

# Engaging Students in Clinical Psychology Courses

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Engaged students are active learners who are more willing to learn course material, able to apply concepts and make them relevant, and likely to have fun (Halonen, Brewer, Bell, & Miller, 2008; Kuther, 2003). Nonetheless, the strategies that faculty use to engage freshmen non-majors are very different than those used with upper level students, where there is less need to engage them, but a greater need to keep them engaged, expand their interest, and focus their engagement in particular ways (Harackiewicz, Durik, Barron, Linnenbrink-Garcia, & Tauer, 2008). Presumably, engagement in later courses would focus higher on Bloom's (1984) taxonomy, emphasizing to greater degrees tasks like application, analysis, synthesis, and evaluation.

These issues are very relevant to engaging students in Clinical Psychology courses. Many students enter psychology wanting to work in one of the helping fields. Although it is unclear what psychology majors' earliest interests are, more than 50% of students entering either a masters or doctoral program are accepted into programs in one of the human services fields (e.g., clinical, counseling, graduate school, community, health, or school; Norcross, Kohout, & Wicherski, 2005). Furthermore, in my survey of clinical courses in the 14 schools in the State System of Higher Education in Pennsylvania, almost all clinically-related courses were at the advanced level (300/400). Given the previous discussion, relative to a General Education course early in the curriculum, the engagement goal for clinical courses is not so much one of gaining students' interest, but that of keeping them engaged, while simultaneously expanding and focusing their interests (Harackiewicz et al., 2008).

Although there are Instructor's Manuals written for a number of clinical psychology texts, relative to other areas of undergraduate psychology, there is little research on the outcomes of teaching exercises and strategies. This failure to write about teaching clinical psychology can be seen at *Project Syllabus*, an on-line compendium of syllabi supported by the Office of Teaching Resources in Psychology. *Project Syllabus* lists only two Theories of Psychotherapy courses and two Counseling Skills courses. Contrast this with the seven Cognitive Psychology courses,

five Lifespan Developmental Psychology courses, and seven Psychology of Women or Psychology of Gender courses posted at *Project Syllabus*. This relative neglect is also seen in a review of past issues of *Teaching of Psychology*. As a result, the following exercise and annotated bibliography present suggestions that are presumed rather than proven to increase student engagement. Approaches for engaging clinical psychology students are grouped into four content areas in the annotated bibliography: (a) theories of psychotherapy, (b) treatment processes; (c) understanding clients and their experiences in therapy; and (d) student's self as contributor to the therapy process.

## Original Exercise

Students often have unrealistic and inaccurate beliefs about both psychologists and their clients. Further, their perception of clinical interventions is often simple and stereotyped. The HBO series, *In treatment* (Tishby & Barclay, 2008-2010), offers a rich source of material for faculty teaching clinical psychology courses and can be used to help students develop more realistic pictures of clients, psychologists, and psychological interventions.

*In treatment* follows the life and work of Paul Weston, a clinical psychologist in private practice. The series shows Dr. Weston's work with four clients and his own personal psychotherapy in five half-hour segments per week. Dr. Weston is a gifted listener and a caring man, but also has a number of struggles that compromise his ability to be effective (e.g., he wants to be "helpful" and meet his clients' expressed needs, and has difficulty working within standard therapeutic boundaries). As he is both gifted and seriously flawed, and the series follows Dr. Weston's work with these same four clients over the course of the season, *In Treatment* provides an unusually nuanced view of the process of psychotherapy. Unlike other fictional representations of psychotherapy, Dr. Weston is not perfect, perfectly foolish, or manipulative and self-serving. Psychotherapy is not portrayed as simple and straightforward, but as a struggle between two

engaged parties (and sometimes also as a struggle for engagement).

Because this series offers no easy answers, clips and occasional stories from the show can serve as excellent jumping-off points for discussions. I have successfully used some of the following in class. Episodes are identified by client, season, and week.

❖ **Assessing a psychosocial history.** April (2/1) is very defended and verbally-non-disclosing in her first session, making gathering a psychosocial history difficult. I interrupt this video right before his summarization, asking the class what they know or hypothesize about her, and then show his summarization and her reaction to it.

