

Understanding and Supporting the Development of the Field of Counseling in Bhutan:

The Experiences of the First-generation of Bhutanese Counselors.

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This project is dedicated to the people of Bhutan and to the pioneering counselors addressing psychological suffering. With deep respect for the lineages, teachers, and teachings of Buddhist Psychology that came from Bhutan and have influenced the development of the field of Contemplative Psychology, I express my appreciation:

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Abstract

This study explores the experiences of the first generation of counselors in Bhutan using a Community based Participatory Approach to understand and support the nascent counseling profession. Stakeholders, researchers, and community members came together through this investigation to honor both the preservation of Bhutan's unique Buddhist culture and traditions as well as to embrace and address the changes that have come with modernization. A thematic content analysis provided insight into the ground, path, and fruition of the current context for the Bhutanese counseling pioneers who are on the front lines of addressing the psychological suffering in their country. Specific action items were developed based on the needs elucidated including the development of advanced training, innovative research projects, and community based organizing efforts. Through highlighting the strength, potential, and uniqueness of Contemplative Counseling in Bhutan, this study focuses on improving the quality of local training, practice, and counseling infrastructure in Bhutan, while also further developing the theoretical orientation and clinical approach of Contemplative Psychology internationally. Ultimately, these collective efforts aim to make a long-term meaningful contribution to the reduction of suffering and the promotion of well-being throughout the world.

Table of Contents

Acknowledgements.....	i
Abstract.....	ii
Table of Contents	iii
List of Tables and Figures	vii
Chapter 1: Introduction	1
Purpose.....	1
Significance.....	2
Cultural Considerations	2
Statement of Inquiry	3
Conclusion	3
Chapter 2: Review of Literature	5
Cultural Psychology.....	5
Who are the healers.....	5
International Counseling.....	7
International counseling initiatives	8
International counselor educators	9
Recommendations from the field.....	10
Conclusion	12
Bhutan.....	13
A snapshot.....	13
Population and Geography.....	14
Language.....	14
Technology and Media	14
Culture.....	14
Religion.....	14
Indigenous Healing.....	15
Politics	16
Politics and Religion.....	17
Education	18
Development through partnership: Emergency medical care	19
Economy	21
Gross National Happiness.....	21
Mental Health.....	23
Mental health concerns	23
Substance use	23
Suicide.....	24
Domestic Violence.....	24
Youth in Bhutan.....	25
Incidence.....	25

Providers	27
Infrastructure.....	27
Recommendations for the future.....	29
Counseling in Bhutan	31
Overview of counseling efforts.....	31
National Board for Certified Counselors collaboration	32
Naropa University collaboration.....	33
Counselor Education.....	33
Theoretical orientation: Contemplative psychotherapy	35
Background.....	35
What is Contemplative Psychotherapy?	36
Key concepts.....	37
Rationale	39
Status of the field	41
Developing Standards	41
Counselor educator perspectives.....	41
The future of counseling in Bhutan	43
Purpose of this study.....	44
Chapter 3: Methods.....	46
Paradigm	46
Community Based Participatory Research (CBPR)	49
Theoretical Background.....	50
Person-centered.....	50
The Relationship	51
Addressing Problems with Traditional Research.....	52
Further Advantages of a CBPR approach.....	53
Ethical Considerations	54
Researcher Role	56
Research Design.....	60
Research Process.....	61
Research Project Development Phase.....	62
Participants.....	63
Data Collection and Analysis.....	64
Working Interview Protocol	66
Interpretation of Findings	69
Dissemination	70
Consideration of Limitations	71
Conclusions.....	71
Chapter 4: Results.....	73
Participatory Process Overview	73
Relationship	75

Feedback	76
Training.....	77
Empowerment.....	77
Participatory Process Implementation	78
Data Collection	78
Data Analysis	80
Thematic Analysis	80
Themes.....	82
Categories and Patterns.....	82
Structures	82
Results: Ground, Path, Fruition	83
Ground	83
Acknowledgment of Challenges.....	84
Identification of Specific Needs.....	86
Training.....	86
Supervision	86
Diagnosis.....	87
Suicide and Self-harm.....	88
An example of a crisis Intervention	89
Substance Abuse.....	91
Optimistic Outlook.....	91
Contemplative Psychology & the ground.....	92
Path	92
Self/Individual.....	93
Counselor role identification.....	93
Self care	94
How perceived by others	95
Other/Relational.....	95
Social support.....	96
Desire to be of benefit.....	96
Cultural	96
Bhutanese values.....	97
Generational trends.....	99
Contemplative Psychology & path	99
Fruition.....	100
Community Based Action Steps and Deliverables	101
Develop training opportunities	101
Masters Level Training Program.	101
Workshops	103
DBT.....	103
MBCT	103
ACT.....	104
Suicide prevention and assessment.....	104
Mindfulness & the Four Immeasurables..	105
Mindfulness Special Topics- A Healthy Sense of Self	105

	Cultural Case Formulation and Assessment training	106
	Grow Innovative Research.....	106
	Community-based Group Organizing.....	107
	Tergar Joy of Living Meditation Group.....	107
	Special Interest group in Contemplative Psychology	108
	Official Consultation and Supervision Network.....	108
	Provision of resources.....	109
	Conclusion	111
Chapter 5: Discussion		112
Summary of Findings.....		112
Implications.....		114
Contemplative Psychology		115
Researcher Reflection		118
Limitations		118
Strengths		120
Recommendations for future research		121
Aim High		122
Innovate methodological approaches.....		122
Convene interdisciplinary teams.....		122
Investigate indigenous medicine teams		123
Consider role of gender teams		123
Further define and improve measurement of well-being teams.....		123
Conclusion		124
References.....		127
Appendices.....		142

List of Tables and Figures

Figure 4.1: <i>Stakeholders in Bhutan Counseling Project</i>	74
Figure 4.2: <i>Thematic Analysis of the Ground, comprising categories and key themes</i>	84
Figure 4.3: <i>Thematic Analysis of the Path, comprising categories and key themes</i>	93
Figure 4.4: <i>Thematic Analysis of the Fruition, comprising categories and key themes</i> ...	101
Figure 4.5: <i>Action Items and Deliverables Implementation</i>	110

Chapter I

Introduction

No culture or community of people is immune from psychological suffering. Bhutan, an oft-idealized Himalayan country, prioritizes the well-being of its citizens and is currently facing the challenges of addressing rising mental health concerns. Since the 1960s, government planning efforts and globalization have influenced far-reaching changes in traditional Bhutanese society (Upreti, 2004). As Bhutan opens to outside influences and faces rapid modernization, the government is attempting to consciously address development in all domains of life for its people through both honoring tradition and embracing modernization. The need for mental health services, counseling in particular, is receiving a great deal of attention. Important steps have been taken to support the development of the field of counseling in Bhutan, however additional attention towards culturally aware and conscious development could benefit the effectiveness of counseling efforts in the country.

International counseling efforts are best conducted in a manner that is intentional and considers context. It appears that there is a lack of applied information about needs and barriers in the developing field of counseling in Bhutan, especially at the level of the practitioner. Therefore this project aims to understand better the experiences of the counseling practitioners.

Purpose

The purpose of this project is to understand better the developing counseling field in Bhutan, its status, needs, and future directions. This project is focused on gaining knowledge on the field of counseling through exploring the lived experiences of the first-

generation counselors in Bhutan.

Significance

The significance of this project lies in its potential to elucidate how counseling is being practiced in Bhutan. Knowing this could bring benefit to the current counselors, the counselors in training, and those receiving counseling services in Bhutan. Additionally, the organizational leaders of the Royal University of Bhutan and officials within the Ministry of Education of the government of Bhutan will be provided the findings of this project. Beyond this broad significance, this inquiry has the potential to provide new information about counselor training integrated with the country's traditional values. As a Buddhist Country, Bhutan's counselor education and provision of services is influenced by Buddhist theory and practice. A clearer understanding of how Buddhism is influencing counseling would be valuable information for both the counselor-education system in Bhutan as well as the expanding integration of mindfulness, compassion, and other concepts informed by Buddhism that are being integrated into counseling practices internationally. Overall, the work of the counselor is to help ease the psychological suffering of their clients, and this project's ultimate goal and significance is in the amelioration of psychological suffering.

Cultural Considerations

Cross-cultural research requires significant attention and respect of the culture in which the researcher is crossing international boundaries to reach. Moreover, within the field of Counseling Psychology, the multicultural and diversity awareness movement has changed the perspective of the field. It is now clearly seen as an imperative that Counseling Psychologists are mindful of cultural considerations in education, practice,

and research. The methodology of this project was selected due to the complexity of cross-cultural work. Utilizing a Community based-Participatory Research approach, this study will require attention to assumptions and active engagement in self and cultural awareness throughout the research process.

Statement of Inquiry

The process of deriving research questions is reflective of the intention to be culturally sensitive and inclusive of community members. Therefore, the research questions provided are preliminary and will be refined through the development stage of the research process described in the methods section of this proposal.

The study's primary research question is: (1) What are the experiences of the first-generation of counselors in Bhutan? To address fully the experiences, the secondary questions are: (2) How has counselor training impacted their practice of counseling? (3) How do the counselors view Buddhism and/or Contemplative psychology informing and influencing their work? (4) What suggestions, areas of continued reflection, and important input do these counselors have for the development of a counseling in Bhutan?

