

Shifting the Culture of Counseling Skills Courses: Alleviating Pervasive Anxiety through Experiential Approaches

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Counseling skills courses serve as a foundation upon which counselors-in-training (CITs) build their professional skills and identity. However, basic skills courses also often ignite pervasive anxiety in CITs, which can hinder skill development. The present manuscript presents experiential tools to use in counseling skills courses to effectively combat CIT anxiety: setting the groundwork with clear expectations of CIT performance, anxiety-reducing activities, and facilitating experiential role play activities. An accompanying figure and sample class schedule demonstrate a conceptual framework for intentionally infusing each of these three components into counseling skills courses to reduce pervasive anxiety in CITs.

Keywords: counseling skills, counselor education, pervasive anxiety, experiential, mindfulness

Basic counseling skills, or techniques of counseling, courses represent a fundamental aspect of counselor trainee programs (Farley, 2017). The 2016 Council for the Accreditation of Counseling and Related Programs (CACREP) Standards outline a number of requirements for accredited counselor trainee programs relating to the

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instruction of counseling skills, including “essential interviewing, counseling, and case conceptualization skills”, “counselor characteristics and behaviors that influence the counseling process”, and “ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships” (p. 11-12). These CACREP requirements are also directly related to the counseling skills typically covered in basic skills courses such as active listening, rapport-building, encouraging client disclosures, and setting the stage to integrate other techniques based on client needs (e.g., paraphrasing, reflecting, summarizing, confrontation, and counselor characteristics and nonverbal behaviors that influence the helping relationship) (CACREP, 2016; Farley, 2017). The material covered in counseling skills courses is considered “building blocks” in “learning the art of helping” (Young, 2017), and serve as a foundation upon which trainees learn how to navigate their individual learning styles in their counseling programs (Adams, Vazquez, & Pringler, 2015). Thus, counseling skills courses play a critical role in the training, development, and gatekeeping of counselors-in-training (CITs) in the counseling profession.

According to Farley (2017), the basic counseling skills course is the foundation of CITs’ clinical training. It is not uncommon for CITs to express anxiety in “getting it right” or becoming fearful of being ejected from their counselor training program due to a failure to demonstrate competency in utilizing the basic counseling skills (Gockel et al., 2013). Adding to the anxiety of these courses, a counseling skills course is often the first course of their training in which CITs are practicing counseling skills, being critically evaluated and observed by others, and being given constructive feedback (Farley, 2017). Skill practice in these courses typically occurs in the form of counseling role-plays with instructors and fellow trainees in which one person acts as a client, one person acts as a helper, and another acts as an observer who gives feedback (Daniels & Larson, 2001). Further, the course may provoke anxiety within CITs because it defies students’ natural helping tendencies and may oppose what CITs already know and utilize when talking to and helping significant others (e.g., self-disclosing and giving advice) (Adams et al., 2015). Consequently, the anxiety surrounding the evaluative and gatekeeping nature of the course, coupled with a stark realization that their natural helping skills may

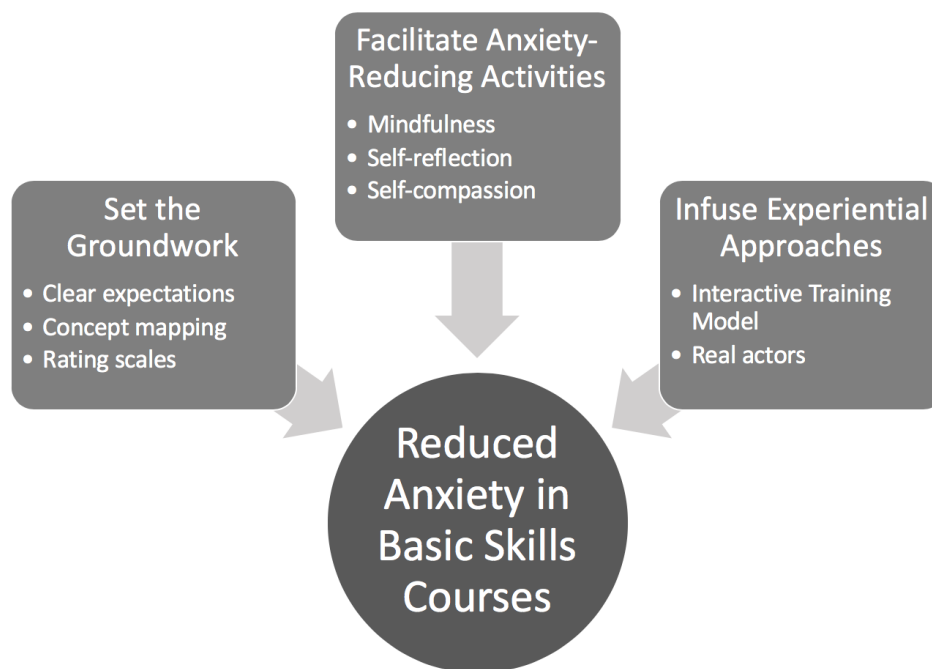
not be useful to their professional career, can prevent trainees from being present-focused and attending to the client and their experience (Farley, 2017). In sum, the CIT is anxiously intellectualizing the process as opposed to allowing themselves to be actively involved in their role as a counselor, which ultimately hinders the helping relationships they are enacting.