❖ **Empathy.** Walter (2/6) well-described the impact of feeling heard and understood (as compared to his experience in the hospital), which can foster a discussion of the impact of empathy on the therapeutic relationship. Dr. Weston then skillfully questioned why Walter was giving him such positive feedback at this point. These two segments can be used to discuss accurate empathy and additive empathy, as well as strategies for giving negative feedback effectively.

❖ **Caretaking vs. empowerment.** Dr. Weston (Gina 2/6) struggled with wanting to meet his clients' overtly-expressed needs (probably a function of family of origin issues). Dr. Weston and his psychologist struggle about whether this is effective and helpful, which the class can also discuss.

❖ **Boundary crossings and violations.** Dr. Weston engages in a variety of behaviors that are at least boundary crossings (April 2/4 and Sophie 1/5), although sometimes significantly more dangerous (Laura 1/9). The unanticipated consequences of such a boundary crossing are also seen when April (2/5) feels that she overwhelmed Dr. Weston when he misses an appointment because his father died in the week after he took April for cancer treatment,

❖ **Handling termination.** Laura (1/5) proposed to end therapy because she was obsessing about Dr. Weston; he responded briefly to her concerns, and then changed the subject to something ultimately leading to a disclosure of sexual abuse. Students can evaluate the effectiveness of his actions and how they can be handled more effectively.

❖ **Responding to transference and countertransference.** Laura (1/5) attempted to get Dr. Weston to tell her that he loved her, although her own feelings apparently stemmed from her feelings about her father and also her father's friend who had "made love" to her when she was a teenager. Dr. Weston's reactions to her disclosures and to her request to terminate therapy were somewhat messy due to his countertransference feelings. Dr. Weston (Gina 2/6) is provocative with his therapist,

eventually provoking an outburst from her (which she handles effectively later in that session). Students can be asked to consider these psychologists' responses.

❖ **Assessing suicidal ideation** (Alex 1/5, Sophie 1/5, Oliver 2/6, and Gina 2/6). Students can apply knowledge about predictors of suicide to assess these clients' level of suicidality, and evaluate how Dr. Weston and Gina handled these assessments.

❖ **Psychologist self-care.** Dr. Weston wanted to start an affair with Laura (discussed in Gina 1/4). Students can be asked to consider how his marital problems influenced his clinical decision-making, and to consider how he should handle his clinical practice under such conditions.

Students reported enjoying discussions about this series. They wanted to know more about Dr. Weston and his clients and extended class discussions by watching the series outside class time. They explored these people and situations in complicated ways, resisting easy answers.

## Annotated Bibliography

### *Theories of Psychotherapy*

#### **Psychoanalytic view of personality structure.**

In role as the id, ego, or superego, groups of students respond aloud to seeing an attractive person pass by. A discussion ensues about each structure's responders, the implications of the relative "loudness" of different structures, and the role that defense mechanisms play in resolving conflicts between structures. Students evaluating this exercise reported enjoying the demonstration and understanding psychoanalytic theory better. Pre/post quizzes on the day of the demonstration showed a significant improvement in student performance. This exercise could be performed either with the group as a whole or with small groups, with individual members taking each role. Segrist also provided nonheteronormative examples, as well as those that would not be problematic for students with a history of sexual assault.

- Segrist, D. J. (2009). What's going on in your professor's head? Demonstrating the id, ego, and superego. *Teaching of Psychology*, 36, 51-54.

**Demonstration of in vivo systematic desensitization.** Faculty can demonstrate in vivo systematic desensitization of an "eraser phobia" using a student confederate and a pre-developed anxiety hierarchy, starting low on the hierarchy (a caged eraser) and moving to progressively more challenging stimuli (removing the eraser from the cage). Students reported that this demonstration was both enjoyable and increased their understanding of the material. Lawson and Reardon reported that this demonstration might be even more effective for

advanced students if the confederate developed the anxiety hierarchy with the faculty member and if they reported subjective units of distress as they progressed up the hierarchy.

