watch. You can narrow your search by carefully choosing index terms and keywords that are specific to the material you want your students to learn. For instance, searching for "Cognitive Behavioral Therapy" will bring a lot of results. But if you put "Addiction" into the list of terms, your results list will be shorter and more defined.
2. Carefully choose a video, or a series of video clips, and review them prior to the week you wish to give this assignment to your students.
3. Be sure the video you have chosen fits your goals for the class. Does it focus on what you want to present to the students, or do you need to shorten the video to a briefer clip? If this is the case, review the clip-making and playlist-making instructions (Chapters 4 and 5) and make shorter clips. Keep in mind that shorter videos are easier for students to digest, so even if you are having the students watch an entire session, you might consider breaking it up into five 9-minute clips, with interesting titles for each and some annotated descriptions of what is contained in each clip. This will help give your students a guide through the session, too, and will allow you to point out things to watch for in specific parts of the therapy demonstration. Save these clips to a playlist for your class.
4. Have your students watch the video or clips before you meet.

5. For class, plan to have specific activities centering around the video they have watched. These could include a discussion, asking the students to write a quick response that they share with one another, or having them act out scenarios based on what they have seen, with one student acting as therapist and the other as the client. Some of the exercises in this book might provide you with ideas for this part of the class planning.

6. Whatever activity you have planned, be sure to create it in such a way as to allow for interaction among students and with you, the instructor, to take advantage of everything flipping the classroom has to offer. You might consider breaking the class up into smaller groups or dyads to increase the level of interaction.

Discussing the Video

Classroom discussion can take a number of forms, and in this chapter, we focus on two: Small group discussion and dyadic discussion teams. Teacher-facilitated discussion is the most common format, with the professor taking the lead, asking questions, eliciting answers, and commenting on student responses, and is a commonly understood form of teaching. *Small group discussion,* in which students break up into smaller groups, is an effective format for larger class groups because students sometimes feel more comfortable speaking before smaller groups of people, and the format allows for students to take the lead in facilitating. *Dyadic discussion teams* allow students to pair off to discuss and respond to one another's thoughts and ideas; it is an approach that allows for a feeling of greater openness for some students than might be achieved in small groups.

In this section, we focus only on the small group discussion process and the dyadic discussion process, with a suggested method for each. We have included discussion questions that may be used in any of the forms of discussion.

Small Group Discussion

Small discussion groups are commonly used to break up larger classes. They require you to step back from center stage and allow the students to work out their own group dynamic. If you already have a small class, you could use this method for the class itself, but you need to be sure you give your class space to conduct the discussion without a lot of interference from you.

1. As always, the students should be at least somewhat familiar with the therapy approach or how to work with clients with the presenting issue they are about to see demonstrated in video.

2. Assign a video from APA PsycTherapy for the students to watch. It could be a full demonstration that they watch during the class, a shorter clip or clips that you create ahead of time for the students to watch, or a full session or clips you assign to be watched before class. In this case, the students can watch the videos on their own, which has it advantage in that they will not be reacting to their classmates' reactions to the therapy session.

3. Break the class into groups and ask each group to decide on a member to act as group facilitator to lead and moderate the discussion. Give the facilitator the following directions:
   a. Ask the group members to introduce themselves by name with one fact about themselves (an icebreaker).
   b. Go through the discussion questions one by one.
   c. Allow each group member who wants to speak a turn to speak. Do not be afraid to ask other group members not to interrupt if you think there is one person dominating the discussion.
   d. If there are any group members not participating, ask them specifically if they have anything to add. Allow them time to think before responding.
   e. Ask for clarification if someone says something you don't understand. Allow other group members to do the same. If you have something to share based on what someone just said, please do so.
   f. If a group member is being disrespectful, call attention to it and ask the person to stop.
   g. Don't allow someone who is dominating the conversation to keep doing so. Do this with good humor (e.g., "We've heard what Tim thinks—Sue, Yolanda, anyone else, do you want to share something?").
   h. Encourage everyone to respect alternative points of view—do not allow other students to shoot down ideas.
   i. Try to keep everyone focused without steering them too much.

