

# MentALLY\*

## A MOOC on Evidence-Based Psychotherapeutic Practice



\*The MentALLY project is a pilot project which has received funding from the European Parliament. Pilot Projects is an initiative „of an experimental nature designed to test the feasibility of an action and its usefulness“ and permits appropriations for it to be entered in the EU budget for more than two consecutive financial years.

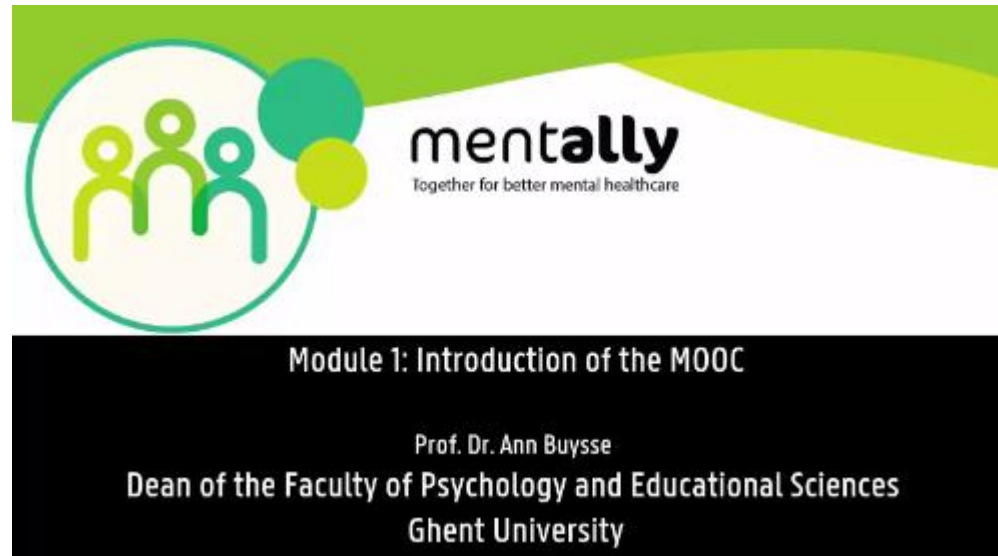
# What is a MOOC?

- a **M**assive **O**pen **O**nline **C**ourse
- **Massive**: access to a large number of users
- **Open**: free access for everyone who's interested, no preconditions to enter the course
- **Online**: worldwide accessible via the internet, physical attendance at a classroom is not required
- **Course**: learning objectives, tests and interaction between students and teachers (forums)

# Evidence-Based Psychotherapeutic Practice

## Topics

- Stigma
- Involvement of the client
- Authentic and individualized care



# Evidence-Based Psychotherapeutic Practice

- **Duration:** 6 weeks
- **Weekly study:** 2-4 hours/week
- **Price:** FREE
- **Subject:** Humanities, psychology, psychotherapy
- **For whom?** Mental healthcare professionals
- **Language:** English

## Outline

- **Week 1:** Module 1 - Introduction  
Module 2 - Theoretical framework on critical thinking
- **Week 2:** Module 2 - Theoretical framework on critical thinking  
Module 3 - Critical thinking when approaching mental health issues
- **Week 3:** Module 3 - Critical thinking when approaching mental health issues  
Module 4 - The SLP-model
- **Week 4:** Module 4 - The SLP-model
- **Week 5:** Module 5 - Case formulation
- **Week 6:** Module 5 - Case formulation  
Module 6 - The Single Case Archive

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## MOOC MODULE 2 & 3

### Critical reflection on mental health issues: A rhetorical approach

Laura Van Beveren PhD



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# OVERVIEW

1. INTRODUCTION
2. CRITICAL REFLECTION (MODULE 2)
3. RHETORIC (MODULE 2)
4. APPLICATIONS (MODULE 3)

# 1. INTRODUCTION

- Work package 5: “A rhetorical analysis of the public mental health debate”
  - Focus on public understandings of ‘mental health/illness’

→ Also in **mental health practice!**

## 2. CRITICAL REFLECTION (Module 2)

- Critical reflection on meaning constructions of 'mental health/illness'
  - Mental health practice as a **heterogeneous** field
  - Mental health practice as **socio-historically** situated
  - Mental health practice involves **power**



### 3. RHETORIC (Module 2)

- Rhetoric
  - Terministic screens
    - Help us to **make sense** of complex situations
    - Help us to **act upon** complex situations

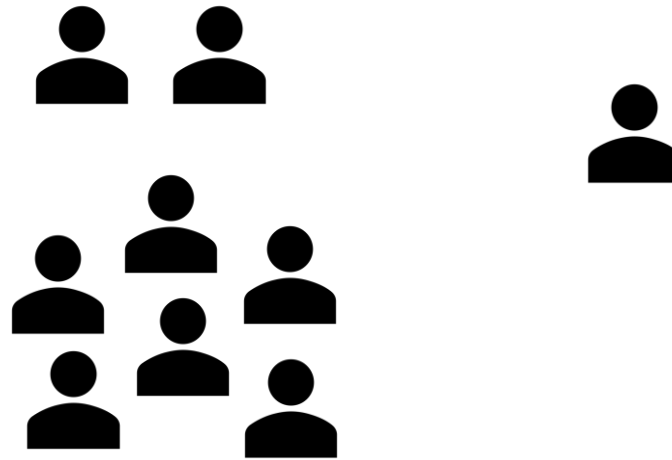


"We must use **terministic screens**, since we can't say anything without the use of terms; whatever terms we use, they necessarily **constitute a corresponding kind of screen**; and any such screen necessarily directs the attention to one field rather than another." (Burke, 1966)

### 3. RHETORIC (Module 2)

- The terministic screens of..