- Lawson, T. J., & Reardon, M. (1997). A humorous demonstration of in vivo systematic desensitization: The case of eraser phobia. *Teaching of Psychology, 24*, 270-271.

**Family therapy simulation.** Banyard and Fernald described a strategy to help faculty perform a simulated family therapy session in class, as well as five questions that the class could use to structure their viewing of the session (e.g., identify session stages, define the problem, and describe family structure and roles). Students enjoyed the simulation, found it an effective instructional technique, and believed that family roles and structure were well illustrated.

- Banyard, V. L., & Fernald, P. S. (2002). Simulated family therapy classroom demonstration. *Teaching of Psychology, 29*, 223-226.

**Learning feminist theory.** Bogart described five tenets, modified from Gergen's (1988) tenets of feminist research methods, that she uses to teach feminist psychotherapy (e.g., the counselor and client are interdependent, occur in and should be understood in their contexts, and are influenced by their values). Although she does not provide outcome data supporting these tenets, she does provide examples of ways that they can be applied to encourage students to engage ideas and view their work and clients in different ways (e.g., remembering a significant childhood memory and considering how it might be retold differently to a best friend, a parent, a stranger, and a therapist).

- Bogart, C. J. (1999). A feminist approach to teaching theory use to counseling psychology graduate students. *Teaching of Psychology, 26*, 46-47.

**Comparing psychotherapy approaches using videotaped demonstrations.** Authors chose four 8-min segments of video tape of psychotherapy demonstrations: three from the classic Gloria films of Carl Rogers, Fritz Perls, and Albert Ellis (Shostrom, 1965) and Laura Brown's demonstration of feminist therapy (VandenBos & Broderson, 1994). They encourage students to consider how Brown might respond to Gloria and how Rogers, Perls, and Ellis might respond to Ellen (the client in the Brown video). Further, they asked students to consider the roles of clients, therapists, therapeutic approaches, and the historical context in influencing what happened in session. Students rated the videos as helpful in increasing their understanding of the theories and believed that the comparison of these

videos helped them better understand feminist theory.

- Konrad, J. L., & Yoder, J. D. (2000). Adding feminist therapy to videotape demonstrations. *Teaching of Psychology, 27*, 57-58.

**Using memoirs to develop case conceptualizations.** Students read a memoir of a person describing psychological problems and performed a case conceptualization of the person from a theoretical stance other than that used in the book (if one was used), then described the therapeutic process for that theoretical approach.

- Slattery, J. M. (2007). Theories of counseling and psychotherapy. *Project Syllabus*. Retrieved from <http://teachpsych.org/otr/syllabi/syllabi.php?category=Clinical>

**Evaluating psychotherapy interviews.** Psychotherapy videos are easily available and useful for helping students recognize the differences among therapeutic approaches and how theory is applied. Videos can be discussed and evaluated in several ways: (a) their personal reactions, (b) how the client responds to the therapist (e.g., expanding on ideas or shutting down), (c) student ratings of warmth, empathy, directiveness, etc., and (d) degree of empathy. Rating scales are provided for (c) and (d).

- Slattery, J. M. (2011). *Instructor's manual for "Empathic counseling: Meaning, context, ethics, and skill."* Retrieved from [http://www.wadsworth.com/cgiwadsworth/course\\_products\\_wp.pl?fid=M20bI&flag=instructor&product\\_isbn\\_issn=9780495004851&discipline\\_number=7](http://www.wadsworth.com/cgiwadsworth/course_products_wp.pl?fid=M20bI&flag=instructor&product_isbn_issn=9780495004851&discipline_number=7).

### ***The Psychotherapy and Treatment Processes***

**Community service projects.** Authors described community service projects designed to help students apply what they learned in class (e.g., volunteering at day care centers). Students reported high levels of satisfaction, greater understanding of course material, better integration of course material to real-world setting, and help in shaping their goals for the future. Community members reported high levels of satisfaction with students' work.

- Glenwick, D. S., & Chabot, D. R. (1991). The undergraduate clinical child psychology course: Bringing students to the real world and the real world to students. *Teaching of Psychology, 18*, 21-24.
- Hardy, M. S., & Schaeen, E. B. (2000). Integrating the classroom and community service: Everyone benefits. *Teaching of Psychology, 27*, 47-49.