CIT anxiety over learning counseling skills can ultimately have negative impacts on their skill development and attainment as well as their overall sense of self-efficacy during the beginning formations of their counselor identity development. Prikhidko and Swank (2018) define “pervasive anxiety” (p. 207) as an emotional experience for CITs that can lead to maladaptive outcomes such as burnout, further professional impairment, and the inability to follow ethical principles. While small amounts of anxiety can be helpful for CITs, pervasive anxiety is identified as “one of the most severe stressors” for CITs (Prikhidko and Swank, 2018, p. 207). Moreover, research has shown that counselors who exhibit high levels of pervasive anxiety are found to be less competent and effective with their clients (Bandura, 1956; Kelly, Hally, & Miller, 1989). Despite awareness of the anxiety caused by the basic skills course and subsequent difficulties that CITs face, counselor preparation programs neglect opportunities to mitigate the existing pervasive anxieties and transform this fundamental course into a calmer and more composed space (Campbell & Christopher, 2012). Moreover, programs generally shy away from more creative, experiential activities in basic skills courses that have the potential to shake up the mundane, anxiety-provoking nature of the course (Bayne & Jangha, 2016; Grant, 2006; Paldino et al, 2011). According to Grant (2006), training CITs to navigate the “emotional roller coaster” of both the client’s feelings and their own feelings while attempting to apply the skills they have learned is a “multifaceted educational task” which requires instructors to move beyond the didactic model to include more experiential and reflexive activities (p. 218-219). While the CACREP Standards (2016) do not require course innovation, it is strongly encouraged in order to effectively prepare CITs for their careers.

Such a critical course in counselor trainee development has the potential to benefit greatly from an intentional and responsive framework aimed at meeting the

developmental and emotional needs of CITs. The authors sought to integrate existing classroom approaches and activities into a conceptual framework for alleviating pervasive anxiety in CITs and taking skill development to the next level. This robust framework aligns with accreditation standards asserted by CACREP (2016), responds to the anxiety-provoking nature of learning counseling techniques, and enhances course facilitation to be more engaging and efficacious, allowing for CIT skill development. Approaches and activities include: (a) setting the groundwork with clear expectations by way of concept mapping and clear, appropriate feedback, (b) facilitating anxiety-reducing activities through the implementation of mindfulness-based stress-reduction training and bolstering self-compassion, and (c) applying experiential activities such as the Interactive Training Model (ITM) and using real actors in role playing. The accompanying figure builds on existing literature to provide a conceptual framework for integrating these three components. It is the intentional infusion of these components that promote anxiety reduction of CITs in counseling skills courses (See Figure 1).

Figure 1. Promoting pervasive anxiety reduction of CITs in counseling skills courses.



Setting the Groundwork

Setting clear expectations at the beginning of a counseling skills course is crucial for helping CITs to understand the structure of the course and ideally relieve anxiety (Adams et al., 2015; Daniels & Larson, 2001; Jones, 2018). Counselor educators must consider the importance of setting the groundwork by providing CITs a clear understanding of the entire skills course when constructing the syllabus, which relieves certain levels of anxiety by reducing uncertainty (Brown, 1995; Jones, 2018; Sabbah, 2018). Providing clear, verbal and written instruction related to the makeup and expectations of the course can work to clarify expectations and helps to alleviate anxiety, which supports CITs' growth (Urbani et al., 2002). In addition to clear instruction, utilizing specific interventions throughout the course, such as concept mapping and giving thorough feedback, may also help to assuage CITs' anxiety. Structuring the course in this manner allows the instructor to work collaboratively with CIT's and focus on skill-building practice, instead of dealing with pervasive anxiety concerns (Adams et al., 2015; Hill, 2005). Appendix A demonstrates how setting the groundwork, concept mapping, and structured feedback can be implemented throughout a counseling skills course.