- The other (**interpersonal**)
- Ourselves (**personal**)
- Society (**socio-structural**)



## 4. APPLICATIONS (Module 3)

- 3.1. MOOC Exercise 1: Terministic screens in the **public debate**
- 3.2. MOOC Exercise 2: Terministic screens in **mental health practice**

## 4.1. TERMINISTIC SCREENS IN THE PUBLIC DEBATE

- Analyzing **terministic screens** used to think and talk about 'mental health (issues)' in a newspaper article
- Analyzing the **orientations to act** that go with these terministic screens

The New York Times

**Feeling Suicidal, Students Turned to Their College.  
They Were Told to Go Home.**



*Harrison Fowler is part of a class-action lawsuit against Stanford.*

By [Anemona Hartocollis](#), Aug. 28, 2018

When Harrison Fowler heard about the counseling center at Stanford, where he enrolled as a freshman last fall, he decided to finally do something about the angst he had been struggling with for a long time.

## 4.1. TERMINISTIC SCREENS IN THE PUBLIC DEBATE

Stanford's website says that a leave may be encouraged or required for a student whose psychiatric, psychological or medical condition "jeopardizes the life or safety of self or others, or whose actions significantly disrupt the activities of the university community."

The cases described in the court papers include a student who had an anxiety attack, one who was harming herself, and others who had thoughts of suicide or tried to kill themselves. Legal experts say that under federal regulations, it is clear that students can be barred from campus if they pose a threat to others, but less clear if they pose a threat only to themselves.

"The law is unsettled," said Karen Bower, a lawyer who has represented students suing universities for making them take mental health leaves. "'Disruption' is the new buzzword. Universities have claimed that students who use too many resources, inform friends of suicidal ideation or require wellness checks have all disrupted the campus or campus operations."

## 4.2. TERMINISTIC SCREENS IN MENTAL HEALTH PRACTICE

- Analyzing **terministic screens** used to think and talk about ‘mental health (issues)’ in the graphic novel
- With a focus on the **interpersonal**, **personal** and **socio-structural** dimension

## 4.2. TERMINISTIC SCREENS IN MENTAL HEALTH PRACTICE

### INTERPERSONAL

- *“Ellen considers herself as a member of the ‘Club van Gogh’: a group of successful bipolar artists that see creativity and bipolarity as intertwined. Bipolarity is understood as a complex personality and the fuel of a creative motor. This contrasts with the screen of Ellen’s therapist to whom bipolarity is a life-threatening disease. There, Ellen is defined as a patient with a mental disorder and her behavior is considered as corresponding with a cluster of symptoms that constitute ‘bipolar disorder’ in the DSM.” (Student L.D.)*

## 4.2. TERMINISTIC SCREENS IN MENTAL HEALTH PRACTICE

### INTERPERSONAL

- *“From the therapist’s screen, taking medication is a necessary form of self-care to stabilize the symptoms of the bipolar disorder and to avoid risky behavior from the patient. From an evidence-based framework, this is the most efficient solution to optimize her patients’ functioning. From Ellen’s screen, taking medication is an attack on her complex personality. As an eccentric artist, she believes that medication will destroy her creative potential.” (Student L.D.)*



## 4.2. TERMINISTIC SCREENS IN MENTAL HEALTH PRACTICE

### PERSONAL

- *“In the end, Ellen shows how she approaches her disease from two different screens: both as a painful curse and as a source of inspiration and part of her creative personality. ... This confronted me with my own blind spots regarding bipolar disorder. ... I’m inclined to only see it as a problem that requires treatment. The novel reminded me that clients can also draw strength from the history they carry with them.” (Student E.D.R.)*

## 4.2. TERMINISTIC SCREENS IN MENTAL HEALTH PRACTICE

### SOCIO-STRUCTURAL

- *“The scene is a society that focuses not so much on your abilities, but on what you do with them. People are judged based on their individual performances and Ellen feels that she is held accountable for who she is and for her behavior. From this screen, a diagnosis might function as an insightful clarification and might take away the guilt from Ellen and her family.” (Student L.M.)*
- *“Our society is much more tolerant towards manic episodes if they are combined with the terministic screen of the ‘crazy artist’. Artists can be crazy. Their craziness is considered normal, while non-creative persons would be considered just crazy.” (Student F.H.)*

## 4.2. TERMINISTIC SCREENS IN MENTAL HEALTH PRACTICE



Depression Quest

an interactive (non)fiction about living with depression

by  
zoe quinn  
patrick lindsey  
isaac schankler

show menu (esc)

While she does seem to enjoy spending time with you, as the two of you sit in comfortable, almost contented silence watching old shows you've each seen two or three times before, your ever-increasing fear that your relationship is becoming one-sided weighs more and more heavily on you. You feel more than ever like a burden or a ward to her, and it's virtually impossible for you to see what value you could possibly offer to her in return. Worst of all, this nagging fear has made you feel more self-conscious than ever, withdrawing ever inwards, and you've started to pull away even from Alex herself.