Conclusion

Bhutan, like many other countries, is engaged in the development of a field of counseling. The proposed project seeks to inform that development emphasizing the experience of the counselor. In Chapter II, a review of the relevant literature to understand the basis of this study and the proposed research questions is provided. Beginning with looking broadly at the role of healer, the proposed study will be situated within the context of International Counseling. Then a description of Bhutan provides a snapshot of the context, with special attention to mental health needs. An overview of the

history and known current status of counseling in Bhutan can offer insight into the motivation for this inquiry. Finally, Chapter III outlines the proposed research plan and methodology. The study will use a Community based Participatory Research approach to the qualitative inquiry of the experiences of the pioneers of the field of counseling in Bhutan.

Chapter II

Review of Literature

Cultural Psychology

Understanding the human mind requires attention not only to the universal aspects of human existence (ie. we all experience suffering), but also to the differences that manifest when due attention is given to culture. The field of Cultural psychology specifically seeks to investigate the ways in which context or culture impact psychology. As a cultural species the way humans think about and experience the mind is impacted by the environment and interactions throughout one's life. For example, the very notion of *self* and how it is viewed varies depending on one's cultural context (Heine & Ruby, 2010). Is self viewed as deriving identity from inner attributes, a more independent view of self or is self conceptualized as primarily deriving identity relationally, from an interdependent self-concept? Cultural experiences impact not only self-concept, but also essential aspects of life experiences including motivation (Shweder, 1990), cognition (Nisbett, Peng, Choi, & Norenzayan, 2001), and explanatory attributions of others behaviors (Norenzayan, Choi, & Nisbett, 2002). Consideration of culture, therefore, becomes integral to understanding the nature and treatment of psychological suffering.

Who are the healers?

Communities of people have relied on a wide variety of healers and healing practices throughout the centuries. Whether they were labeled Shamans, medicine men, spiritists, doctors, psychotherapists, or counselors, healers serve a function in society as those offering aid in the treatment or resolution of suffering, illness, and discontent. Some practices of these healers are referred to as "indigenous healing" and are defined as

helping beliefs and practices that originate within a culture, that are not transported by other regions, and that are designed for treating the inhabitants of a given group (Sue, 1999). Examples of indigenous healing practices include: Curanderismo, Mexican traditional healing (Hoogasian & Lijtmaer, 2010); Qigong healing, an aspect of Chinese Medicine (Yeh, Hunter, Madan-Bahel, Chiang, & Arora, 2004); and Yuwipi, a Lakota healing ceremony (Mohatt & Eagle, 2000). A review of indigenous healing practices is beyond the scope of this proposal, however acknowledging the diversity of healing practices clearly illustrates that healing practices are not one-size-fits-all and consideration of context is crucial.

In the West, medical science has prevailed as the dominant form of healing for physical maladies, with the practice of psychotherapy and counseling often recommended for treatment of psychological distress. A practice with origins often attributed to Sigmund Freud, but first coined by Joseph Breuer, *the talking cure* (Freud & Breuer, 2004), is now a widespread intervention to address mental health concerns. A counselor is a healer that uses “professional knowledge and skills to assist people who are experiencing life changes,” have “concerns that include stress, loss, career, relationships and other personal issues,” and might be struggling with a range of issues from “common life changes” to “mental illness” (Schweiger, Henderson, McCaskill, Clawson, & Collins, 2012, p. 5). Counselors use diverse psychological interventions to assist individuals, groups, organizations, and systems with the achievement of their goals (Gerstein, Heppner, Ægisdóttir, Leung, & Norsworthy, 2012).

Counselors employ a plethora of theoretical orientations and techniques within counseling practice; therefore it is helpful to consider the common features rather than

the specific components of this healing practice. Frank and Frank (1991) identified four effective features of psychotherapy which are shared with other healing practices: (1) an emotionally charged, confiding relationship with a helping person; (2) a healing setting; (3) a rationale that provides a plausible explanation for the patient's symptoms and prescribes a procedure for resolving them; (4) a procedure that requires the active participations of both patient and therapist and is believed by both to be the means of restoring the client's health. The healing practice of counseling/psychotherapy has been situated as "a western phenomenon, with origins in the Europe and the United States" (Wampold, 2001, p. 79). However, with these common features noted, what happens with the role of counselor and practice of counseling is transported to a new environment? What are the implications of this cultural exchange?

International Counseling

As the world is becoming increasingly interconnected, economics, politics, culture and technology are now tying together a global community of humanity. Counseling has become another cultural point of intersection, with the previously Western practice now applied in new environments internationally. In recent years counseling has been introduced and reconstructed in several developing nations to address their unique mental health needs. Understanding international counseling is facilitated with an overview of the field, counselor initiatives, perspectives of counselor educators involved in international work, and guidelines or important lessons from the work done in this area thus far, to inform future international counseling endeavors.

Overview. The Counseling Psychology profession, grounded in U.S. worldviews, values, principles, and practices, has significantly impacted the evolution of counseling in

other countries in a process described as systematic internationalization (Gerstein et al., 2012). The growth in international counseling is considered one of the major and most exciting trends in the counseling profession (Hohenshil, 2010) with scholars calling international counseling the “fifth force” of counseling psychology (Lorelle, Byrd, & Crockett, 2012).

The trend of international counseling is situated in a larger phenomenon of globalization. Globalization is defined as a continual process, a series of interactions and integration among national economies, societies, and cultures (Lorelle et al., 2012). It is important to note that globalization does not mean that local communities passively give way to outside influences, but rather, that they actively respond through absorbing, assimilating and resisting worldviews, products, and politics introduced by the West (Featherstone, 1996). Similarly, international counseling, which often includes introducing a foreign healing practice developed in a very different context, must be established and redefined in its new territories with special attention to cultural context. Local communities might resist or struggle to assimilate this foreign import. Healers might need to modify or adjust the healing practice to meet the needs they face in practice. As Frank and Frank (1991) described, effective counseling requires active participation of both client and therapist and it must be believed by both to be the means of restoring the client’s health. What are the implications of the importance of this believability when counseling is transported into a different belief system as it is in international counseling efforts? How can counseling efforts in developing countries address the cultural implications of the introduction of this new healing practice?

International counseling initiatives. International counseling initiatives can

work to consider the context of the new environment in which the healing practice of counseling is being introduced. The American Counseling Association, the National Board of Certified Counselors, various universities, and private consultants have all provided assistance to countries developing counseling programs tailored to meet their unique mental health needs (Hohenshil, 2010). A special issue of the *Journal for Counseling & Development* was dedicated to this topic and included articles about the history, current status, and future trends of counseling in China, Botswana, Lebanon, Malaysia, Romania, Italy, Mexico, and Denmark (Hohenshil, 2010). Several of these examples of international counseling development noted a shortage of quality counselor training programs as the need for practicing counselors is growing at greater speed than the development of programs to train counselors to meet those needs.

One organization with a great deal of involvement in international counseling efforts is the National Board for Certified Counselors (NBCC), an independent not-for-profit credentialing body for counselors. Recognizing the trend of international counseling efforts, NBCC created an international division (NBCC-I) in 2003. NBCC-I aims to strengthen the counseling profession worldwide by promoting quality assurance in counseling practice, the value of culturally sensitive counseling, public awareness of quality, professionalism in counseling, and leadership in credentialing (“Mission Statement,” 2014). Currently NBCC-I is collaborating with Argentina, Jamaica, Mexico and Venezuela to assist with counseling credentialing for their helping professionals.

International counselor educators. The experiences of the counselor educators involved in counselor training in developing countries provide important information about international counseling efforts. To understand better the global exchange of

counselor educators, Malott (2008) conducted a qualitative investigation using a phenomenological approach. Based on an analysis of the narratives of US-based counselor educators training counselors abroad, her findings identified key traits and behaviors applied by counselor educators in cross cultural exchanges: flexibility, respect, openness to learning, and passion for cross-cultural experiences. Furthermore, the factors that increase cultural competency were identified as communication skills, increased comprehension of the context, and understanding of the counseling profession within culture. These findings suggest effective cross-cultural counselor training requires traits beyond expertise in counselor education. Specifically, counseling educators need to alter their professional and instructional practices when engaging in cross-cultural work (Marlott, 2008).

Recommendations from the field. Cross-cultural education efforts have yielded important guidelines for future international collaboration based on experiences in the field. One recommendation involves establishing relationships internationally, not just within the administration, but with the future counselors who are students receiving training. McGee and Festervand (2002) who delivered training in Portugal, asserted that cross-cultural educators establishing relationships with students should be an axiom of cross-cultural research. The establishment and maintenance of relationships with students is a primary motivator for this project.

Another important recommendation relates to indigenous healing practices and healers native to the setting of intervention or study. Lynch (2002) recommended cross-cultural counseling education efforts include the recognition of contextual healing practices. Acknowledging the high stakes of counselor training in international contexts,

Lynch asserted that when cross cultural research is conducted without the consideration of context and its influence on mental health services, researchers risk engaging in an intellectual “colonialism” or “imperialism.” This is when “a more ‘developed’ country (cultural bias intended) engages in some form of exportation of its intellectual goods to a less ‘developed’ nation with more or less...concern for the values and actual needs of the recipient of those purported goods” (p. 89).