4. Ask the facilitator to assign one person in the group to take notes during the discussion.

5. Ask the groups to answer and discuss all the discussion questions below. Encourage all to be honest and thoughtful in their responses, participate fully, and listen to the facilitator.

6. After the group discussion, take a few minutes to check in to see how it went. Then ask the students to send their group's facilitator their thoughts on the group discussion, answering the following questions:
   i. What did they learn during the process?
   ii. Was there anything that surprised them about their fellow group members, or about themselves, as they went through this process?
   iii. What were some of the things they learned about the therapy itself through this process that they think they might have missed had they worked alone in their evaluation of the video?

7. Facilitators and note takers should provide you with a summary of the group discussion by the following class. They can seek help from other group members on this. (Ask them to review their summary.)

Group discussions help students in several ways: they encourage leadership skills on the part of the facilitator, strengthen students' confidence in sharing their opinions about psychotherapy, and help train all of them in group discussion of psychotherapy, a useful tool throughout their training. In addition, the evaluation questions will help students learn to evaluate clinical work, a key to their future under supervision, and eventually will help them as supervisors.

Dyadic Discussion Team

Here is one possible method for a dyadic team to use. This method is useful in training students to evaluate how therapy went, a skill they learn by observing others; students can also use this method to reflect on their own work when they begin to do therapy. Note that this is less a real-time discussion than a series of written responses that the dyadic partners share with one another.

1. As always, the students should be at least somewhat familiar with the therapy approach or topic being demonstrated in the video.
2. Ask the students to pair up, or assign students to pairs.
3. Assign a video from APA PsycTherapy for the students to watch either in class or on their own. It could be a full demonstration or a shorter clip or series of clips. There is no need for the dyadic teams to watch the video together, and there could be some benefit to the students watching it on their own—that is, they will not be reacting to the reactions of their classmate.
4. After the students have watched the video, each member of the dyad writes responses to the video using the general discussion questions. This could be done before class if the students have watched the video as homework or after class if the video was viewed during class time.
5. The next stage involves a series of responses made by each partner in the dyad to the other partner's writing. These should be shared via e-mail to expedite the process so that these steps can be done between class sessions.
6. The dyad participants share their written answers to the discussion questions with their partners. Each reads the other partner's answers and writes a response to those answers.
7. The partners then share their responses, again by e-mail.
8. After reading the responses, they each write a response to the response, and share it in turn.
9. At the next class meeting, the dyads meet and discuss their experience with one another, returning to the discussion questions and talking in greater detail about their reaction to the therapy session, their previous answers to the discussion questions, and their responses to the answers and to each other's responses.

The end result of this exercise will be a greater appreciation of the process of evaluation. Just as the partners were evaluating the therapy they each watched, they were also evaluating each other's evaluation of the therapy, and their evaluation of the evaluation. This iterative process should draw out a deeper evaluation of the original therapy session once they discuss their answer/response/response items.

After the dyadic teams discuss among themselves, you should ask the class as a whole what their thoughts were on the experience.

- What did they learn during the process?
- Was there anything that surprised them about their partners, or about themselves, as they went through this process?
- What were some of the things they learned about the therapy itself through this process that they think they might have missed had they worked alone in their evaluation of the video?

We close the chapter with some general discussion questions, which as mentioned, may be used in all discussion formats. You should feel free to add your own questions or rewrite these to suit the goals of your class discussion.

Discussion Questions

1. How did the therapy session go? What were your general impressions of its quality and the outcome of the session?
2. Did you have any expectations of what the therapy would be like before you watched? How did the work shown meet your expectations? How did it differ, if at all, from what you expected?
3. What did you feel about how effective the therapy was? What are the approach's strengths and weaknesses, based on what you saw in this session?
4. Were there any ways the session was not typical of this therapeutic orientation? How did it match what is typically done in this type of therapy?
5. What do you think makes this type of therapy distinct, based on what you saw?
6. How structured was the session? How focused on the past was it?
7. What were your impressions of the client? Did he or she seem to benefit from the session—did you notice any change within the session?
8. What were the client's core issues? How did the therapist address them?
9. What, if anything, did the therapist do that you did not expect?