What do you do?

1: You know despite the bad times, your girlfriend sincerely loves you. Relationships are a 2-way street, and you resolve to always be there for her like she has been for you.  
2: Tell Alex how important she is to you and enjoy your evening.  
3: Ask Alex if she's happy with your relationship.  
4: Don't say anything; you're already worried about her being upset with you.

You are very depressed. You spend a large amount of time sleeping, hating yourself, and have very little energy or motivation.

You are not currently seeing a therapist.

You are not currently taking medication for depression.

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## MOOC MODULE 4

### The low intensive SLP-model



Paul Rijnders MSc  
Els Heene PhD  
Marianne Hoeken MSc



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# SLP-model

= a straightforward and easy to use model

$S$  (symptoms) =  $L$  (life-events/domains)  
 $\times P$  (person)

# Low intensity SLP = primary care

- Easily accessible (≠ targeted specialist care)
- For people with mild to moderately severe mental health problems → immediate treatment
  - ▶ Problems > than 3 months
  - ▶ Problems → disfunctions (work, study, relationships)
  - ▶ But resources (at least latently) available, e.g., sense of reality, social network, self-confidence, resilience

# Why?

- ▶ Epidemiology in Europe (ESEMeD)
  - ▶ 8% of the population suffers from mental health problems: 5% mild to moderate and 3% severe to very severe
  - ▶ About 50% has no access to professional help
  - ▶ With lots of consequences for society: economic losses, health problems, sick leaves, social problems, ...
- ▶ Research: SLP is = effective as traditional therapy but 20 to 40% more efficiently
- ▶ Can be used with adults and children

# Basic principles of SLP-model

- ▶ Mental health practitioners work in the office of general practitioners or in schools or community centres = close to the people & easily accessible
- ▶ Psychologists work together with general practitioners, psychiatric nurses and school teachers



# Basic principles of SLP-model

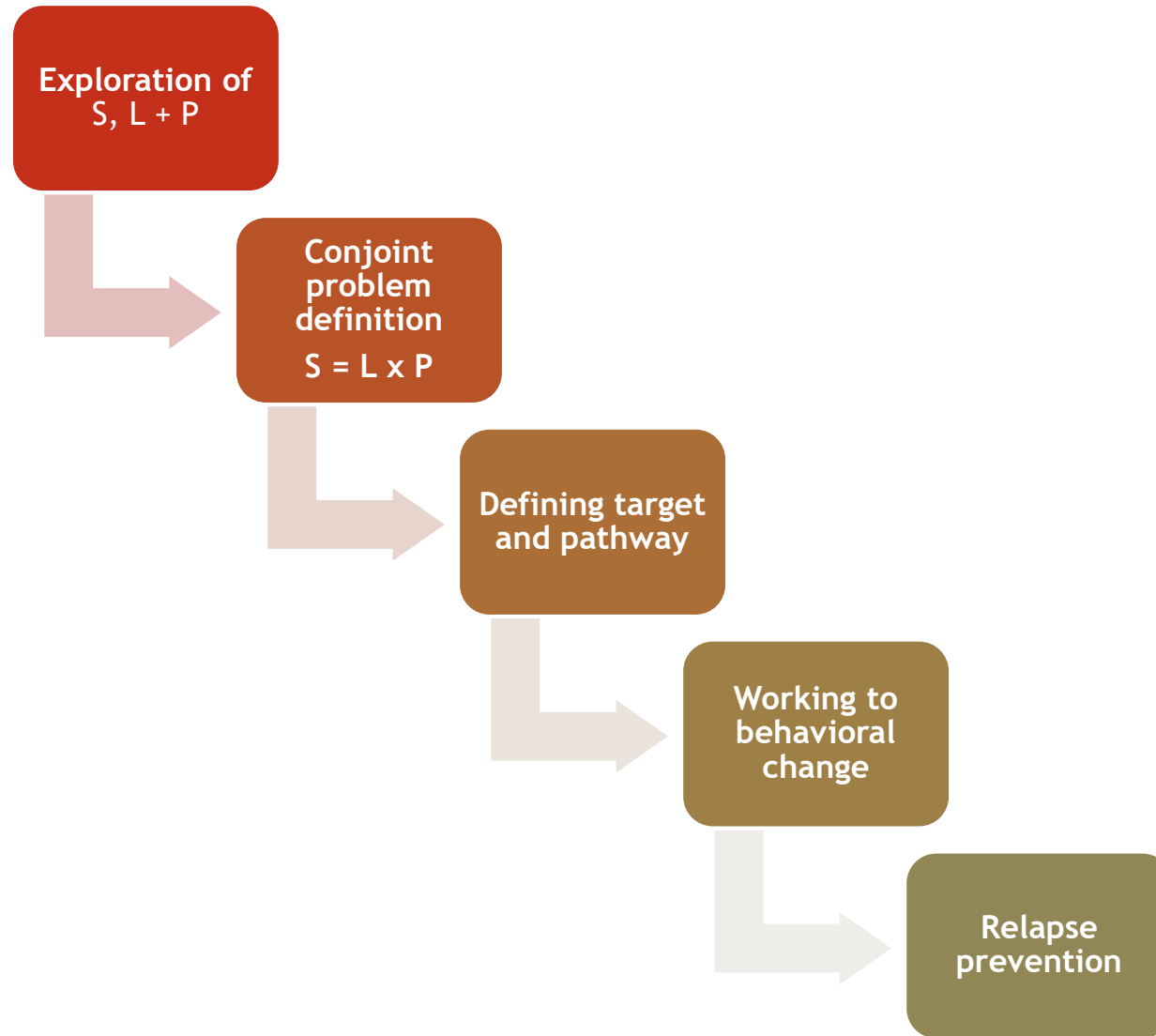
- ▶ Separating individuals with mild from those with severe mental health problems by clinical expertise and/or measurement
  - ▶ Referral to specialised care in case of severe problems
  - ▶ Immediate treatment in case of mild problems → SLP = 3 to 5 sessions in primary care

