



# UNIVERSITY OF JOHANNESBURG

**NOVEMBER 2021**

**MEMO**

**COURSE:** BA PSYCHOLOGY

**TIME:** 180 MINS

**QUESTION PAPER:** PSYCHOLOGY (THERAPEUTIC MODELS 3F) **MARKS:** 100

**SUBJECT CODE:** PSY3F21 & PSY3FB3

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## Section A: Multiple Choice Questions

### Complete All Questions

- 1) Confidentiality *must* be breached and information *must* be reported by practitioners when all of the following take place, *except*:  
*ANSWER:* b
- 2) In becoming an ethical practitioner, it is important to:  
*ANSWER:* c
- 3) The ethics codes do not specify that dual or multiple relationships:  
*ANSWER:* a
- 4) Clients have a right to know about \_\_\_\_\_ before making highly personal disclosures.  
*ANSWER:* d
- 5) Mpho, a therapist in a community agency, recently divorced his wife and seems to be angry towards women in general. His colleagues, who have noticed a change in his attitude and behaviour lately, have encouraged him to seek personal counselling to work through his issues. They are:  
*ANSWER:* c
- 6) The creation of the self, which dominated the modernist search for human essence and truth:  
*ANSWER:* a
- 7) A limitation of the postmodern approaches is:  
*ANSWER:* b
- 8) The solution-focused brief therapy therapeutic process rests on the foundation that clients are:  
*ANSWER:* c
- 9) How do narrative therapists suggest that individuals can reconstruct their past?  
*ANSWER:* a

- 10) It is within the scope of SFBT practice to allow for some discussion of \_\_\_\_\_ to validate clients' experience.  
ANSWER: b
- 11) All of the following are true as they apply to self-instructional training, *except* that:  
ANSWER: c
- 12) Which of the following is *not* part of the five-step treatment procedure used in a coping skills programme?  
ANSWER: b
- 13) Stress inoculation training consists of all of the following *except*:  
ANSWER: d
- 14) One strength of cognitive behavioural therapy group counselling is that:  
ANSWER: a
- 15) In cognitive therapy, techniques are designed to:  
ANSWER: c
- 16) We create, maintain, and live by often \_\_\_\_\_ that we hope will keep the family (and each of its members) functional.  
ANSWER: d
- 17) Roger and his wife are experiencing tension in their relationship because he believes she is far too lenient with their children when they misbehave. This forces him to play the role of 'bad cop' as a parent, which makes him angry.  
A family therapist working with Roger and his family might:  
ANSWER: a
- 18) What is the current thinking in the field regarding the role of spirituality in counselling?  
ANSWER: a
- 19) Regarding psychotherapy outcome, research shows:  
ANSWER: d
- 20) The common factors approach to psychotherapy integration:  
ANSWER: a

## Section B: Short Questions

### Complete ALL Questions

**1) Ethics are an important part of the practice of professionals. Give an explanation of what is meant by aspirational ethics. [5 marks]**

Student gives a definition with the following components:

Higher level of ethical practice (2 mark) addresses doing what is in the best interests of clients (1 mark).  
Involves the highest standards of thinking and conduct (1 mark) and involves doing more than what is required by ethics codes (1 mark).

**2) Give a brief description of the method of Socratic dialogue. [5 marks]**

In helping clients empirically test (1 mark) their core beliefs (1 mark).

Clients form hypotheses (1) about their behaviour through observation (1 mark) and monitoring (1 mark).

**3) In integrative therapy, explain what is meant by psychotherapy integration. [5 marks]**

Student gives the following definition:

Looks beyond and across (2 marks) the confines of single-school approaches (2 marks) to see what can be learned from other perspectives (1 mark).

**4) Define externalisation as used in postmodern approaches (5)**

*Externalisation* is a process of separating the person from identifying with the problem.

Externalising conversations help people:

- a. To free themselves from being identified with the problem.
- b. To identify times when they have dealt successfully with the problem.