A third guideline from international collaboration experience requires ongoing self-reflection on the part of the researcher/educator. Pedersen (2003) emphasized the importance of recognizing western assumptions or biases. An exhaustive list of western biases is not possible, however a few examples are provided that will be taken into consideration during this project. First, there can be an assumption of American superiority of its approach and counseling processes. The US has made important advancements in understanding psychology through science, however, the belief that *American* psychology is more advanced than other nation’s psychologies must be challenged. The comparison of psychological perspectives across cultures need not be a competition to determine who is more advanced. Instead cross-cultural researches can be followers as well as leaders in the global context of psychology (Pedersen, 2003).

Another important consideration of bias is the western assumption of an individualistic perspective as better than collaborative, collective, or alleocentric perspectives. This is a bias that has implications for perceiving co-dependent relationships negatively as well as judging dual relationships with a western ethical lens, rather than a contextual one (Malott, 2008). A western individualistic perspective also might project pathology on the consideration of the group over an individual’s welfare.

This assumption and others will be further addressed in subsequent sections of this proposal. Taken together, these recommendations provide useful information for the development of international counseling initiatives. Developing relationships with students, recognizing indigenous healing practices, and recognizing, to the best of our ability, any assumptions operating will help educators and researchers engage most effectively in cross cultural work.

Cultural psychology's attention to how culture impacts the mind warrants attention in the examination of international counseling efforts. Ethan Watters (2010), a journalist, documents the phenomenon of the globalization of mental health broadly and warns of the consequences of transporting western concepts of mental illness to other parts of the world. He writes, "how a people in a culture think about mental illness-how they categorize and prioritize the symptoms, attempt to heal them, and set expectations for their course and outcome-influences the diseases themselves (p. 2)." From a cross-cultural psychiatry and anthropology perspective, the experience of mental illness cannot be separated from culture. As international counseling efforts spread, the local cultural understandings and meanings need to be taken into consideration in the development of counseling efforts. Additionally, honoring the diversity of different cultures' understanding of mental health and its treatment requires documenting the knowledge that may exist in a culture, as much as possible, prior to international influences.

Conclusion

The development of the counseling profession throughout the world holds much promise for reducing adventitious psychological suffering. Counseling Psychology is in a prime position to invest energy to understand, support, and further these endeavors. For

this particular project, the entry point for international counseling work and research is a small Himalayan country boarding India and China. The Himalayan country of Bhutan is a unique example of a developing country that seeks to develop a field of counseling to address the mental health needs of their citizens. Like many other nations developing the field of counseling, there is significant momentum for advancement, while simultaneously a need for careful, intentional choices for collaboration and influence in the developing field. In the following section an overview of the background on Bhutan, with special focus on topics relevant to mental health and the development of the field of counseling is provided.

Bhutan

A snapshot. Contextual factors of a country's political, economic, and social characteristics will inform the development and practice of counseling in that setting. The following section describes aspects of Bhutanese history and culture. Although it would be impossible to describe fully this unique Himalayan kingdom and capturing complexity and depth, the following provides a snapshot of the salient contextual information.

Population and Geography. Bhutan is a relatively small country in the southern slopes of the Himalayas with territory spanning 38,394 square kilometers (United Nations Data, 2014). The population of Bhutan is estimated at approximately 733,000 (World Health Organization, 2014). For comparison, Milwaukee has a population of around 1,000,000. In terms of territory, Bhutan is about half size of the state of Indiana (Central Intelligence Agency, 2014). Thimphu is the capital city with a population of 99,000 reported in 2011 (United Nations Data, 2014). Bhutan borders China to the north, and India to its south. Sixty-four percent of the land is covered in

forests, protected by the Bhutanese government (Upreti, 2004).

Language. Dzongka is the national language, and there are different dialects spoken in different regions of the country (Upreti, 2004). The majority of Bhutanese speak in Tibetan with words blended from local dialects. English has been taught in schools since 1964 (Upreti, 2004) and around 80% of educated Bhutanese can read, write, and speak proficient English (Phuntsho, 2000).

Technology and Media. The relationship of Bhutan with technology illustrates how rapidly the country has modernized. Television was first introduced in 1998 (McDonald, 2004). Current cable TV offers dozens of Indian and international channels (CIA, 2014). Internet arrived in 2004 and there is a state-owned radio station, and five privately owned stations as of 2012 (CIA, 2014). Media and its impact on Bhutan has been a source of much debate with sides arguing for no advertising on Bhutanese television, and others calling for no government restriction on the media entering Bhutan (Phuntsho, 2001).

Culture. Bhutan is multi-ethnic, multi-lingual, and multi-cultural inhabited by many ethnic groups and subgroups of varied social, cultural, and racial backgrounds (Upreti, 2004). Three ethnic groups that have been distinguished are Ngalops in the West, Sharchops in the East, and Lhotshampas in the south (Upreti, 2004). National traditional dress is required in public places. Described as only sporadically enforced, this law is most utilized for attendance at religious buildings, monasteries, government offices, schools, and official functions and public ceremonies (CIA, 2014).

Religion. The official religion of the country is Buddhism. Buddhism arrived in Bhutan around 750 AD, introduced by Padmasambhava, a teacher visiting from Tibet

(Phuntsho, 2000). Most closely related to Tibetan Buddhism, Bhutanese Buddhism is unique, incorporating indigenous beliefs that pre-date the introduction of Buddhism into Bhutan. In the 17th century, Tibetan and Mongolian armies invaded Bhutan, both independently and as allies, but without success (Chakravarti, 1980). Lama Ngawang Namgyal is credited with defeating the Tibetans and unifying what is now Bhutan and declared himself to be the supreme religious and political head in Bhutan with the title of Shabdrung (Chakravarti, 1980). In 1660 the Shabdrung formed a state council and separated the “system of government and its power into two, the religious and the secular” (Chakravarti, 1980, p. 35).

Despite Buddhism’s integration in society, not all Bhutanese are Buddhist. The US Department of State’s (2007) International Religious Freedom Report for Bhutan estimates that approximately three-quarters of the country practice Drukpa Kagyupa or Nyingmapa Buddhism. One-Quarter of the population is ethnic Nepalese who live predominantly in the south and practice Hinduism. Christian, Catholics, and non-religious groups were less than 1% of Bhutan’s population.

Indigenous healing. Historically in Tibet and Bhutan, there was a medical system made up of Ihaba (shamans), Onpo (astrologers) and Amchis (practitioners of Tibetan Medicine) who were the indigenous healers using bio-resources, minerals and beliefs (Kala, 2005). The medical system was pre-Buddhism in the Himalayas and continues to be practiced today in the trans-Himalayan region. An example of a belief attributed to Amchis still practicing today is that mental disturbances due to unhappiness have an effect on the functioning of the gastro-intestinal tract, including liver and pancreas that results in chronic health hazards. Herbal remedies applied for treatment are made from

the over 600 medicinal plants used in Bhutanese traditional medicine. Traditional medicine is gradually declining in the trans Himalayan region (Kala, 2005); however, in Bhutan an Institute of Traditional Medicine Services has been established to preserve the knowledge of Bhutanese and Tibetan Medicine. Bhutan aims to keep pace with the discoveries of the last century in modern medicine, but also not lose its valuable indigenous knowledge. This priority of maintaining tradition and modernizing is evident in the practice in local hospitals of giving patients choice in whether treatment is traditional medicine or modern medicine at local hospitals in Bhutan (Dharmananda, 2014).

Politics. Prior to Buddhism, Bhutan was an absolute monarchy with their Kings claiming divine origin (Chakravarti, 1980). The country was unified in 1907 with a hereditary monarchy (Upreti, 2004) and remained closed to foreign countries until 1961 (Brunet, Bauer, de Lacey, & Tshering, 2001). In 2005 the King abdicated his throne to his son, Jigme Khesar Namgyel Wangchuk and announced the intention to shift toward democracy. Bhutan began developing a democratic system of government with its ever first elections in March of 2008 establishing a 25-member National Council, a 47-member National Assembly, and Bhutan's first formal constitution. The constitution draws from Buddhist precepts, international human-rights charters, and other countries basic laws (Muni, 2014). In July of 2013, the People's Democratic Party (PDP) became the party in power, overtaking the Bhutan Peace and Prosperity Party (DPT), marking a move toward democracy (Muni, 2014). Over the past six years since their first election, Bhutan has worked to establish the institutions and functions of a democratic government (Bhutan Foundation, 2009b).

Bhutan's movement toward democracy is also evident in an increased ability for Bhutanese to discuss issues of governance and social issues. Public and candid conversation is more possible than it was prior to democratization (Muni, 2004). This increase in openness is also reflected in a new law that was introduced by the Prime Minister, Tshering Tobgay, to increase accountability and transparency (Muni, 2014). Internationally, the only political conflict for Bhutan is territorial disputes with China regarding cartographic discrepancies (CIA, 2014).

Politics and Religion. There is no separation of church and state in Bhutan. An annual government grant finances the country's Monastic Body of 3,500 monks. Monastics are also guaranteed positions in the government as 10 seats in the 150-seat National Assembly and 2 seats on the 11-member Royal Advisory Council are reserved by statute for Buddhist monks, a sign of respect for the country's tradition of Buddhist spiritual oversight (US Department of State, 2008). Civil law in Bhutan is based on Buddhist religious law (CIA, 2014). The Bhutanese government supports both Kagyu and Nyingmapa Buddhist Monasteries, the two dominant Buddhist lineages in Bhutan. The royal family practices a combination of the two lineages as well.