Concept Mapping

To assist CITs in achieving success in the skills classroom by reducing anxiety, basic skills course instructors can consider offering *concept mapping* as a method for creating a structured, designed, and interactive teaching and learning environment (Adams et al., 2015; Akinsanya & Williams, 2004). Concept mapping is a graphic visual tool used to organize ideas and concepts into a structure for greater understanding and support (Adams et al., 2015; Hill, 2005; Novak & Gowin, 1984). This device offers CITs the necessary conditions for learning through creative and structured means, which may help reduce pervasive anxiety by strengthening CITs' understanding of concepts introduced in the skills course. In addition, concept mapping helps connect the basic

counseling skills with theoretical orientation and interventions utilized during counseling sessions (Adams et al., 2015).

Adams, Vasquez, & Prengler (2015) offer a concept mapping formula to use with CITs learning basic skills to use when practicing their skills. The formula suggested is as follows: “Cognition (C) plus feelings (F) equals meaning (M), which leads to awareness (A), which promotes insights (I), which facilitates change (C)” (Adams et al., 2015, p. 118). Basic skills instructors can integrate this proposed cognitive mapping formula as a means to help reduce CITs’ anxiety by providing them with a clear visual and structured format for a counseling session when engaging in classroom learning activities, such as role-plays or small group practice (Adams et al., 2015). For example, CITs can follow this formula during classroom role-plays, or practice by reflecting and exploring the client’s thoughts and feelings to determine meaning in the client’s life. If a CIT becomes nervous or stuck during the role-play, they can return to the concept map as a reference point to uncover potential blocks and move forward in the counseling process. Utilizing a structured format like this provides CITs with additional support in their learning, which can further help to reduce levels of anxiety by guiding the plan for class sessions and help retain skills for future clinical work (Adams et al., 2015; Hill, 2005). Essentially, concept mapping helps CITs to make sense of the utility of counseling skills in relation to other areas of their learning and the entire therapeutic process. In addition to providing CITs with concept mapping, providing positive and constructive feedback through practical means may also help to alleviate unwarranted anxiety during a basic skills course.

Giving Thorough Feedback

Receiving feedback is essential for CITs’ growth and development as future counselors (Cicco, 2011), and is a particularly important concept for instructors of basic counseling skills courses to consider when noting that certain types of feedback are helpful in alleviating anxiety (Daniels & Larson, 2001). Feedback may actually produce anxiety when CITs perceive comments as negative or as a personal attack (Bing-You & Trowbridge, 2009; Swank & McCarthy, 2013). Therefore, in a course where CITs tend to

experience high levels of anxiety, it is important for instructors to recognize the importance of delivering feedback in a positive manner and from a strengths-based approach (Hulse & Robert, 2014). CITs who receive positive feedback from instructors regarding their performance show lower levels of anxiety, while students who receive negative feedback appear to have higher levels of anxiety (Larson, 1998). For example, limiting constructive feedback to one or two items while sharing multiple positive items, so as to not overwhelm the CIT with too much negative feedback, can help to reduce pervasive anxiety. Further, effective feedback should be timely in nature (Larson & Daniels, 1998; Swank & McCarthy, 2013). As can be seen in Appendix A, feedback should be given promptly after each experience in which CITs are demonstrating skills. The instructor may consider providing feedback to a student directly after a role-play or practice session and incorporate time to process the feedback. Thus, feedback given in a timely manner with a strengths-based may benefit CITs' skill development while simultaneously lowering stress-provoking emotions.

At the beginning of skills courses, counselor educators can establish with CITs a formal process for evaluating skills performance and delivering feedback to students. Rating scales, such as the Basic Counselor Response Rating Scale (BCRRS), can be a useful tool in assessing the development and progress of beginning counseling students (Bogner et al. , 2014), and provide a clear format for how CITs will be rated. When utilizing a rating scale such as the BCRRS, written and oral feedback should be consistent with the outcome of the score (Bogner et al., 2014). For example, the instructor may consider reviewing the BCRRS with CITs, before providing evaluative feedback, and ensure that any feedback given directly to the student aligns with scores noted on the BCRRS.