**Checklist to assess psychotherapy outcomes.** Provides an eight-question checklist of guidelines to help students identify well-designed psychotherapy outcome studies (e.g., identify type of control group,

participants' expectations across groups, degree of treatment fidelity, length of treatment). The author argued that its brevity allows students to identify the key strengths and weaknesses of outcome studies and could be used in undergraduate and graduate classes to evaluate media reports, discuss research in class, and structure take-home assignments or essay exams. Students reported that the checklist was complete, useful, and enhanced their understanding of outcome research. The author observed that professionals practicing in the field could also use the checklist.

- Osberg, T. M. (1997). Teaching psychotherapy outcome research methodology using a research-based checklist. *Teaching of Psychology, 24*, 271-274.

**Assessing risk factors for suicide.** The authors presented students with four case examples with risk and protective factors for suicide and asked students to rank order the cases by risk. Students perceived the activity as useful, as helping them assess risk factors in their own and other students' lives, increasing their empathy for people who are suicidal, and strengthening their confidence in their ability to accurately identify people who are at-risk of suicide. On pre/post measures of learning, students participating in this exercise were significantly more able to identify the most serious risk factors for suicide and, on a later exam, to accurately rank order the risk of suicide for these cases relative to students who were absent on the day of the intervention.

- Madson, L., & Vas, C. J. (2003). Learning risk factors for suicide: A scenario-based activity. *Teaching of Psychology, 30*, 123-126.

**Evaluating media "psychologists."** Students listen to Dr. Laura, Dr. Phil or other popular "psychologists" on TV or radio, then are asked to consider whether they were effective and, if so, what made them effective. Further, the behavior and interventions of these psychologists are compared to theory on therapeutic change. Students are also asked to consider why these media figures are so popular.

- Kantrowitz, R. E., & Okun, B. F. (2008). *Instructor's manual with test bank for "Effective helping: Interviewing and counseling techniques"* (7th ed.). Thomson Wadsworth. Retrieved from [http://www.wadsworth.com/cgi-wadsworth/course\\_products\\_wp.pl?fid=M20bI&flag=instructor&product\\_isbn\\_issn=9780495006251&discipline\\_number=1011&template=AUS](http://www.wadsworth.com/cgi-wadsworth/course_products_wp.pl?fid=M20bI&flag=instructor&product_isbn_issn=9780495006251&discipline_number=1011&template=AUS)

**Bad listening I.** Students find photos of good or bad listening styles, which can be posted on a bulletin board or become part of a PowerPoint show. These photos demonstrate the range of good and bad nonverbal listening styles that can be observed, the range of reactions students have to each, and the role of culture and context in influencing reactions.

- Kantrowitz, R. E., & Okun, B. F. (2008). *Instructor's manual with test bank for "Effective helping: Interviewing and counseling techniques"* (7th ed.). Thomson Wadsworth. Retrieved from [http://www.wadsworth.com/cgi-wadsworth/course\\_products\\_wp.pl?fid=M20bI&flag=instructor&product\\_isbn\\_issn=9780495006251&discipline\\_number=1011&template=AUS](http://www.wadsworth.com/cgi-wadsworth/course_products_wp.pl?fid=M20bI&flag=instructor&product_isbn_issn=9780495006251&discipline_number=1011&template=AUS)

**Bad listening II.** In pairs or trios (Client, Therapist, and Observer), students can practice for between one and three min a series of poor listening strategies (e.g., avoiding eye contact, changing the subject, fiddling with an object, making off-track comments). Faculty should encourage students to debrief after each demonstration. Students may have disparate responses, which can lead to interesting discussions.