People of different religious backgrounds report different experiences of religious freedom living in Bhutan. According to the US Department of State's 2008 International Religious Freedom Report, followers of religious groups other than Buddhism and Hinduism were free to worship in private homes, but some NGOs alleged that they were prohibited from building religious buildings and congregating in public. NGOs also argue that Buddhist prayer and religious teachings are permitted in schools. Christian groups

also reported that they felt their religious meetings had to be held discreetly, especially in rural areas, for fear of the authorities.

Education. With the arrival of Buddhism in Bhutan around 750 AD, so marked the beginning of some form of traditional education. Formal training in Buddhist philosophy, dialectics, and linguistics was provided as monastic institutions spread into various districts in Bhutan (Phuntsho, 2000). In the later half of the twentieth century, Bhutanese religious scholarship intensified, in part influenced by Tibetan refugees after China's invasion of Tibet.

Until the end of the 1950s, Bhutan remained an isolated country with little interaction with the outside world. The education system was monastic. Although self-sufficient, most people worked as subsistence farmers and there were minimal social services including educational facilities (Phuntsho, 2000). Formal education via schools was introduced in 1959 when eleven schools were established. Modern education expanded rapidly since then and has brought significant changes to the society.

Parents in Bhutan faced the choice of whether to send their children to schools for a modern education, send them to monasteries for a traditional education, or keep them at home to maintain their farms (Phuntsho, 2000). By the 1980s modern education was the dominant choice parents made possibly due to the number of institutions established and the priority that the government placed on education (Phuntsho, 2000).

The Royal University of Bhutan (RUB) was founded in June of 2003 by royal decree. RUB is the sole university system in Bhutan (Royal University of Bhutan, 2014). With 11 constituent colleges, the Post Graduate Diploma Programme for Counseling and Guidance is housed in the Samtse College of Education.

Much of what has been written and distributed about Bhutan has been by foreigners, however recent scholarship on Bhutan by Bhutanese themselves is growing (Pommaret, 2000). The *Journal of Bhutan Studies* has provided a forum for researchers and scholars to make their work available within Bhutan and also to the outside academic world.

Development through partnership: Emergency medical care. The development of the healthcare system in Bhutan, specifically emergency medicine, provides a useful example of how development has occurred through partnerships with organizations outside the country. A general process for this involves Bhutanese receiving training in the United States or internationally, and then returning to Bhutan to practice with their new expertise and eventually share it as trainers. The example of emergency medicine is provided to illustrate this process.

In April 2009 a group of doctors and nurses attended an intensive one-month training at Phelps Memorial Hospital in New York, becoming the first doctors and nurses from Bhutan to be trained in emergency medicine (Bhutan Foundation, 2009a). Later that same year, in October of 2009, one of the doctors trained at the Phelps Hospital lead workshops to train 65 police officers and firefighters, 150 taxi drivers, and 30 nuns to become first responders (Spring 2010 newsletter). The Bhutan Foundation and Ministry of Health Emergency Medical Services program continues to hold First Responders Workshops. Additionally, through a partnership with Health Volunteers Overseas (HVO) a program was established for HVO emergency department physicians to be placed in the hospital in Thimphu to provide onsite clinical teaching to Bhutanese health providers (Bhutan Foundation, 2009/2010). More recently, The Bhutan Foundation also partnered

with Harvard Humanitarian Initiative (HHI) to conduct a “Training of Trainers” workshop where thirty doctors and nurses were trained to teach basic emergency medicine and these newly trained health professionals later conducted workshops to train additional doctors and nurses at two additional hospitals in Bhutan (Bhutan Foundation 2011).

Addressing emergency medical care was then further supported in 2011 through the development of Bhutan’s first trauma registry, a web-based system, with help from Tuft’s University Medical center (Bhutan Foundation, 2011). The aim of this registry is to generate information for evaluation of outcomes, optimize and analyze data to support resource utilization and overall improve performance in trauma care and health care. In addition to Phelps Hospital and Tufts University, Bhutan also partnered with Yale University to develop a BA in public health in collaboration with Bhutan’s Royal Institute of Health Sciences (Bhutan Foundation, 2011).

In addition to basic training, trainers from the US also helped with more specialized training. In November of 2012, instructors from the Phelps Memorial Hospital trained Bhutanese medical professionals in advanced cardiac life support (ACLS) and pediatric advanced life support (PALS) (Bhutan Foundation, 2013). This illustrates the increasing specialization in training over time, as well as ongoing partnerships with the international trainers that provide mentorship and training for Bhutanese medical professionals. By 2013, the Bhutan foundation reported that over 150 doctors are now trained in emergency medicine (Bhutan Foundation, 2013).

This emergency medical training and dissemination provides an example of the model of sending a few Bhutanese abroad for education and then utilizing their newly

acquired expertise to train others. During the 2013-2014 fiscal year, over 950 scholarships were provided for Bhutanese citizens to pursue higher education both within and outside Bhutan. Also, bringing international experts to Bhutan to train Bhutanese in ongoing partnerships seems to be a strategy for development utilized in multiple domains (healthcare, counseling, special needs education). In November of 2013, Bhutan opened a National Emergency Education center and had its inaugural training. With several years of partnership with organizations outside Bhutan, the emphasis now is to be able to focus on in-country training of health care professionals through this newly established center (Bhutan Foundation, 2014).

Economy. Bhutan is doing well economically according to the National Budget released by the Ministry of Finance for the fiscal year, 2013-14 (Ministry of Finance, 2014). According to a Labor Force Survey Report, the unemployment rate in 2013 was estimated at 2.1% as compared to 3.1% in 2011. The youth unemployment was 7.3% as compared to 9.2% in 2011. One indicator of a country's dominant priorities could be their allocation of funds. Specifically, 17% of Bhutan's funds are allocated to education and 20% to general public services. Some of the funds allocated for education have budget lines for curriculum, research and development. Additionally, funds were provisioned for Royal University of Bhutan to enhance quality, relevance and access to tertiary education (Ministry of Finance, 2014). Often known internationally as the country that rejected Gross National/Domestic Product (GNP/GDP) in favor of "Gross National Happiness" (GNH), Bhutan's approach to development reflects the Buddhist worldview and values.

Gross National Happiness (GNH). Most frequently, if someone has heard of the country of Bhutan, it is likely that it was paired with the words "Gross National

Happiness.” Gross National Happiness (GNH) has been the guiding force of development for the country. The concept of GNH communicates a shift in emphasis of development away from a material/profit driven approach towards an approach that promotes the well-being and prosperity of the people

The Centre for Bhutan Studies explains the Gross National Happiness Index in detail (“An Extensive Analysis of GNH Index,” 2012). GNH has nine core domains, regarded as the components of happiness, selected on theoretical and statistical grounds. The domains are: (1) Psychological wellbeing, (2) Health, (3) Time use, (4) Education, (5) Cultural diversity and resilience, (6) Good governance, (7) Community vitality, (8) Ecological diversity and resilience, and (9) Living standard. “Happiness comprises having sufficient achievements in six out of nine domains (p. 2).” The GNH index also takes the position that beyond a certain point, higher achievements to quality of life do not need to keep being added. Instead attention is focused on a “middle band” of achievements that contribute to well-being. This position is one of many divergences from a capitalist driven measurement of development or growth.

Understandably, GNH has been the subject of much international interest as evidenced by the Bhutan influenced 2012 resolution adopted unanimously by the General Assembly at the United Nations (Ryback, 2012). The resolution stated, “Conscious that the pursuit of happiness is a fundamental human goal” and “recognizing that the gross domestic product...does not adequately reflect the happiness and well-being of people” (as cited in Ryback, 2012, p. 1). For the purposes of this proposal, more specifically, GNH is relevant for a few reasons. First, both the domains of Psychological well-being and Health have relevance to the development of counseling in Bhutan. Psychological

well-being has measured indicators of life satisfaction, positive emotions, negative emotions and spirituality. Health as a domain also includes mental health. GNH is also relevant to the development of counseling in that the government and social services it seeks to provide are motivated by addressing psychological well-being and health. Therefore, the government's support of counseling and the role of counselor, an official job position, is significant and a valuable asset to the developing field. A last consideration for the impact of GNH on counseling is that it is possible that it could be a source of pressure for counselors to perform well in order to meet the objectives of GNH. This is not documented, however it could be explored through the proposed project.

Mental Health

Like many developing nations, Bhutan is facing increasing mental health needs (National Mental Health Programme, 2014). Non-communicable diseases (NCDs), which include mental health (neuropsychiatric conditions), are the largest health concern in Bhutan and the cost of care due to NCDs in Bhutan is rapidly increasing (The World Bank, 2011). According to the World Health Organization, Bhutan is experiencing increasing incidence of depression, addiction, and suicide as well as increasing reports of divorce and domestic violence (World Health Organization, 2007). To provide an overview of the mental health in Bhutan, the following section will focus on specific documented concerns, incidence, providers, and infrastructure.

Mental health concerns. A few specific concerns regarding mental health in Bhutan have been documented.