Another valid and formal approach to providing feedback is the Counselor Competencies Scale-Revised (CCS-R; Lambie & Swank, 2016), which allows instructors to rate CITs' counseling skills performance in addition to other professional competencies. With open and honest dialogue in a safe learning environment, this feedback can be utilized as a tool for learning, as well as to empower CITs by increasing self-efficacy to better manage feelings of anxiety (Adams et al., 2015). In addition to

intentional positive feedback, specific anxiety-reducing activities may also have a role in helping CITs manage anxiety within a counseling skills course.

Anxiety-Reducing Activities

In addition to negatively impacting CITs' skill development, pervasive anxiety can impair CITs' ability to manage personal concerns and practice self-care, thereby interfering with the development of their clinical skills, and decreasing their ability to present and effectively counsel (Gockel et al., 2013). Novice CITs report feelings of inadequacy, high levels of anxiety, lacked self-awareness, inflexible thinking, and difficulty being present (Gockel et al., 2013). It is proposed that CITs can learn anxiety-reduction skills through practices facilitated by instructors, while simultaneously creating an engaging experience for students. For example, incorporating mindfulness practices and self-compassion exercises into counseling skill courses has been shown to improve CIT performance anxiety, therapeutic presence, and professional quality of life (Beaumont et al., 2016; Gockel et al., 2013; Neff, 2003; Newsome et al., 2006). Further, incorporating these practices into counseling skills courses may assist students in being more aware of their thoughts and feelings in the moment, leading to more open conversation between CITs and instructors (Newsome et al., 2016).

Mindfulness & Mindfulness-Based Stress Reduction. Mindfulness is defined as, "the state of being aware, with acceptance, of thoughts, emotions, and sensations as they arise" (Campbell & Christopher, 2012, p. 215). The aim of a mindfulness practice is to be present and fully experience the moment (Newsome et al., 2006). Moreover, mindfulness training promotes a student's ability to manage distractions, listen actively, and help CITs understand a client's needs (Gockel et al., 2013). An additional benefit of mindfulness training is anxiety reduction through relaxation interventions such as deep breathing and meditation. Although this is not the direct goal of mindfulness practices, these exercises can help CITs integrate self-care into their professional development (Newsome et al., 2006). Moreover, instructors implementing mindfulness interventions

such as meditation, self-reflection, and self-compassion in the classroom can change the dynamic, degree of engagement, and clinical development of CITs (Campbell & Christopher, 2012).

One specific form of mindfulness, mindfulness-based stress reduction (MBSR), is known to improve individuals' ability to reduce anxiety, improve stress-related responses, and ultimately their present-moment awareness (Newsome et al., 2006). MBSR studies have found improvements in quality of life, health-related quality of life, sleep quality, immune functioning, and improvement in psychological distress and somatic symptoms (Newsome et al., 2006). MBSR interventions include laughter yoga to promote meditation, body scan awareness exercises, progressive muscle relaxation, and guided imageries. Within a counseling skills course, any of the aforementioned exercises can be facilitated by the instructor to ground CITs. This may be especially helpful before role-playing exercises, which can be particularly anxiety-provoking. Further, instructors incorporate mindfulness through homework assignments such as journaling and reflection, which encourage students to integrate mindfulness into their lifestyle outside of the classroom, while promoting professional well-being. Overall, the aim of mindfulness practices is to promote experiences through present-moment awareness, helping CITs to break away from the burden of anxiety while leaning into the present moment in utilizing skills with their clients (Newsome et al., 2006).

Self-Compassion. Another recommended practice for instructors to integrate in basic skills courses are self-compassion practices. Self-compassion has been associated with positive outcomes including improved coping with adversity, life satisfaction, emotional intelligence, social connectedness, mastery of goals, personal initiative, curiosity, happiness, optimism, and positive affect (Jazaieri et al., 2013). Neff (2003) defines self-compassion as: (a) Being kind and understanding toward oneself rather than being self-critical; (b) seeing one's fallibility as part of the larger human condition and experience rather than as isolating; and (c) holding one's painful thoughts and feelings in mindful awareness rather than avoiding them or over identifying with them (p. 2).