Chapter 16

Reimagining the Session

Reimagining the session is an exciting exercise for psychotherapy students because it is often the first-time students feel they are in the role of the therapist—even if it is only in their imagination. Role playing, whether done between student and teacher, student and student, or within the mind of the student alone, can be a powerful training tool, one that allows the student to feel more and more comfortable in the role of therapist. Repeatedly imagining themselves in therapy with a patient, playing out various scenarios within the safety of role play, can increase confidence, expand a student's knowledge of therapy, improve the student's sense of timing and personal presence, and increase the student's empathic depth.

Pausing to Engage: Video as Stimulus to Imagining Therapy

This exercise is intended to put students into the role of the therapist. The exercise could be used early in the course of learning about a type of therapy, as a sort of active lesson in its application, but it is probably best saved until after the students have a firm grasp of theory and practice in the type of psychotherapy you are teaching.

1. Once the students have read about the approach and its theory and application, have them watch a video demonstration of the approach as homework.
2. In class, ask the students how they liked the therapy. How effective was it? What was their impression of the therapist? Of the patient?
3. Let the students know that they will now be imagining themselves in the role of the therapist with this client.
4. Cue up the therapy demonstration on screen in the class. Ask the students to have a blank page and a pen in hand as they watch, but tell them to pay attention to the session.
5. Watch until a point in the session at which the client says something with rich therapeutic content. This is a judgment call on your part.
   a. An alternative to deciding yourself where to stop the session is to ask the students to provide a few clips as part of their homework.
   b. The clips should highlight what the students judge to be the most interesting parts of the therapy session.
   c. Review these clips ahead as guidelines for where to stop the video.
6. Pause the video after the client has spoken and ask the students to try to put themselves in the place of the therapist and imagine how they would respond to the client.
7. Ask the students to write down their response, with notation on their own affect, the tone of their voice, and any silences.

8. Continue to the next therapeutically rich moment. Pause again and repeat.
9. Repeat two to three times.
10. Once you have completed this exercise, break the class into groups of three people. Ask each group to take turns in the following roles:
    a. Therapist
    b. Patient
    c. Observer
11. The patient in each group should act in the role of the client in the video the students have just watched. The student acting as the patient should try as much as possible to emulate the client's affect and to use the content of the session.
12. The students acting as therapist in each group should play themselves as they imagine they would have handled the patient. They should not try to emulate the therapist, although if there is something that the therapist did that they thought effective or useful, they should not be afraid to repeat it.
13. The role play interaction should be no longer than 5 to 10 minutes.
14. The students serving as observer should take notes of the interaction. They should pay particular attention to how the therapist in the group behaves and note any instances in which the therapist seems to be repeating something the therapist in the video did, as well as instances in which a marked difference is observed.
15. Once they are done with the role play, the students in each group should change roles, with someone else now acting as therapist, another acting as patient, and the third student acting as observer.
16. Repeat steps 11 through 14.
17. Again, shift roles so that everyone has a chance to play each role in the group.
18. After all have had a chance in each role, the groups should choose one person as note taker of the final discussion.
19. Within each group, group members should share their notes about the respective therapist they observed, and each group should discuss the observations, particularly any common differences in behavior with the therapist in the video that had been viewed.
20. Finally, the note taker in each group should report on the final discussion observations: What in the role plays were the most interesting differences with the therapist in the video? What were the most interesting similarities?
21. You might choose to continue the discussion using the suggested discussion questions.

Writing the Session: Completing the Transcript

Here is another exercise that will get your students to reimagine the session, this time putting them into the role of both the therapist and the client at the same time. This exercise should be done after the students have learned about the approach you are teaching and have had a chance to watch at least several therapy sessions in the approach. In other words, it is important that they not only be grounded in the theoretical knowledge and cognitive understanding of how it is applied, but also have a sense of the rhythms and feeling of how it is used in real time.