Substance use. Substance abuse has emerged as a major issue in Bhutan suggesting that addressing mental health in Bhutan will have to take substance abuse

treatment into account. Treatment and rehabilitation facilities are needed as well as training mental health professionals to manage substance use disorders in the community (Pelzang, 2012). Alcohol and substance use is seen as contributing to incidence of domestic violence, divorce, and the youth of Bhutan dropping out of school. According to an article in the Bhutanese, a local newspaper, over the past ten years there have been 41 deaths due to drug overdose (Dema, 2013).

In 2009, plans were announced to build the first rehabilitation center in Bhutan outside of Thimphu, the capital city, where drug issues are most prominent. The rehab center is a joint venture of The Youth Development Fund (YDF) and Bhutan Narcotic Control Agency (BNCA) (Bhutan Foundation, 2009a). The new center plans to recruit professionals who will help alcohol and drug dependent clients. The center's services "will focus on counseling for clients and their families and support in building individual confidence and skills." (p. 6). The current status of the proposed rehabilitation center is unknown.

Suicide. One of the most severe consequences of untreated mental illness is suicide. Suicide has become another major mental health concern requiring attention in Bhutan. According to an article in *Kuensel*, the daily newspaper in Bhutan, the Royal Bhutan Police report that there have been 378 known cases of suicide between 2009 and 2013 (Lhadon, 2014). Research efforts have documented suicide rates in other countries on the Indian subcontinent, however beyond police records, "virtually nothing is known" about suicide in Bhutan (Khan, 2002, p. 104).

Domestic violence. Respect Educate Nurture and Empower Women (RENEW) is an organization aimed at supporting women and families in Bhutan. The organization

documents reports of physical assault or battery and describes a sharp increase in recent years with 1,928 cases of domestic violence recorded in the past ten years. (“A plea for behavior change”, 2014). RENEW’s statistics show that domestic violence is the most prevalent in the 26-30 age group.

Youth in Bhutan. Although “youth” is not a category that necessarily fits as a mental health concern, it is clear that the youth in Bhutan are the focus and impetus for much of the concern and action around addressing mental health needs in the Country. The Bhutan Youth Development Fund (YDF) (2014) attributes the struggles the youth of Bhutan are facing to major changes that are occurring throughout the country. Describing the situation for youth, YDF notes the following conditions: (1) rising rates of rural-urban migration bringing many young people of the land and into cities, accelerating the breakdown of the extended family system, (2) exposure to television, the internet, and pop-culture, (3) Increased mobility as they no longer stay in their provinces as youth did in the past. These conditions lead to increased alienation, self-doubts and self-destructive behavior, and exposure to drugs and HIV/AIDS.

The youth of Bhutan are navigating a world that looks different than it did for their parents and grandparents when they were growing up. The term “generational gap” is a common one in Western countries referring to the differences between people of younger generations and their elders (Howe & Strauss, 2002). It is safe to say that a generational gap and potentially a values divide is developing in Bhutan. The difference in values becomes relevant to the conversation on mental health as concern for the challenges of the youth in Bhutan grow.

Incidence. It was not until 2002 that a community-based pilot survey was

conducted in three districts in Bhutan to assess the prevalence of severe mental disorders. Using a sample of 45,000 community members, a government survey determined that there were 273 severe cases of mental illness: 83 alcohol dependence, 69 epilepsy, 49 depression, 39 mental retardation, 17 psychosis, and 16 suicidal cases (Nirola, 2010). Although the survey was an informative first step in generating information about mental health needs in Bhutan, the process was also considered a “learning experience for both health workers and community leaders on mental health...(bringing) to light that there is general lack of awareness on the modern concepts of mental disorder and their management in our community (National Mental Health Programme, 2014, p. 1).”

Limitation of the survey approach and implications of the findings were not discussed in the National Mental Health Programme survey documentation, therefore it is not known if these numbers are an accurate representation or are underreported.

More current numbers on the incidence of treated cases of mental health issues have come out of the Department of Psychiatry at the Jigme Dorji Wangchuck National Referral Hospital (NRH) in Thimphu, where most mental health issues are treated. The Annual Health report is issued by the Ministry of Health and indicated that there were 2846 new cases of mental disorders between July 1999 and December 2008 (Annual Health Bulletin, 2009). Because there is no comparative data within Bhutan, it is unclear as to whether the number of treated cases is higher than expected. Nonetheless, of these treated cases, the majority (41.5%) of concerns were identified as “other conditions” including alcohol/substance abuse, followed by depression (29.3%), anxiety disorders (19.2%), and psychosis (9.7%) (Annual Health Bulletin, 2009). Ultimately, the National Mental Health Programme concluded from the Annual Health data that depression is the

most common mental disorder in Bhutan. Other perceptions of these statistics are unknown.

Providers. Mental health issues in the U.S. are often treated by psychologists, counselors, and social workers, which could fall under the general category of mental health providers. In Bhutan, with only two psychiatrists in the country, mental health providers are scarce. The first Bhutanese psychiatrist, trained in Sri Lanka, did not return to start work in Bhutan until 1999, just 15 years ago. According to Nirola (2010), there are currently two trained psychiatrists in the entire nation. The nature of their services and how they are employed to meet the mental health needs in Bhutan is not known.

In response to the emerging need for trained professionals to address mental health needs, NMHP has determined that current needs can be addressed in several ways. First, general medical doctors are given a one-week course on identification and treatment of mental illnesses and yearly refresher courses (Nirola, 2010). Although an important first step in meeting mental health needs, a week-long course may limit the ability to provide the education required for quality care, thorough diagnosis and effective treatment. Next, primary health workers are also given the same one-week course, tasked with identifying cases and referring them to the NRH. A third way Bhutan has tried to meet mental health needs is through tele-medicine in which health workers in hospitals or clinics can seek specialist consultation with other health workers in the country using cell phone technology (Nirola, 2010). The effectiveness and utilization of tele-medicine method is not yet known.

Infrastructure. In addition to addressing *who* provides care to those experiencing mental health issues, it is also necessary to consider both the *systems* in place to provide

the care and *where* care is provided. Before 1997 there were no mental health programs or strategies within the health sector to address mental health needs in Bhutan (National Mental Health Programme Document, 2014). In July 1997, the National Mental Health Programme (NMHP) was established with the aim of providing mental healthcare within the umbrella of general healthcare. Currently Bhutan has 63 community-based psychiatric units with a total of 100 beds; however none of the treatment facilities have trained psychiatrists, psychologists, or counselors (Pelzang, 2012).

Prevention-oriented programs are also beginning to be utilized to address emerging or future mental health needs in Bhutan. A website for The Youth Center Division of the Ministry of Education describes a forum they held with 57 students, “Promoting Youth Mental Health and Wellbeing” in June 2014. The forum emphasized awareness of maintaining good mental health and its impact on living a productive and meaningful life, with specific information about symptoms of anxiety and depression and their treatment, as well as mindfulness practices. A youth center for Bhutan, called Nazhoentew, is envisioned as an organization supporting prevention of mental illness (Youth forum on promoting health and wellbeing, 2014).

With both voluntary and involuntary patient admission, it has become the responsibility of the primary care physicians and community health workers to manage patients with mental health needs within psychiatric units. Given the current state of qualified practitioners and basic resources to care for those contending with mental health concerns in Bhutan, it is reasonable to suggest that increased resources and more information about the experiences of those providing mental health services are needed to address the current needs.

Recommendations for the Future. Noting that the initial attempt to integrate mental health care only through primary care has been unsuccessful, the World Health Organization (WHO) has proposed a revised mental health policy to take a broader view of mental health care and achieve the objective of providing effective mental health care in Bhutan (WHO, 2012). Recognizing the urgency to meet the mental health needs of Bhutan, the WHO has made several recommendations. One recommendation to address the challenge of patients being treated mainly in district and referral hospitals, and not in the community, WHO recommended that more mental health professional are trained and posted in the community. The proposed project aims to support the WHO recommendation through supporting the training of counselors that will serve in the community.

Next, a recommendation forwarded by the WHO emphasized the integration of traditional and religious care in mental service delivery. Integration of traditional care is described as an attempt to “potentially alleviate some of the myths and misconceptions that are attached to modern medical treatment” as well as make mental health care more culturally congruent (Pelzang, 2012, p. 343).” The WHO recommendation is directly addressed within the current program for counseling and guidance training and the plan for a Masters degree in counselor education to be based in a Contemplative Psychotherapy orientation (see section on Counseling in Bhutan and Contemplative Psychotherapy for further description). Additional WHO recommendations include improving the mental health literacy and awareness within the public, development of a reliable and valid database on prevalence, and collection of basic statistics (Pelzang, 2012).

Although the entire scope and impact of mental health issues in Bhutan is not fully known, it is clear that there is a need to better address mental healthcare. There are also political/governmental level needs requiring attention including the absence of mental health related laws in the country (Weerasundera, 2011). The aggregate of the available information on mental health in Bhutan strongly points toward action to address the growing mental health care needs in Bhutan.

The National Mental Health Programme (2014) report concluded with the following commentary:

Although the National Mental health Program in Bhutan was launched very late, we are doing reasonably well. We have been trying best to lay a good and solid foundation on which we can build our future program. Notwithstanding, the many constraints we have such availability of limited manpower and resources, we have a very motivated group of health workers and we are determined to achieve our goal of providing basic mental health services to all individuals at the community level in the near future. Remember *the process of development that we have embarked upon will inevitably bring us not only prosperity but also more pressure and strain on our mental well-being. A Comprehensive National Community Mental Health Program will assist all our citizens to cope better with the increasing demands and ensure that we are working towards our goal of increasing "Gross National Happiness"* (p.7).