Oftentimes, CITs struggle with self-judgment that tends to interfere with trusting their own feelings, thoughts, impulses, actions, and worth (Barnard & Curry, 2011). According to Campbell & Christopher (2012), many CITs undergo personal changes that can disrupt their interpersonal relationships and their long-term professional quality of life, during and after a counseling program (Beaumont, Durkin, Hollins Martin, & Carson, 2016). Counselor educators have an opportunity to encourage CITs to contribute to their overall well-being through self-care practices, which can help CITs focus on developing their counseling skills during their time in a counselor training program.

The practice of self-compassion promotes mindfulness, compassion, empathy, flexibility, and self-kindness. Beaumont and colleagues (2016) assessed counseling students' level of compassion for themselves and others, and found that students who scored higher on self-compassion demonstrated an increase in compassion for others. Three specific self-compassion exercises that can be integrated into basic skills courses are "soles of the feet", "hand on heart", and "self-compassion breaks" (Neff, 2003a). "Soles of the feet" is a grounding exercise that can be used in class to anchor CITs and reduce their anxiety by bringing awareness to their bodily sensations. Instructing CITs to stand up with the soles of their feet planted on the floor, they are then guided to engage in movements that heighten sensations in their feet as they anchor themselves to the ground. For example, this might include rocking forward and backward a little, while paying attention to the sensations in the soles of their feet planted on the ground. "Hand on heart" is a simple grounding self-kindness exercise to improve self-judgment. This exercise engages the CIT to place their hand on their heart and use affirmations or bringing to mind a loved one to help ease their anxiety. Lastly, self-compassion breaks are helpful when CITs are highly stressed during role-play exercises (Neff, 2012). CITs are encouraged to disengage from the role-play and demonstrate some sort of compassion towards themselves by naming something they are doing well or validating or acknowledging something they are struggling with. These exercises can help ground CITs and cultivate self-acceptance, while decreasing their negative self-talk and easing their performance anxiety. Overall, mindfulness and self-compassion practices can help CITs learn long-term effective self-care to help combat burnout and compassion fatigue

(Campbell & Christopher, 2012), while improving their professional quality of life in basic counseling skills courses.

Infusing Experiential Activities

As a final recommendation, experiential activities should be used within counselor education programs to facilitate CIT engagement and improve CITs clinical counseling skills (Farley, 2017). Experiential activities that can be used to challenge CITs include various training models and advanced role-plays. Incorporating such experiential activities provides CITs with exposure to critical, clinical thinking and practice as a counselor (Dollarhide, Smith, & Lemberger, 2007). Tang et al. (2004) suggests that involvement in experiential activities will assist CITs in developing confidence and reducing anxiety through repeated practice. The authors of this paper propose that the use of the Interactive Training Model (ITM) and the utilization of real actors for role-play will assist instructors in developing engaging activities that will reduce CIT anxiety and improve mastery of clinical skills.

Interactive Training Model

The Interactive Training Model (ITM) is a full class role-play model, used to develop competent clinical skills and to address awareness skills in CITs (Paladino, Minton, & Kern, 2011). The ITM was specifically developed in response to CITs struggling to remain in a realistic state of mind in client roles, experiencing difficulty providing honest and accurate feedback to peers, and failing to develop competent counseling skills (Paladino et al., 2011). The ITM uses six different roles including the client, the counselor, two counselor advisors, the client advocate, and the audience. All roles except the client advocate are played by CITs within the class to maintain engagement (Paladino et al., 2011). The client brings forth a concern that may be explored within a simulated session. Sitting directly behind the client is the client advocate whose main focus is to give voice to the client's inner dialogue through the use

of sharing different thoughts, feelings, and needs that the client does not express. In the ITM, the counselor sits across from the client, and practices implementing a specific skill or set of skills when working with the client (Paladino et al., 2011). The counselor is allowed to converse with the counselor advisors, whom are there for needed support, but remain silent until called upon. The remaining students serve as audience members, working to take notes on skills, processing, presenting concerns, and any other useful information that may improve the simulated session (Paladino et al., 2011). The ITM is most beneficial when presented to CITs with the use of a visual diagram to assist in explaining the positioning and responsibilities of each role (see Paladino et al., 2011). While it is important that simulation sessions are plausible, instructors should refrain from having CITs speak to something highly personal in their own lives.