- Slattery, J. M. (2011). *Instructor's manual for "Empathic counseling: Meaning, context, ethics, and skill."* Retrieved from [http://www.wadsworth.com/cgiwadsworth/course\\_products\\_wp.pl?fid=M20bI&flag=instructor&product\\_isbn\\_issn=9780495004851&discipline\\_number=7](http://www.wadsworth.com/cgiwadsworth/course_products_wp.pl?fid=M20bI&flag=instructor&product_isbn_issn=9780495004851&discipline_number=7)

**Practicing microskills.** Slattery described several strategies for helping students develop counseling microskills. Faculty can put students in a circle, tell a story, and have students (a) respond with microskills, which should be identified, or (b) paraphrase what the faculty member said, with the faculty member continuing the story only once the student has successfully paraphrased what has been said.

Students can also work in groups of two or three as Client, Listener, and Observer, and practice using a series of closed questions, open questions, or reflections of feeling, all parties debriefing after each exercise. In doing so, students explore each microskill's function and recognize the effect of overusing one microskill.

- Slattery, J. M. (2011). *Instructor's manual for "Empathic counseling: Meaning, context, ethics, and skill."* Retrieved from [http://www.wadsworth.com/cgiwadsworth/course\\_products\\_wp.pl?fid=M20bI&flag=instructor&product\\_isbn\\_issn=9780495004851&discipline\\_number=7](http://www.wadsworth.com/cgiwadsworth/course_products_wp.pl?fid=M20bI&flag=instructor&product_isbn_issn=9780495004851&discipline_number=7)

**Microskills interview.** Students found someone who was willing to let them tape an interview on a topic of their choosing. They were asked to put aside their own goals and opinions in order to carefully focus on understanding and attending to the other person's perspective. They were encouraged to resist impulses to respond by debating, correcting factual errors, problem-solving, etc., behaviors that get in the way of listening and reflecting. Students prepared for the interview, demonstrated attending behavior and basic listening skills, and developed basic

understanding and rapport-building skills.

- Rastogi, M. (2007). Introduction to psychotherapies. *Project Syllabus*. Retrieved from

<http://teachpsych.org/otrp/syllabi/syllabi.php?category=Clinical>

**Multicultural interview.** Students conducted a multicultural interview with a student volunteer (protocol available from Raval), wrote and described the interview in the format provided, and submitted it to the instructor. They discussed their experience and what they learned in structured time during class.

- Raval, V. (2008). Culture and mental health. *Project Syllabus*. Retrieved from <http://teachpsych.org/otrp/syllabi/syllabi.php?category=Clinical>.

### **Understanding Clients**

**Psychmovies.com.** By its own account, Psychmovies.com includes hundreds of films. Films are primarily divided by psychiatric disorder, although other categories are also present. Cannon briefly annotates each film with issues that could be considered in class. Suggested films vary in their accuracy, which she argues, can be a strength as students can learn just as much or more from bad depictions or unethical work. Cannon also includes a number of ancillary materials to facilitate the use of films in class. These include a syllabus for a Psychology in Film course, movie ratings from faculty visitors to the Psychmovies site (i.e., best and worst depictions of mental illness and psychotherapy), and student ratings of the educational and entertainment value of films.

- Cannon, B. J. (n. d.). *Psychmovies.com*. Retrieved from <http://psychmovies.com/>

**There is recovery.** In 1973, when Sherwin Nuland was severely depressed, and losing his marriage and career because of his profound inability to function, Dr. Nuland was hospitalized. The hospital's staff considered prefrontal lobotomy as the only remaining treatment available to him. They eventually attempted electroshock therapy, which he believes saved his life. His is a story of second chances. He gave this Ted talk to break the stereotypes about him as someone who has been blessed and overcome adversity.

If I, with the bleakness of spirit, with no spirit..., with no possibility of recovery..., if I can find way back from this, believe me, anyone can.... There is recovery. There is redemption. And, there is resurrection.... Not just only do we fantasize about the possibility of resurrection and recovery, but it happens and it happens a lot.

- Nuland, S. (2001). Sherwin Nuland on electroshock therapy. *Ted.com*. Retrieved from <http://www.ted.com/talks/view/id/189>

**I am...** Faculty ask students to respond to the question, "Who am I?" in as many ways as they can, then rank order the five roles or perspectives that are most important for them. If they are comfortable, students can put these on the board to structure a discussion about people's multiple cultural identities, how disclosed identities might be influenced by the context of the class setting, and how disclosed and undisclosed identities might influence treatment.