# How does it work?

- Transdiagnostic concept → applicable to ≠ symptoms
- 5 steps from symptom to solution
- Shared decision making: mental health worker + patient
- Hybrid application: face-to-face + e-health or self help manual



# Flowchart of SLP: 5 steps

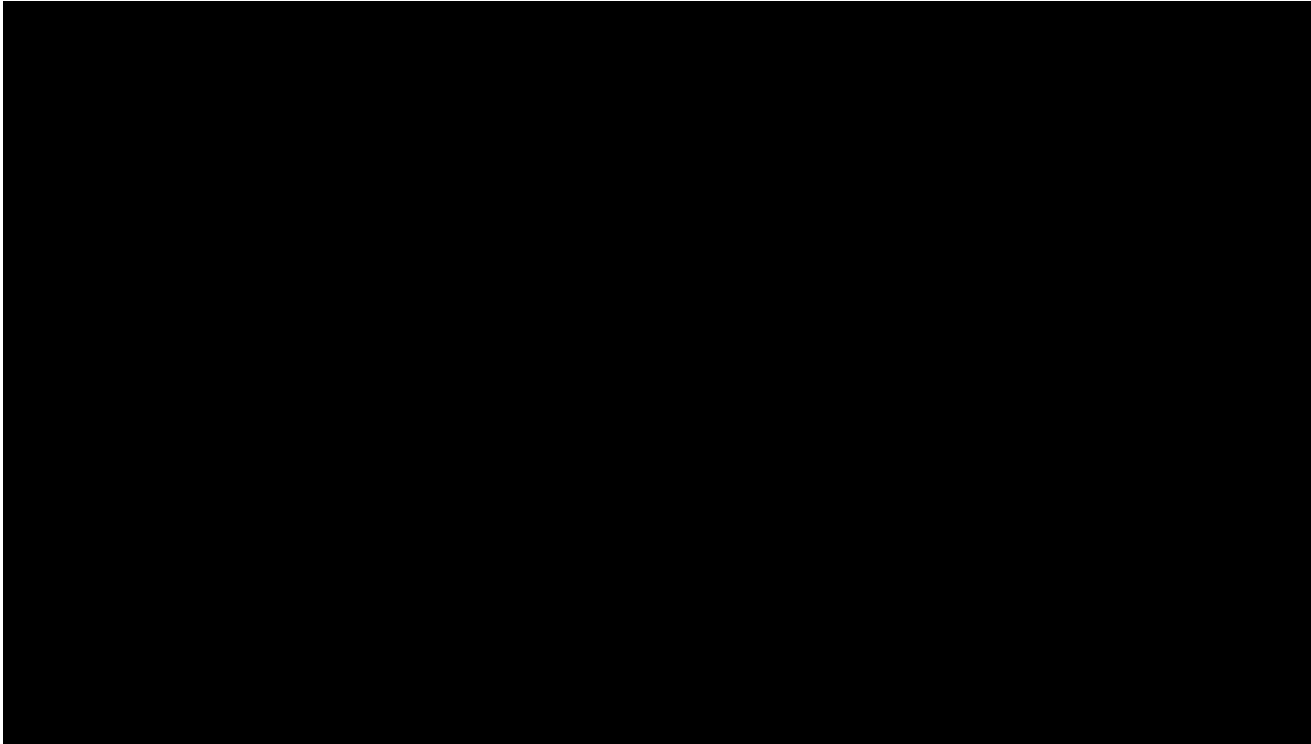


# Benefits of SLP

- ▶ A close connection between general practitioner and mental health workers → ↓barriers to treatment
- ▶ Starting mental treatment immediately in case of mild problems → ↓personal and economic costs
- ▶ A focus on transdiagnostic, personal functioning → a wide range of clients can be reached
- ▶ Empowers the patient in primary care by self-help tools and reciprocity in diagnosis and therapy plan

# The SLP-model in the MOOC

- Ex cathedra presentation



- Written information

## What techniques can be useful during this therapeutic approach?

Despite much research to find out what techniques work best in psychotherapy, the question of which might be superior above others is still unanswered.