Paladino et al. (2011) completed a study using ITM to assess the efficacy of the model in reducing CIT anxiety. Beginning CITs made greater improvement in overall skill development and became more self-aware as they interacted in different roles in comparison to traditional, triadic client-counselor-observer role-plays (Paladino et al., 2011). Furthermore, CITs made gains in motivation and dependency autonomy, meaning that CITs were able to work more independently throughout the role-play experience. The researchers proposed that improvements made regarding CIT motivation enhanced “empathic understanding, conceptualization skills, and session direction skills” creating a heightened possibility of success within clinical work (Paladino et al., 2011, p. 201). Improved skill mastery and enhanced confidence in CITs indicate that ITM may be a useful model for reducing CIT pervasive anxiety in basic skills courses. Additionally, the format of the model allows CITs serving within the counselor role to have advocates that they may turn to for assistance when taking part in the role-play, which further assists in reducing anxiety (Paladino et al., 2011).

The authors suggest that the ITM be used in basic counseling skills courses to enhance CIT skill mastery and improve confidence in novice CITs. Incorporating one ITM role play into each class throughout the semester has the potential to assist CITs in learning new skills introduced weekly, as well as incorporating all the learned basic skills into a strong repertoire for future counseling experiences (See Appendix A). Adding to

the experiential nature of this approach, CITs within a counseling skills course can rotate holding each of the positions present within the ITM. Engaging in this practice allows CITs to improve competency in various areas and increases their overall clinical skills and flexibility (Paladino et al., 2011; Schmidt, 2014).

Using Real Actors in Role Play

Additional researchers (e.g. Dollarhide et al., 2007; Duys & Hedstrom, 2000; & Grant, 2006) have suggested experiential means of practicing basic skills through the use of advanced role-play. For example, Grant (2006) offered the idea of using actors or staff in role-play. With this approach, instructors may decide to either pay an actor to role-play a client for one hour per week or to collaborate with the drama/fine arts department of the university if financial resources are unavailable (Grant, 2006). According to Grant (2006), this method can assist CITs in addressing presenting concerns in a way that feels more consistent with actual clients. CITs can work with an actor throughout the semester, while remaining class members observe via video and provide feedback. Therefore, it is suggested that using real actors in role-play provides CITs with clinical practice and reduces anxiety when CITs begin working in practicum and internship. This approach proposes that by placing CITs in situations with complex client presentations, they will have the ability to review their internal and external responses, and discuss issues arising in session with fellow classmates after the case presentation. Furthermore, this model of advanced role-play tends to be beneficial for the CIT being evaluated, as well as the rest of the CITs in class, as they are provided with the opportunity to explore client case conceptualization (Grant, 2006).

Research suggests that using actors within role-play is more beneficial than standard role play for a variety of reasons including: greater complexity of client presenting issues, stronger case development, engagement of CITs in constructing client conceptualizations, and encouragement of further clinical thinking skills (Clarke, Binkley, & Andrews, 2017; Grant, 2006; Levitov, Fall, & Jennings, 1999). Additionally, practicing basic counseling skills with actors encourages CITs to be more authentic and

genuine, as an actor challenges CITs with a more complex presentation than students generating their own material (Grant, 2006). As a result, CITs will cultivate stronger therapeutic relationships when first meeting with real clients.

Adding to the discussion around role-play, the mindfulness-based techniques presented can also be used by CITs to enhance relationship building in role-play activities. As previously mentioned, mindfulness-based techniques assist CITs in becoming more present and attentive, which leads to a heightened focus on the client's main presenting issues. Therefore, CITs will be more likely to address the real concerns of the client, rather than becoming occupied with other miscellaneous details.

Additionally, the authors of this study believe that real actors could be used within the ITM to further heighten the experience of the CITs. Different actors could be utilized throughout the class to allow for practice and discussion among CITs, best preparing CITs for clinical work.