Clearly Bhutan is both invested in and in need of more professionals trained in mental health services to address their growing mental health needs. As such, the project's purpose is to support the development of further training in mental health

services. To explore further how mental health needs are being addressed, the next section will focus on Counselor training in Bhutan.

Counseling in Bhutan

The healers in Bhutan, prior to the country opening to international influence, were practitioners of Indigenous Bhutanese Medicine and spiritual leaders or monastics. In the last decade, a new form of healer has come to the front lines of the territory of psychological suffering. This healer is part of a developing field of counseling. Faced with unique contextual challenges, Bhutan has sought out this historically western form of healer, but holds hope that the training of their counselors will integrate western mental health knowledge and treatment recommendations with indigenous Bhutanese cultural values and practices.

Like many other international locations (e.g. China, Botswana, Lebanon, Malaysia, Romania, and Mexico) Bhutan has sought collaboration with counselors internationally to develop their own field of counseling. Much like the mental health system, counseling in Bhutan is also in its infancy. In what follows, a review of the history of the counseling field, counselor education, the development of standards in the field, and counselor educator perspectives is provided. Both a historical overview as well as suggested evidence that more documentation of the current status and needs of the counselors in Bhutan will be included.

Overview of Counseling Efforts. The first public, documented, identification of a need for counseling in Bhutan came by way of Royal Decree. In 1996 the Fourth King, who has since abdicated, called for a Youth Guidance and Counseling Programme to be established to address increasing issues youth in Bhutan are facing (“Bhutan Board

For Certified Counselors To Be Established,” 2013). Since then, one of the King’s wives, Her Majesty Gyalyum Sangay Choden Wangchuck, has also been a powerful supporter and voice for counseling to promote mental health and improve well-being. The Queen has been credited with starting counseling in Bhutan, because she founded and serves as president for an organization called RENEW (Respect, Educate, Nurture, and Empower Women). RENEW is a NGO with the purpose of empowering disadvantaged girls, women, and families in Bhutan (Benshoff, 2011). In September of 2008, the queen received an award for Excellence in Mental Health Awareness for recognizing and taking action to address mental health issues in Bhutan through her work at RENEW, presented by the National Board for Certified Counselors. (“NBCC Honors Bhutan Queen; Counseling Initiatives Announced”, 2008).

National Board for Certified Counselors collaboration. NBCC’s involvement with Bhutan was initiated by Tshering Dolkar who had received a government scholarship to the University of New Brunswick, Canada, for a Masters degree in counseling. She did seven years of post-graduate coursework to earn her the distinction of becoming the first National Certified Counselor (NCC) in Bhutan (“First NCC in Kingdom of Bhutan,” 2008). Since then, NBCC has been a key collaborator, organizing a three-week institute for counselor educators and practitioners hosted by Old Dominion University in October of 2011. Participants in the institute included the Warner School of Education at the University of Rochester, Indiana University of Pennsylvania, State University of New York, and Adams State University in Colorado (Benshoff, 2011).

Independent of the collaboration with NBCC, the Royal University of Bhutan (RUB) initiated a collaboration with Naropa University’s Contemplative Psychotherapy

program in 2008. It appears that this collaboration with Naropa University has been more aimed at counselor education rather than counselor certification, as the Naropa faculty are involved in the only RUB training programme of Bhutanese Counselors.

Naropa University collaboration. In the fall of 2008, Dasho Pema Thinley, the Vice Chancellor of Education at the Royal University of Bhutan (RUB) visited Naropa University's Contemplative Psychotherapy (MACP) department. During his visit he communicated his interest in utilizing Contemplative Psychotherapy's integration of Buddhist Psychology and western psychology to inform the development of counseling in Bhutan.

In 2009, Associate professor MacAndrew Jack, Core Faculty in the MACP department at Naropa and Jane Carpenter, Associate Professor in the BA Program in Contemplative Psychology, traveled to Bhutan to initiate the collaboration between Naropa and RUB. Two Naropa faculty have traveled to Bhutan biannually to serve as trainers with the title of Visiting Professors in RUB's Post-Graduate Diploma program in Counseling and Guidance each year since its inauguration in 2010. The link between Naropa and RUB was made official through a Memorandum of Understanding (MoU) Signed June 4th, 2010 (see appendix B for MoU). The MoU was not specific to collaboration on counseling, however, stating more simply that the agreement signified mutual respect and academic collaboration.

Counselor Education. Currently, the healers in Bhutan are being trained in the practice of counseling through a Post-Graduate Diploma Programme in Guidance and Counseling (PGDGC), which was launched in 2010 (Ashley, 2013). Prior to this Diploma Programme, several Bhutanese, like Ms. Dolkar, were sent abroad, to Australia and

Canada to complete a MA in Counseling Psychology. Four of those with Masters degrees are now Professors serving as the core faculty of the PGDGC. The programme is described on the Samtse School of Education website:

Postgraduate Diploma in Guidance and Counseling (PGDGC). The PGDGC programme will prepare competent and committed personnel, both from within and outside schools, who are capable of providing guidance and counselling services that are responsive to the changing needs of the country. It will focus on guidance and counselling strategies that are preventive, developmental, as well as remedial in nature. The programme will equip the counselling personnel with skills necessary to address emerging issues in the community and assist a young population to achieve optimal personal growth, ability to self-reflect, acquire positive social skills and values, realize full academic potentials, and make important life decisions. Contemplative practice and mindfulness awareness forms an integral part of the programme to develop both insight and wisdom into the psychological processes of self. The duration of the course is two years through mixed mode of distance learning and residential schools and one year for full time course. (Post-graduate Diploma in Guidance & Counseling, 2014, para. 1).

The training program consists of a two-year training with in-residence 4-week summer and winter sessions. Both sessions include a 3-5 day meditation retreat that has been led by Naropa University Visiting Professors who collaborate with RUB professors to establish the curriculum of the modules. Examples of Modules taught in the PGDGC are: Human Development, Counseling Skills, Career Guidance, and Group Therapy. A

full time one year training option is being implemented (Ashley, 2013). The orientation of the training, integrated into each course, is Contemplative Psychotherapy. In the following section a description of this theoretical orientation is provided.

Theoretical orientation: Contemplative psychotherapy. Contemplative Psychology is a theoretical approach to understanding psychological suffering that emphasizes Buddhist understanding of the mind. Contemplative Psychotherapy (CP) is the application of Contemplative psychology in the form of psychotherapy. In the following section a historical background on CP, description of a few key components of its theory, and rationale for its use are provided.

Background. Nimmanheminda, Unger, Lindemann, and Holloran (2010) provide historical background on Naropa University and Contemplative Psychotherapy:

Chogyam Trungpa, Rinpoche, originally founded Naropa University as the Naropa Institute in the summer of 1974. Trungpa was a Tibetan Buddhist meditation master who escaped from Tibet in 1959 along with the Dalai Lama and many other prominent Tibetan Buddhists during the Chinese takeover of Tibet. At that time, Trungpa, who was about 16 years old, had been recognized as an incarnate of the Karma Kagyu lineage of Tibetan Buddhism and had served as abbot of the Surmang monasteries in eastern Tibet. After spending time in India, Trungpa relocated to England, where he studied at Oxford...In 1970, he came to the United States, where he established a series of meditation centers now known as Shambhala International. Today, there are more than 170 such centers around the world...With the help of committed followers, he took Naropa from a summer institute to an accredited, degree-granting institution. Today, the university has

over 1,000 students in undergraduate and graduate programs on three campuses in Boulder.

In 1976, Dr. Ed Podvoll, a psychoanalytically trained psychiatrist, along with a few of Trungpa's students, created a master's program in Buddhist and Western psychology, now known as the MACP. This was the first degree-granting program at Naropa...it has sought to integrate Eastern and Western thought. As a nontheistic religion, Buddhism is frequently viewed as a philosophy or psychological system as much as a religion—at least as we think of religion in the West. (p. 310)

Naropa's MACP program in Contemplative Psychotherapy was the access point that Dasho Pema Thinley chose for counselor education in Bhutan to be infused with Buddhism.

What is Contemplative Psychotherapy? Contemplative Psychotherapy (CP) is a synthesis of Buddhist and western psychological perspectives that continues to be refined and developed by its students and teachers. CP could be seen to have two parents: the wisdom traditions of Buddhism and the clinical traditions of Western Psychology, most predominantly the humanistic school (Wegela, 1996). Additionally, CP draws from existential, client-centered and psychodynamic/relational approaches to psychotherapy.

The Buddhist influence in CP is both in theory and application. Therapists with a CP orientation engage the practice of mindfulness/awareness meditation to become familiar with their own minds in both sanity and confusion. This and other contemplative practices engaged in during training and beyond aim to cultivate a deeper understanding of the nature of reality and the nature of self-experience as well as greater attunement

with clients and increased compassion for self and other. A CP therapist has also been trained in the theories of Buddhist psychology, including a large portion of the canon of Buddhist teachings through primary texts as well as through texts written by contemporary Buddhist scholars and Contemplative Psychotherapists in practice. However, not all Contemplative Psychotherapists are Buddhist as training emphasizes Buddhist psychology/philosophy and not necessarily the religious aspects of Buddhism.