Technique matters. But as has been the result of many investigations on the efficacy of psychotherapeutic techniques, many have proven to be interchangeable.

In the practice of the SLP concept, this means that three general techniques are considered to be useful:

- General techniques to pursue reduction of symptoms.
- Supportive techniques to help the patient to manage life events in a better way.
- Techniques that are aimed at improving the patient's general functioning or coping.

Once therapist and patient have decided together which changes are needed on different elements, in the following shared deliberation they will decide which techniques on which element or elements is likely to bring the quickest and the most longstanding results.

## Techniques in sequence

As mentioned before, techniques matter but no single one has been proven to be better than others. It is a matter of context, personal preference and possibilities. In the following outline, techniques are shown that have all proven to be helpful, to some degree in reducing "S" and "L" issues. In table 4.1, techniques are mentioned that have been proven effective in reducing the manifestations of "S".

# The SLP-model in the MOOC

- Case demonstration with professional explanation



# The SLP-model in the MOOC

- Case exercise + additional feedback

Read the case about Mr. F. and answer the questions based on the SLP-outline.

Mr. F. is referred by his GP with a panic disorder probably caused in connexion with a TV program.

He is 31 years old and single. In the past, he had a relationship with a woman of his age. They split a year ago. He was born and brought up in a small village in a rural area. After secondary school he obtained his BA in Computer Science. He lived in his parents' home until he completed his education (at the age of 24).

He lives in the village where his parents live, just round the corner. He visits his parents almost every day. After work, has dinner with them (it is so easy!) and then goes home. His circle of friends is quite large. He knows most of them from primary or secondary school. Approximately in the last year, his relationship with many of them is changing due to the fact that most of them are entering another stage of life (getting married and having children). His hobbies are playing the guitar and playing tennis. Last year he did not have spare time for his hobbies because he was overloaded with work. When he comes home in the evening after work, he lies on the sofa, watches TV and drinks a couple of beers.

He works 40 hours a week, or sometimes more, as an engineer for an ICT company. His main responsibility is to create internet sites for the Chemical Industry. He loves his job but the burden is too high. Up till now he accepted every task, never indicating that it was too much. Furthermore, the company, more and more, has been asking him to act as the main visible figure of the company. This is different than his ambitions: working in his own office on technical issues. He has the feeling he is walking on tiptoe and does not have enough time to accomplish all the tasks.



## Case Mr. F. feedback

### EXERCISE 1

Write down all the information about Mr. F. in an SLP – outline, such as in table 1.1.

Table 1.1, SLP outline after a first contact

S	Panic attacks Feeling tired/burn-out? Anxiety ?Paranoid traits?
L	Overloaded (with work), becomes the main figure of the company No more spare time for hobbies last year Friendships in transition/stagnation in stage of life
P	Doom mongering/tendency to worry/avoidance Sets no boundaries Hard worker ?Tendency to magical thinking?

### EXERCISE 2

Work out the strengths and the weaknesses in the patients general functioning by using table 1.2. First, look at the information about the outcome of the Trait and Character Inventory (TCI).

TCI of Mr F.

	Low	Below average	Normal	Above average	High
Novery Seeking		X			
Harm Avoidance					X
Reward Dependence				X	
Persistence					X

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## MOOC MODULE 5 & 6

### Reflective practice in Mental Health Care



Prof. Reitske Meganck



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**mentally**  
Together for better mental healthcare

## Module 5: Case Formulation

# Enhancing reflective practice in specialized mental health care



Together for better mental healthcare

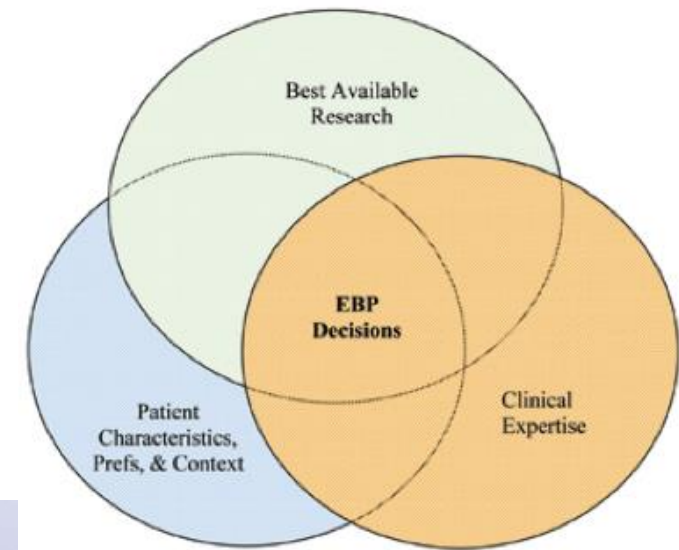
## Module 6: The Single Case Archive

### Introduction

Prof. Dr. Reitske Meganck

# Module 5: Case Formulation

- ▶ Aimed at more specialized mental health care
- ▶ Clearly related to SLP model
- ▶ Embedded in a reflective practitioner approach
- ▶ Generic model for individualized assessment and treatment plans
- ▶ As old as the hills, yet...
  - ▶ Basis of evidence-based practice
  - ▶ Gets little attention
  - ▶ Hardly practiced skill