This is primarily a writing assignment and does not require the students to watch any further videos than what they have already seen in the process of learning about the approach. Because it is a writing exercise, students should complete it on their own.

1. This exercise should be used after the students are fully grounded in the approach you are teaching—that is, after they have read about the approach and its theory and application and have watched video demonstrations of the approach.
2. Choose a video in APA PsycTherapy that demonstrates the approach you are teaching.
3. Cut and paste the first section of the transcript (perhaps the first 5 minutes) and put it into a separate document. Make sure you have selected enough of the session transcript to give an idea of the client presenting problem and affect. If you want to edit it to leave out the opening dialogue so that it gets right to the meat of the session, please feel free to do so.
4. Be sure that you end the excerpt before there is any indication of what the therapist is going to do. If you like, choose a portion of the session further into the session, one that ends right where the client has said something especially noteworthy about what he or she is experiencing.
5. Give the students this transcript excerpt in class or through whatever means you communicate with them (learning management system, e-mail). Along with it, give them the following instructions:
   a. This is a portion of a therapy session: You are going to continue it.
   b. Read over the session excerpt. Imagine yourself as the therapist. Write down what you would say next.
   c. Carefully consider the tone and pacing of what you are saying: Imagine the room, the client in front of you. Imagine the look on the client's face as the client listens to what you are saying (or what you are not saying, if you have chosen to pause).
   d. Write what the client says in response to what you have said. Annotate with anything noteworthy about the client's affect or body language.
   e. Write what you say in response to the client.
   f. Continue, writing what the client says in response, and how you respond, how the client reacts in turn, and on. Continue for five to eight double-spaced pages.
   g. Be sure to pause before writing each response, allowing yourself time to imagine what you will do next, and how the client is responding.
6. Ask the students to submit the imagined transcript of their session to you before the following class.
7. Respond to the transcripts based on the realistic nature of what is presented.

a. Have the students imagine the "perfect client," or do you think the interactions seem genuine?
b. Do you think the interventions imagined by the student seem like they might be effective?
c. Perhaps most importantly, are the interventions described in keeping with the therapeutic approach the students are learning?
d. If the interventions diverge from the standard for the approach under study, does it seem like they diverged for good reason? In other words, was there a therapeutic reason for the divergence?
8. Give the students your responses to the transcripts and discuss in class, asking the students what their thoughts are about the exercise and the therapeutic approach. Some suggested general discussion questions are provided.

The exercise requires students to use their imagination to envision realistic responses by the patient. This is a useful skill because it allows the student to develop greater empathy, strategic thinking, and an awareness of how what a therapist says and does affects the patient. However, be sure to warn the students to be wary of the temptation to imagine the "perfect" patient. They should as much as possible try to imagine what a real patient would do in response to what is being said and done by the therapist during the therapy.

Discussion Questions

Reimaging a therapy session is a creative exercise good for helping therapy students synthesize everything they have learned about an approach. In many respects, it will help them in the process of making the therapy "their own," a process that continues as they get more and more practice, both in exercises like this and once they begin working in supervised therapy sessions.

The following questions will help the students along in this process of making the therapy their own. Use these for discussion after going through the exercise of reimagining the session, whether in the group role-play or in the transcript writing exercise. The questions also might be used as reflection questions that the students answer on their own in writing.

1. What did you like about the therapeutic approach?
2. What did you dislike about it? Alternately, what was difficult to imagine doing in therapy?
3. What was easy about the approach, or what came naturally?
4. What was more difficult to imagine: The therapist responses or those of the client?
5. Give me an example of when you differed from what fit within the therapeutic model. Why did you diverge, and what was the result?
6. How much of what you imagined doing as therapist was in response to the client?
7. How much of what you imagined doing as therapist was based on empirical evidence you know about?
8. What was an instance where you could have seen the session you imagined going in a different direction? How might that different direction have been more or less helpful to the client?