In sum, infusing experiential activities into counseling skills courses assists CITs in developing a repertoire of strong clinical skills through the use of repeated practice and discussion with fellow CITs. Integrating the ITM and advanced role-play into basic counseling skills courses will improve CIT engagement and prepare CITs for working with complex client presentations (Grant, 2006; Paladino et al., 2011). Successful implementation of these experiential activities will build the confidence of CITs, and reduce pervasive anxiety surrounding the use of newly acquired clinical skills (Clarke, Binkley, & Andrews, 2017; Grant, 2006; Paladino et al., 2011). The authors of this paper suggest that the ITM and advanced role-play may be used by instructors in various ways to further prepare CITs and assist them in developing competence surrounding basic skills.

Conclusion

Counseling skills courses serve as the foundation upon which CITs build their helping skills and professional counselor identity. While this course is often plagued by pervasive anxiety surrounding being closely observed and evaluated by peers and

instructors, as well as dilemmas surrounding how to mesh CITs' previously conceived helping skills with that of the new professional helping skills, there are a number of opportunities for navigating these dilemmas in order to make for a more efficacious and engaging course. First, it is recommended that instructors set the groundwork by ensuring that CITs understand the role of counseling skills. It is also recommended that instructors be intentional about working to alleviate the anxiety-provoking nature of the course through the use of mindfulness-based exercises to improve CITs' ability to be more present during practice sessions and self-compassionate during evaluative periods. Lastly, it is suggested that instructors employ more experiential activities such as utilizing the ITM role-play model and bringing in real actors to simulate a more realistic therapeutic experience. While this article serves as a conceptual framework from which to enhance the basic skills course, it could also serve as a starting point for future empirical research. Enhancing the counseling skills course by reducing pervasive anxiety and infusing experiential activities has the potential to signal a shift in how counselor educators teach counseling skills as well as a shift in the development of future counselors.

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Appendix A

Sample Class Schedule: Basic Counseling Skills

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|---|---|
| <p>Week 1: Setting the Groundwork</p> <ul style="list-style-type: none"> - Introductions and Syllabus review - Concept mapping of basic skills - Giving and Receiving Feedback | <ul style="list-style-type: none"> - ITM with actors and Feedback - Self-reflection journal: Revisiting course anxieties/concerns |
| <p>Week 2: The Therapeutic Relationship</p> <ul style="list-style-type: none"> - Mindfulness meditation (guided) - Videos of sample sessions - Discussion | <p>Week 9: Summarizing</p> <ul style="list-style-type: none"> - Laughter yoga - ITM with actors and Feedback - Revisit concept mapping |
| <p>Week 3: Invitational Skills and Cultural Considerations</p> <ul style="list-style-type: none"> - Self-reflection journal: Anxieties/concerns - Interactive Training Model (ITM) demonstration - Feedback demonstration | <p>Week 10: Summarizing</p> <ul style="list-style-type: none"> - Laughter yoga - ITM with actors and Feedback - Self-reflection journal: Managing mental noise |
| <p>Week 4: Paraphrasing</p> <ul style="list-style-type: none"> - Mindfulness meditation (guided) - ITM role play and Feedback - Revisit concept mapping | <p>Week 11: Challenging Skills</p> <ul style="list-style-type: none"> - Progressive muscle relaxation - ITM with actors and Feedback - Self-reflection journal: Cultural considerations |
| <p>Week 5: Reflecting Feeling</p> <ul style="list-style-type: none"> - Self-compassion for inaccurate reflections - ITM role play and Feedback - Discussion | <p>Week 12: Challenging Skills</p> <ul style="list-style-type: none"> - Progressive muscle relaxation - ITM with actors and Feedback - Self-reflection journal |
| <p>Week 6: Reflecting Feeling</p> <ul style="list-style-type: none"> - Body scan awareness exercise - ITM role play and Feedback - Discussion | <p>Week 13: Immediacy</p> <ul style="list-style-type: none"> - Mindfulness meditation (guided) - ITM role play and Feedback - Self-reflection journal: Personal reflections |
| <p>Week 7: Reflecting Meaning</p> <ul style="list-style-type: none"> - Guided imagery - ITM role play and Feedback - Mid-term self-evaluation | <p>Week 14: Practice</p> <ul style="list-style-type: none"> - Self-reflection journal: Successes and Areas for growth - ITM role play and Feedback - Revisit concept mapping |
| <p>Week 8: Reflecting Meaning</p> <ul style="list-style-type: none"> - “Soles of the feet” exercise | <p>Week 15: Practice</p> <ul style="list-style-type: none"> - Course wrap-up - Final evaluation |