“Integration of scientific evidence with clinical expertise in the context of patient characteristics, culture, and preferences”

“The clinically expert psychologist is able to formulate clear and theoretically coherent case conceptualizations, assess patient pathology as well as clinically relevant strengths, understand complex patient presentations, and make accurate diagnostic judgments.”

# MOOC content module 5

- ▶ Introduction: the why and what of the case formulation approach
  - ▶ Descriptive, explanatory and prescriptive component
  - ▶ Always tentative: hypotheses => dynamic



The American Psychological Association considers case formulations a core competency in clinical psychology: “The clinically expert psychologist is able to formulate clear and theoretically coherent case conceptualizations, assess patient pathology as well as clinically relevant strengths, understand complex patient presentations, and make accurate diagnostic judgments.” (American Psychological Association, 2006, p. 276). Clinicians must be able to formulate case conceptualizations because Evidence-Based practice starts from the patient and then asks what will assist the therapist to make adequate choices for treating that patient.

Tracey Eells (2013) identifies four additional developments in psychotherapy that promote a case formulation approach. First, he argues that therapists are accountable for their treatment approaches and recommendations. Second, case formulations can serve as an alternative for the ‘culture wars’ between those who believe outcome solely relies on treatment techniques and those who believe that relationships are mainly responsible. A case formulation allows for an integrative approach by putting the patient, the therapist, and the patient-therapist dyad at the centre. Next, in a case formulation approach assessment and treatment are two sides of the same coin, which is in strong contrast with controlled outcome studies in which assessment and treatment are rigidly separated. Therefore, case formulations closely fit with clinical training and practice of psychotherapy in which the therapist conducts the assessment, develops a treatment plan and then delivers a tailored treatment. Lastly, Eells refers to the continuous emphasis that is placed on case formulations as a guiding principle in many psychotherapy models.

# MOOC content module 5

- Introduction: the why and what of the case formulation approach
- Reading:
  - Literature on context and conceptualization of case formulation
  - Self-test

MentALLY Closing Conference Crete, 5-6/9/2019

## Evidence-Based Practice in Psychology

APA Presidential Task Force on Evidence-Based Practice

The Case Formulation Approach to Psychotherapy Research Revisited  
T.D. Eells  
*Pragmatic Case Studies in Psychotherapy*, <http://pcsp.libraries.rutgers.edu>  
Volume 9, Module 4, Article 3, pp. 426-447, 12-12-13 [copyright by author]

426

### The Case Formulation Approach to Psychotherapy Research Revisited

TRACY D. EELLS<sup>a,b</sup>

#### Case formulation: test

Schatting Lengte: 2:00:00

Reitske Meganck: Poging 1

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Vorige pagina

Volgende pagina

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#### Vraag 1 (Verplicht) (1 punt)

Developing a case formulation is an essential skill in clinical practice because

- ☐ therapies based on a case formulation approach lead to better outcomes
- ☐ many models in psychology acquire a case formulation to make clinical decisions
- ☐ the other two answers are correct

Vorige pagina

Volgende pagina

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Test indienen

0 van 10 vragen opgeslagen

# MOOC content module 5

- ▶ Introduction: the why and what of the case formulation approach
- ▶ Reading:
  - ▶ Literature on context and conceptualization of case formulation
  - ▶ Self-test
- ▶ Exercise:

 Downloaden

25 % 1 van 4 onderwerpen voltooid

Case study: Cornelis et al. (2017) ▾

 PDF-document



**First, read the case study from Cornelis et al. (2017) and mark the descriptive, explanatory and prescriptive information in the text with a colour.**

After making this exercise, you can compare your answers with the feedback document and associated legenda below. When you click on the title "*Feedback Cornelis et al. (2017)*" and "*Legenda feedback Cornelis et al.*

 Downloaden

2017)" you will see the feedback on a screen. You need to click on below the screen to open the document in a PDF file. Only then you can receive the whole feedback. At the end of the color markers you will find a number that corresponds to the number in the legenda. When you move your cursor over that number, you will also see the solution.