- Pedersen, P. B. (1997). *Culture-centered counseling interventions*. Thousand Oaks, CA: Sage.

**A level playing field?** Faculty should ask students to line up shoulder to shoulder at one end of a large room. Students respond to a series of directives (e.g., "People who attended a private school, take one step forward"), with the goal of being the first to cross the room. This exercise (described in Pedersen, Crethar, & Carlson, 2008, although of unclear origin) can help students recognize the roles of privilege and oppression in their lives and those of their clients.

- Pedersen, P. B., Crethar, H. C., & Carlson, J. (2008). *Inclusive cultural empathy: Making relationships central in counseling and psychotherapy*. Washington, DC: American Psychological Association.

**Taking multiple perspectives in case conceptualizations.** Andrea Yates was, on the one hand, a model parent who homeschooled her children, baked complicated birthday cakes for them, and shared her son's love of butterflies, and, on the other hand, drowned her young children. Students often have difficulty empathizing with her, yet Slattery suggests empathy for Ms. Yates is possible. In a series of projects over the course of the semester, students work with case material for Ms. Yates, initially considering ways of conceptualizing her and how these case conceptualizations might impact the therapeutic relationship. In later assignments, students perform a psychosocial history, develop treatment goals, and write a treatment plan for Ms. Yates. Students report developing a new perspective and empathy for Ms. Yates and other clients, recognize the role of empathy in building therapeutic relationships, and identify strategies for developing treatment plans that will engage clients and help them commit to change in treatment.

- Slattery, J. M., & Park, C. L. (2011). *Empathic counseling: Meaning, context, ethics, and skill*. Pacific Grove, CA: Brooks/Cole.

### ***The Student's Self as Contribution to the Psychotherapy Process***

**Journaling to examine views of culture in psychotherapy.** Students examine the effect of course material on their assumptions and knowledge about the role of culture, their work with clients, and interactions with people from different cultural groups (e.g., race, ethnicity, social class, religion, sexual orientation). At least 15 responses were required: ten prescribed (e.g., three in response to in-class films, one in response to another class project, and arguments in favor of and opposition to two statements), and five free choice.

- Raval, V. (2008). Culture and mental health. *Project Syllabus*. Retrieved from <http://teachpsych.org/otrp/syllabi/syllabi.php?category=Clinical>

**Ethics autobiography.** Students wrote their ethics autobiography to “consider how their own personal values, backgrounds, and traditions may interact or conflict with professional ethics principles and rules in psychology” (Bashe, Anderson, Handelsman, & Klevansky, 2007, p. 62). Although the authors provided a series of questions to guide the process of writing their ethics autobiography, they suggested that these questions could be tailored for particular theoretical viewpoints (e.g., multicultural or family therapy approaches).

- Bashe, A., Anderson, S. K., Handelsman, M. M., & Klevansky, R. (2007). An acculturation model for ethics training: The ethics autobiography and beyond. *Professional Psychology: Research and Practice, 38*, 60-67.

**Strengths and weaknesses.** Students identified three values, motivations, behaviors, or skills that would be their biggest assets as ethical therapists, then were asked to consider how these might also serve as their biggest weaknesses as ethical therapists (e.g., their compassion might lead them to engage in nontherapeutic boundary violations).

- Bashe, A., Anderson, S. K., Handelsman, M. M., & Klevansky, R. (2007). An acculturation model for ethics training: The ethics autobiography and beyond. *Professional Psychology: Research and Practice, 38*, 60-67.

**Anger autobiography.** Students were asked to write an anger, conflict, and violence autobiography, paying attention to their experiences with these and the meanings of these experiences in their family and relationships. The autobiography can help students identify forms of anger, conflict, and violence to which they are especially sensitive, their typical responses to these feelings, and factors limiting their ability to respond well.

- Slattery, J. M., & Park, C. L. (2011). *Empathic counseling: Meaning, context, ethics, and skill*. Pacific Grove, CA: Brooks/Cole.

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