## Section C: Discussion Questions

### Choose Two Questions

**1) Compare the strengths and limitations of family systems therapy from a diversity perspective [15 marks]**

Strengths: Many ethnic and cultural groups place great value on the extended family. *Monica McGoldrick* has been the most influential leader in the development of gender and cultural perspectives in family practice.

The individual culture of the family, the larger cultures to which the family members belong, and host culture that dominates the family's life are explored.

Limitations: The process of differentiation occurs in most cultures, but it takes on a different shape due to cultural norms.

Some practitioners may erroneously assume Western models of family are universal. Some family therapists focus primarily on the nuclear family, which is based on Western notions.

**2) Using an examples aid, explain the Negative Cognitive Triad. [15 marks]**

Student gives the following:

- The Negative Cognitive Triad is a pattern that is found to trigger depression (3 marks)
- Clients hold negative views of themselves (3 marks): Student gives an appropriate example (1 mark)
- Selective abstraction or interpreting events through a negative filter (3 marks- only one is needed for the full marks): Offers an appropriate example that shows selective abstraction (1 mark)
- Client holds a gloomy vision of the future (3 marks): Gives appropriate example that illustrates the negative outlook (1 marks)

**3) Consent is important in providing psychotherapy. Offer a description of informed consent and discuss the essential components that need to be included in obtaining informed consent from a client. [15 marks]**

Student offers a description: Right of clients (1 mark) to be informed about their therapy (1 mark- key for the mark is the informed) and to make autonomous decisions relating to it (1 mark- key here is autonomous or independent decision).

Student should discuss the following components [any 12 marks]

- Therapeutic procedures and goals (2 marks)
- Approximate length of treatment (2 marks)
- Risks/benefits and alternatives to treatment (2 marks)
- The right to withdraw from treatment (2 marks)
- Costs or fees (2 marks)
- The counsellor's use of supervision (2 marks)
- The limits of confidentiality (2 marks)

**4) Give a comprehensive definition of the common factors approach and explain six (6) common factors. [15 marks]**

Gives the following definition:

- A search for common elements across different theoretical systems (3 marks)

Provides the following explanation [2 marks for each; any 12 marks]:

- Empathic listening (2 marks)
- Support (2 marks)
- Warmth (2 marks)
- Developing a working alliance (2 marks)
- Opportunity for catharsis (2 marks)
- Practising new behaviours (2 marks)
- Feedback (2 marks)
- Positive expectations of clients (2 marks)
- Working through one's own conflicts (2 marks)
- Understanding interpersonal and intrapersonal dynamics (2 marks)
- Change that occurs outside of the therapy office (2 marks)
- Client factors, therapist effects and learning to be self-reflective about one's work (2 marks)

## **Section D: Application Questions**

### **Choose One Question**

**1) Read the case of S'ne and answer the questions that follow. [30 marks]**

S'ne is a 35-year-old who is recently started experiencing difficulties with work. She tells the therapist that she recently lost her brother and close aunt to Covid-19. S'ne says that she is experiencing a lot more difficulty than she previously experienced after a loss. She recounts the time when her father past away 10 years ago, that she was able to cope sufficiently even as this occurred during her exam period in varsity. When the therapist asks S'ne why she was able to cope when she lost her father, S'ne says it was because she was able to rely on her friends for support and was involved in track and field. When the therapist's asks if S'ne is doing all of those things now, she says she is having difficulty going for a run and is uncertain how to speak to friends and her partner. S'ne also says that she feels like her relationship with her partner is the only thing that is good in her life, and their five years of marriage has been really good. But she feels as though if she tells him that she is struggling it will put a strain on their marriage.

**Critically discuss the above case study using Strengths-Based CBT. Focus on the following elements:**

**a) Give a description of strengths-based CBT [5 marks]**

Therapeutic approach (1 mark- can say approach for mark) that emphasises client strengths (1 mark), resilience (1 mark) and resources (1 mark) for positive change (1 mark).