**Based on the article of Cornelis et al. (2017), in a second exercise, you need to write a concise and coherent case formulation taking into account the quality criteria of a good case formulation.**

Below you find an example of a good case formulation. Depending on your theoretical orientation and knowledge base, your hypothesis about the development of Chris' symptoms may slightly differ from the interpersonal focused

Example of a good case formulation ▾

 PDF-document

Feedback Cornelis et al. (2017) ▾

 PDF-document

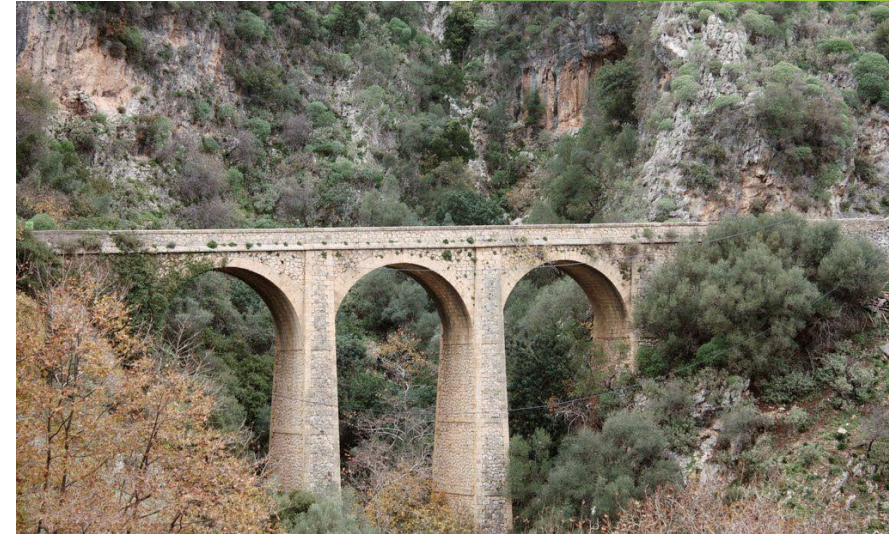
Legenda feedback Cornelis et al. (2017) ▾

 PDF-document



# Module 6: The Single Case Archive

- ▶ Knowledge and expertise doesn't result naturally from experience alone, nor from acquiring rule-based formal knowledge
- ▶ Case studies as an entrance into vicarious learning experiences...
- ▶ ... and a way to bridge the science-practitioner gap
- ▶ Part of reflective practice
- ▶ Input for richer and dynamic case formulations
- ▶ Problem: How to make useful research available for practitioners?





*"More discoveries have arisen from intense observation than from statistics applied to large groups" - W. I. B. Beveridge*

## WELCOME TO SINGLE CASE ARCHIVE

The Single Case Archive compiles clinical and empirical single case studies in the field of psychotherapy. Currently ISI published single case studies from all different psychotherapeutic orientations are being included in the database. These case studies were screened by an international group of researchers for basic information on type of study, patient, therapist and therapy. The objective of this online archive is to facilitate the study of case studies for research, clinical and teaching purposes. With an easy to use search engine, the archive allows the quick identification of relatively homogenous sets of cases in function of specific clinical or research questions. For more information on this archive, see 'About'.

### START YOUR SEARCH

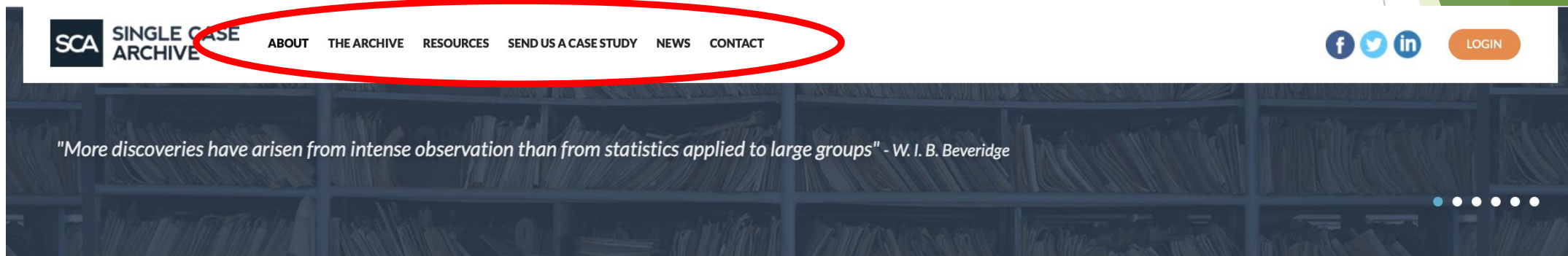
Start browsing psychotherapy case studies in The Archive

START SEARCHING NOW



# MOOC content module 6

- Introduction: why the Single Case Archive
- Navigating on the Single Case Archive: how to use it?

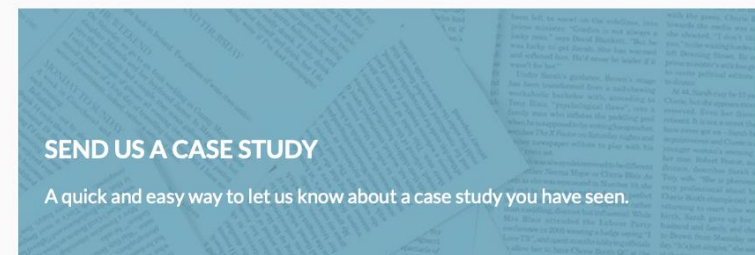


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## LATEST NEWS





"Each person is an idiom unto himself, an apparent violation of the syntax of the species." - G.W. Allport



## THE ARCHIVE

### START A NEW SEARCH

These search fields allow you to search the Single Case Archive using **patient**, **therapist**, **treatment**, and/or **study** descriptors.