Similar to an existential approach, contemplative psychotherapy sees suffering as inevitable, but also as potential for growth and understanding (deWit, 2008). Denying or avoiding suffering leads to stagnation and mental health concerns. It is important to note, however, a distinction between two types of suffering. There is necessary suffering, suffering inherent to the human condition (eg. old age, sickness, death, loss) and then there is adventitious suffering. Adventitious suffering is what is added on to a situation, it is often conditioned and often unconscious ways of relating to experience. The root of this adventitious suffering is ego-attachment, or more simply, the ways experience is narrowed, perceiving oneself as fixed, separate from others, and incapable of growth and change. As a psychotherapist or counselor, a central goal is to acknowledge, validate, and understand true suffering, while working with the client to understand patterns leading to adventitious suffering.

Key concepts. Three key concepts in the theory of Contemplative Psychotherapy are Mindfulness, Maitri, and Brilliant Sanity (Trungpa, 2005). A thorough discussion of each is not warranted for this proposal, however a basic understanding will illustrate more fully the theoretical orientation that is a foundation for counselor training in Bhutan.

Mindfulness defined simply is non-judgmental awareness of what is occurring in

the present. It is the ability of our mind to observe without criticism. It is taking a balanced interest in things exactly as they are. Sakyong Mipham Rinpoche (2003) described the power of mindfulness as bringing our mind back to attention of a particular object, and the power of awareness as knowing when we do it (p. 49). Utilized as a practice for self-care and cultivation of wisdom for the therapist, Mindfulness is also as an applied technique in psychotherapy. For example, Epstein (2007) wrote, “non-judgmental light of mindfulness permits a simultaneous dis-identification from and integration of self-images that have often been unquestioned assumptions or split off rejections” (p. 49). Mindfulness, therefore helps work with ego and sense of self to allow for more integration and experiences of wholeness.

Maitri means loving kindness (Wallace, 1999). It is an attitude of openness and warmth brought to experience. The more of oneself that is accepted and opened to, the less divided and solidified one feels about who he or she is; and the less one is trapped by the need to protect him or herself. Having self-compassion is viewed as a significant step in psychological healing. Trungpa Rinpoche (1988) writes about compassion towards the process of ego: “we have to develop genuine sympathy for our own experiences of darkness as well as those of others” (p.62). Maitri is offered as an antidote to the self-aggression and self-criticism that is common in experiences of psychological suffering. Mindfulness-awareness and compassion leads to decreased ego-fixation and therefore amelioration of suffering. Put another way, increased awareness and compassion lead to new ways of relating to experience, and to more conscious choice about how one responds rather than reacts to their symptoms, thoughts, or feelings.

Last, but most importantly, the view of Contemplative Psychotherapy is of human

nature that is basically good, intrinsically healthy and whole. From a Buddhist perspective, our fundamental nature is open, clear and compassionate (Wegela, 1996). This inherent wakefulness is called *Brilliant Sanity* in Contemplative Psychology. It can also be referred to as basic goodness or *Buddha-nature* and its recognition is a core process in Contemplative Psychotherapy. This could be comparable to a humanistic view of innate goodness, or innate tendency toward positive growth (Rogers, 1961). Suffering is not seen as something to get rid of as it is in some approaches to psychotherapy treatment, but rather as an opportunity for transformation and a deeper understanding of self and the nature of reality. CP therapists are “trained to see through the content to the confusion that causes individuals to suffer” making interventions that “reflect the seed of sanity that appears on the surface as destructive interpersonal dynamics (Nimmanheminda et al., 2010, p. 313).” As therapists and clients bring awareness to patterns of suffering, the suffering is transformed.

Briefly describing these concepts within Contemplative Psychotherapy is intended not only to differentiate this theory among western psychological orientations to clinical work, but also to point to a reason this orientation was selected as the orientation for counselor education in Bhutan. Mindfulness, Maitri, and Brilliant Sanity are drawn from Tibetan Buddhism and therefore culturally congruent with a Buddhist worldview. Each of these concepts has a long history within the writings of Buddhist teachers over the past 2,500 years, and although their packaging might be different, their essence is familiar and logical from a traditional Bhutanese Buddhist worldview.

Rationale. Beyond the cultural congruence of key concepts of Contemplative Psychotherapy, there is an important historical tie that provides further rationale for CP in

Bhutan's counselor education. Chogyam Trungpa Rinpoche, the founder of Naropa's Contemplative Psychotherapy, had several connections with Bhutan during his lifetime. First, while Trungpa studied at Oxford, he was a tutor to Jigme Wangchuk, the future King of Bhutan (Mukpo & Gimian, 2002). Trungpa was then invited to Bhutan in 1968 by the Queen, with whom he also connected with through Dilgo Khyentse Rinpoche, a Buddhist teacher they shared (Mukpo & Gimian, 2002). While in Bhutan Trungpa had a profound experience involving reflection on modern civilization and materialism resulting in his composition of a seminal text that became central to his teachings in the West (Midal, 2001). Trungpa's text served as inspiration for starting the Naropa Institute and marked an important step in his transition into becoming a "powerful figure" in the "transmission of Buddhism to the West" (Mukpo & Gimian, 2006).

Many books have been written about the integration of psychotherapy and Buddhism (e.g., Aaronson, 2004; Epstein, 2007; Safran, 2003; Welwood, 2003). Although each of these books and the growing literature in psychology journals illustrate Buddhism's influence on many psychotherapists and mental health providers in the west, Contemplative psychotherapy offers a fuller integration of western psychology and Buddhist philosophy. Trungpa sought to make Buddhist teachings contemporary and accessible to readers and students. It is, therefore, a modified Buddhism that returns to Bhutan to be integrated in counselor education, filtered through the efforts of Trungpa and his students in the West. The modified Buddhism in the form of Contemplative Psychotherapy has the potential to be both respectful of cultural tradition and a Buddhist worldview, while also addressing some of the impact of modernization in Bhutan.

Status of the Field. The status of counseling in Bhutan is, in many ways, still yet to be determined. A few indicators of the status of counseling that will be explored are the development of counseling standards and the narratives that have emerged from the cross-cultural collaboration with U.S. counselor educators.

Developing Standards. Currently Bhutan has no training standards, nor accreditation systems for counseling (Stanard, 2013); however progress towards establishing the standards and systems are underway. In August 2013, the Royal Civil Service Commission, Royal University of Bhutan, Ministry of Education, Ministry of Health, Ministry of Labour, and Human Resources, Gross National Happiness Commission, Bhutan Narcotics Control Agency, Royal Bhutan Police, the National Commission for Women and Children, and RENEW endorsed a proposal to establish a Bhutan Board for Certified Counselor (BBCC) (Bhutan Board For Certified Counselors To Be Established, 2013). The agencies signed a Memorandum of Understanding to establish BBCC spurred on by the support of Her Majesty Gyalum Sangay Choden Wangchuk's "initiative to develop a cadre of Mental Health professionals providing counseling services in different areas such as career, violence, child protection issues, trauma, abuse, suicide, rape, substance abuse, family, school, HIV, Depression, anxiety, natural disasters and emergencies." (Bhutan Board For Certified Counselors To Be Established, 2013). This BBCC board is tasked with developing professional standards and procedures for certification of counseling professionals in Bhutan as well as protecting the profession and clients, facilitating education, and maintaining liaisons with other agencies.

Counselor educator perspectives. Three narratives were found in the literature

from U.S. counselor educators who have travelled to Bhutan to support the development of a counseling system in Bhutan. The first narrative is from Jackie Ashley, a Naropa University Professor who had traveled to Bhutan previously for a Buddhist retreat in 1999. Ashley (2012), in an online magazine, described the changes in Bhutan she witnessed between her first trip to the country and her time there in an official capacity to support the Naropa RUB Collaboration in 2012 and 2013. A decade later, the impact of modernization was apparent. She wrote, “with rural to urban migration in Bhutan comes consumerism’s dilution of culture, leading to the growing problems among the youth...addictions, truancy, violence, teen pregnancy, as well as family problems, now occur with painful regularity” (Ashley, 2013, para. 3). Ashley (2013) highlights that the commitment the government has made to its youth and their mental health is very apparent, but the “new paradigm” of counseling is “not without its critics and challenges” (para 8). More specifically, Ashley’s students reported to her that their peers feel counseling is “spoiling” the students (para. 8). The reasoning for this opinion and how the counselors perceive it is not documented and requires further investigation.

The second and third narratives come from a co-authored article by Lorelle and Guth (2013) that described their experiences as attendees at the three-week NBCC-I institute for counselor educators and practitioners in October 2011. They wrote personal narratives of their experiences and provided several implications:

- (1) Understand clients/students/school systems from internal frame of reference.
- (2) Culturally responsive counseling skills and interventions are essential.
- (3) Some issues are universal across cultures.

(4) Consider the impact of globalization when conceptualizing clients and concerns.

(5) Consider how counseling may need to be adapted to fit with the student's/school's cultural frame of reference.

(6) Remember importance of advocacy, consultation, and collaboration.

Overall, the counselor educator narratives provide an informative window into the status of counseling in Bhutan.