**b) The basic assumptions of strengths-based CBT [15 marks]**

- It is evidenced-based (1 mark)
- The approach argues that therapists should be knowledgeable about evidence-based approaches relating to client issues discussed in therapy (2 marks)
- Clients are asked to make observations (2 marks) and describe the details of their life experiences (2 marks) so what is developed in therapy is based in the real data of clients' lives (2 marks), and
- Therapists and clients collaborate (2 marks- can say the approach is collaborative) in testing beliefs and experimenting with new behaviours (2 marks) to see if they help achieve desired goals (2 marks).

**c) Using examples from the case, explain the aim and discuss the four-step model to building resilience [10 marks]**

Student explains the aim as being building positive qualities (2 marks)

Student identifies the steps and gives an explanation using case:

- (1) Search (1 mark): Appropriate example (1 mark)
- (2) Construct (1 mark): Appropriate example (1 mark)
- (3) Apply (1 mark): Appropriate example (1 mark)
- (4) Practise (1 mark): Appropriate example (1 mark)

**OR**

**2) Name and describe the therapeutic techniques and procedures associated with Solution-Focused Brief Therapy, as described in Corey. [30 marks]**

*Discusses any FIVE of the following techniques and procedures for six marks each:*

**Pre-Therapy Change**

*(1 Mark for identification of technique)*

- Positive change in motion
- Therapist elicit, evoke and amplify what clients have already done by way of making a positive change
- Tends to encourage clients

*(3 Marks for discussion by preferably referring to the above points, also see Corey, 2017 p375 and use discretion if written other points)*

**Exception Questions**

*(1 Mark for identification of technique)*

- Based on notion that there were times in clients' lives when the problems they have identify were not problematic
- These times are called exceptions
- Represents news of difference
- Direct clients to times when the problem did not exist or when the problem was not as intense
- Past experiences in a client's life when it would be reasonable to have expected the problem to occur, but somehow it did not

*(3 Marks for discussion by preferably referring to any three of the above points, also see Corey, 2017 p375 and use discretion if written other points)*

**The Miracle Question**

*(1 Mark for identification of technique)*

- Therapy goals are developed
- "What would be different" in spite of perceived problems
- Opens up a range of future possibilities
- Future focus

*(3 Marks for discussion by preferably referring to any three of the above points, also see Corey, 2017 p376 and use discretion if written other points)*

**Scaling Questions**

*(1 Mark for identification of technique)*

- Use scaling questions when change in human experiences are not easily observed, such as feelings, moods, or communication
- Assist clients in noticing that they are not completely defeated by their problem
- "How did she manage to move"
- "What does client need to do to move another number up the scale"

- Enable clients to pay closer attention to what they are doing and how they can take steps that will lead to the changes they desire

*(3 Marks for discussion by preferably referring to any three of the above points, also see Corey, 2017 p376 and use discretion if written other points)*

**Formula First Session Task (FFST)**

*(1 Mark for identification of technique)*

- Form of homework between first and second session
- Offers clients hope
- Change is inevitable
- If change will occur, but a matter of when it will happen
- Increase optimism and hope about their present and future situation
- FFST technique emphasizes future solutions rather than past problems

*(3 Marks for discussion by preferably referring to any three of the above points, also see Corey p377 and use discretion if written other points)*

**Therapist Feedback to Clients**

*(1 Mark for identification of technique)*

- SFBT therapist take a 5-10 minute break at end of the session to compose a summary message for clients.
- During this break therapists formulate feedback that will be given to clients after the break.
- Three basic parts to structure of the summary feedback:
  - Compliments
  - Bridge
  - Suggesting tasks

*(3 Marks for discussion by preferably referring to the above points, also see Corey,2017 p377 and use discretion if written other points)*

**Terminating**

*(1 Mark for identification of technique)*

- From first session mindful of working towards termination.
- Once clients are able to construct a satisfactory solution, the therapeutic relationship can be terminated.
- Scaling questions assist clients in monitoring their progress in order for clients to determine when they no longer need to come to therapy.

*(3 - 5 Marks for discussion by preferably referring to the above points, also see Corey, 2017 p378 and use discretion if written other points)*

**TOTAL ..... [100]**

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