*An example. You are interested in clinical case studies ("Type of Study") of Female ("Gender Patient") patients with Personality Disorders ("Diagnosis"). You are more specifically interested in the cognitive behavioral treatment ("Theoretical Orientation") of borderline personality disorder ("Topic").*

Clinical case study	Type of Study
And	Female
And	Personality disorders
And	CBT
And	borderline
+ Add Search Field   Reset Form	
SEARCH	

Example: interpersonal problem

Topic

+ Add Search Field | Reset Form

SEARCH

#### IS THIS YOUR FIRST SEARCH?

The tool tips linked to each search field will help you to select the appropriate search criteria.

For a general introduction to all search functionalities, please consult our [Website User Guide](#).

# THE ARCHIVE

## START A NEW SEARCH

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Clinical case study

And

Female

And

Personality disorders

And

CBT

And

borderline

Type of Study

Gender Patient

Diagnosis

Theoretical Orientation

Topic

+ Add Search Field | Reset Form

SEARCH

Example: interpersonal problem

Topic

+

Topic

Title

Author

Journal

Diagnosis

Publication Year

## IS THIS YOUR FIRST SEARCH?

The tool tips linked to each search field will help you to select the appropriate search criteria.

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## SEARCH RESULTS

### YOUR SEARCH TERMS

TOPIC  
marriage

AND THEORETICAL ORIENTATION  
Systemic

RESULTS FOUND: 9

START A NEW SEARCH

Sort by: Publication Year (New first) ▼

 Save Search

 Print This Page

**Facilitating Forgiveness in the Treatment of Infidelity: An Interpersonal Model** | By Fife S T, Weeks G R, Stellberg-Filbert J

SCA905

YEAR  
2013

LANGUAGE  
English

PUBLICATION TYPE  
Journal

KEYWORDS  
infidelity, forgiveness, couple  
therapy, marriage, treatment

VIEW

**Calling the Context: Towards a Systemic and Cross-Cultural Approach to Emotions** | By Krause I B

SCA1296

YEAR  
2010

LANGUAGE  
English

PUBLICATION TYPE  
Journal

KEYWORDS  
emotions, culture, Bateson

VIEW

**Resilience in ambiguous loss** | By Abrams M S

SCA120

YEAR  
2001

LANGUAGE  
English

PUBLICATION TYPE  
Journal

KEYWORDS  
No keywords found.

VIEW

**The Politics of Making Meaning: Discourse Analysis of a 'Postmodern' Interview** | By Kogan S M

SCA1210

YEAR  
1998

LANGUAGE  
English

PUBLICATION TYPE  
Journal

KEYWORDS

VIEW

**Adolescent-Centered Family Integrated Philosophy and Treatment** | By Pitta P

SCA1105

YEAR  
1995

LANGUAGE  
English

PUBLICATION TYPE  
Journal

KEYWORDS

12

VIEW

**Family Therapy and Sex Role Development Throughout the Life-Cycle: A Useful Concept** | By Reibstein J

SCA1042

# MOOC content module 6

- ▶ Introduction: why the Single Case Archive
- ▶ Navigating on the Single Case Archive: how to use it?
- ▶ Test: trying to search for relevant cases yourself

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## Vraag 1 (Verplicht) (1 punt)

A 51-year old woman, a refugee from Syria, comes to a mental health institution with the following complaints: she has dissociative experiences at least twice a week and when this happens, she feels completely disconnected from the world. The therapist that she is appointed to is a young 27-year old counseling psychologist with little experience with people with dissociative complaints and wants to consult the literature before starting treatment. He wants to use the Single Case Archive. Which search terms will he need to use in order to get the most appropriate selection of cases?

Invulvraag # 1  

Invulvraag # 2  

▶ [Hint voor vraag weergeven 1](#)

Vorige pagina

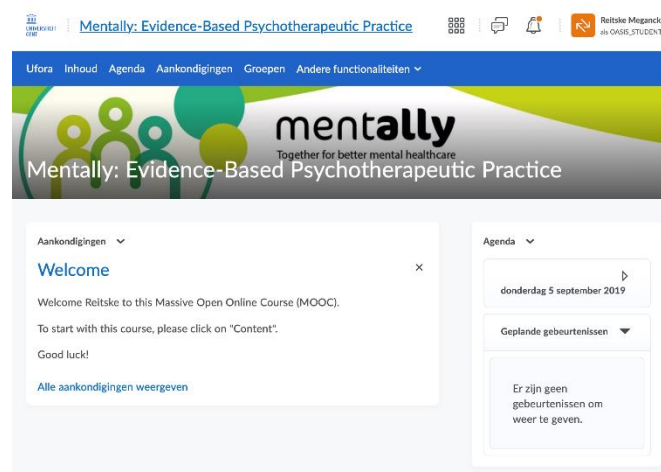
Volgende pagina

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# Thank you!

## ευχαριστώ

- Please try out the MOOC...



- ... and provide us with