The future of counseling in Bhutan. With the considerable support from the Bhutanese Royal Family and international collaborators, the government's emphasis on well-being as central to Gross National Happiness, and the recent establishment of the Bhutan Board for Certified Counselors, Bhutan is in a prime position to develop its field of counseling. The Royal University of Bhutan is currently working on the curriculum for a Masters program in Counseling (personal communications, Dasho Pema Thinley, July 4th, 2014). Informing the development of this Masters program will be the key collaborators, NBCC and Naropa University, the Bhutanese Counselor educators, and the Ministry of education. The aim of this project is for the development of the Masters program to also include the perspectives of the first generation of counselors in Bhutan. There are no identified narratives or first-person perspectives of Bhutanese Counselors published to date. The healers who are employing the practice of counseling, with first-hand experiences of what is working and what more is needed in their training, are crucial voices for the future of counseling in Bhutan.

Purpose of the Study

With an overview of conditions in Bhutan and special attention to mental health needs and the developing field of counseling, there is a foundation from which to look at the future of counseling in Bhutan.

The review of the literature shows that significant steps are being taken to advance counseling and training within Bhutan, yet more work remains to understand the lived experience of the healers and how to help them to treat most effectively psychological suffering in Bhutan. Returning to the proposed guiding research questions, hearing from the counselors themselves about (1) their experiences and (2) how their training has influenced their practice could fill in some of the many unknowns about the status of counseling and mental health treatment from the perspectives of those on the front line.

Additionally, specific questions eliciting their (3) experience of incorporating Buddhist psychology in counseling is warranted to have emic-based services. Religion is an important cultural practice in developing countries that can influence healing (Vontress, 2001). As Buddhism is being incorporated in counselor education through the Contemplative Psychotherapy orientation, how is the incorporation of Buddhist psychology working from the perspective of the counselors? Attending to important considerations of religion as salient cultural context and counseling orientation is critical to understanding counseling in Bhutan.

Most importantly this project aims to give voice to those whose voices are not yet apparent in the choir of literature reporting on the nascent field of counseling in Bhutan. The fourth preliminary research question will ask first-generation counselors for their (4)

input in the development and direction of the field. An important consideration for this project is awareness of the social structure in Bhutan. Malott (2008) noted that hierarchical class and social structure can influence counseling and international collaboration efforts. It is possible that social structure has been a barrier to full participation of the first-generation of counselors in contributing to the next steps of development for the field of counseling. Therefore an approach to working within, but also not being limited by the social structure that exists is necessary.

The complexities of international, cross-cultural research and the unique features of the Nation of Bhutan warrant a methodological approach that is sensitive to the history and intended direction of the country. Community Based Participatory Research is an approach that fits the challenge of international research, engaging with indigenous belief systems, and honors the expertise and knowledge within Bhutan that might be present, but not yet documented. By asking counselors for their input on what would be helpful for establishing counseling in Bhutan, as well as involving them in the research process, this project has the potential to empower them to further shape the emerging field. In the following section the methodology is presented to outline how this project will proceed.

Chapter III

Methods

Choosing a research approach and methodology for any project requires thoughtful consideration of epistemology, the nature of the inquiry, and contextual circumstances. Each of these was considered in choosing the approach and methodology for this project especially as cross-cultural research places additional demands on methodological choices (Ægisdóttir, Gerstein, & Çinarbas, 2008). The following section presents the paradigm, ethical considerations and rationale for using Community based Participatory Research (CBPR) to systematically explore the phenomena of a nascent field of counseling with a balance of rigor and cultural/contextual sensitivity. Next, a description of the researcher's role as is provided along with the research design and plan for study results.

The process of CBPR is not always a linear process as the phases overlap and repeat. As a result, there is a fluidity of process that requires flexibility on the part of the research team (Hergenrather, Geishecker, McGuire-Kuletz, Gitlin, & Rhodes, 2010). As such, the methodology section will be a plan of action that is subject to modification as needed throughout the collaborative research process. Despite this required flexibility throughout the research process, basic tenets of scientific integrity must and will be upheld (Israel, Eng, Schulz, & Parker, 2005; Rhodes, Malow, & Jolly, 2010) and are reviewed as the basis of the study.

Paradigm

With the goal of understanding the experiences of the first generation of counselors in Bhutan, the epistemological framework being used is constructivist. The

constructivist paradigm supports an epistemology based on the belief that multiple realities exist to be studied and understood, and the goal of research is to rely, as much as possible on the participants' views of the situation (Creswell, 2013). Subjective meanings are socially and historically negotiated and theory or patterns of meaning are developed inductively (Creswell, 2013). In this study, the voices and experiences of the first generation of counselors are the realities in which more understanding is sought. Using this constructivist approach, the community members, organizational representatives, and academic researchers will come to a dynamic consensus construction of reality as the study proceeds.

The theoretical perspective that informs the methodology and provides context for the process could be seen as contemplative. The orientation is contemplative in that the goal is to proceed mindfully, with awareness and compassion and the motivation for the work to be of benefit. More specifically, a contemplative orientation emphasizes direct-experience, a pragmatic attitude, and the use of critical thinking toward all types of knowledge. This theoretical perspective, and several important contextual considerations have motivated the use of a Community based Participatory Research approach that will be described in the following section of the proposal.

Within this constructivist epistemology and, contemplative and interpretive theoretical perspective, the primary methodology will be qualitative interviews. Denzin and Lincoln (2011) provided a useful definition of a qualitative approach:

Qualitative research is a situated activity that locates the observer in the world...(it) consists of a set of interpretive practices that make the world more visible...these practices turn the world into a series of representations...

qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them.

(p. 3)

Many scholars recommend the use of qualitative research methods within counselor education as it illuminates the human context and many themes important to counseling (Levers, Anderson, Boone, Cebula, Edger, Kuhn, Neuman, & Sindlinger, 2008). Understanding the experiences and the meaning counselors in Bhutan are bringing to these experiences is in line with the description of a qualitative approach as described above. Qualitative research methods are hypothesis generating, as they do not assume the same *a priori* level of knowledge that is brought to a quantitative approach (Levers et al., 2008). As little is known about the phenomena of counseling in Bhutan, so much so, that many relevant variables are also unknown. Overall, the present study will explore the phenomena of counseling in the context of Bhutan and will include generating hypotheses about new knowledge to inform the development of the field and counselor education.

Patton (1985) described qualitative research's strengths, which are relevant to its selection for this project:

Qualitative research attempts to understand situations in their uniqueness as part of a particular context and the interactions there. Understanding is an end in itself, so that it is not attempting to predict what will happen in the future necessarily, but to understand the nature of that setting- what it means for participants to be in that setting, what their lives are like, what's going on for them, what their meanings are, what the world looks like in that particular

setting...the analysis strives for depth of understanding (as cited in Merriam, 2002, p. 5).

The qualitative inquiry for this study will be undertaken with a commitment to rigor. Cohen and Crabtree (2008) reviewed and outlined guidelines for good qualitative research. Seven criteria for good qualitative research emerged: (1) carrying out ethical research; (2) importance of the research; (3) clarity and coherence of the research report; (4) use of appropriate and rigorous methods; (5) importance of reflexivity or attending to researcher bias; (6) importance of establishing validity or credibility; and (7) importance of verification or reliability. Each of these guidelines will be considered in the research process and addressed through the following sections.

Community Based Participatory Research (CBPR)

Community Based Participatory Research (CBPR) is not a set of methods, rather it is an overall approach or orientation to research that changes the relationship between the researchers and what is being researched. Rather than the academic researcher assuming what is best for a community, CBPR utilizes partnerships of community members, organizational representatives, and academic researchers to explore questions that serve the best interest of communities. According to Hergenrather et al. (2010), the approach emphasizes understanding and intervention on factors associated with health and well-being from multiple perspectives of community members, organizational representatives, and academic researchers. To understand CBPR and its selection for this study, information about the theoretical background and emphasis on relationship, the problems it addresses that often exist in traditional research, and its advantages for this inquiry are provided for consideration.

Theoretical Background. CBPR has roots in Action Research and Participatory Research. A social psychologist, Kurt Lewin, is attributed with starting the ‘action research’ approach as he felt research on social problems is not enough, it is also critical to discover ways to use that research to change situations, to make individuals better, to make groups better, to make societies better (Benjamin, 2014). Lewin took issue with the idea that research participant’s voices and meaning making were not included in an objectivist worldview (Abassary & Oetzel, 2012). Equally important to the development of CBPR, ‘Participatory research’ was inspired by the human rights and social justice movements of Latin America, Africa, and Asia and emphasized the ways in which communities contribute knowledge and *participate* in inquiry and research (Minkler & Wallerstein, 2008).

The purpose of Participatory Action Research is twofold: (1) to produce knowledge beneficial to a group through research and education and (2) to empower people at a second and deeper level through the process of constructing and using their own knowledge (Reason, 1998). There are many forms of action-oriented, partnership-based approaches with these same roots that have different labels, but share similar values and methods. CBPR specifically seeks to conduct research in a manner that does not exclude the very communities that are affected by the problems being studied (Minkler & Wallerstein, 2008). Research projects involving such a high level of collaboration are of particular importance in international settings and thus the method of collaboration is well-suited for the project that will be situated in Bhutan.

Person-centered. The emphasis on empowerment in CBPR also fits within a person-centered approach to counseling. Abassary and Oetzel (2012) call on the

profession of counseling to draw upon CBPR in order to uphold the essential person-centered perspective for improving the health and the wellbeing of the communities where counseling is practiced. CBPR and person-centered approach have parallel philosophies in the following areas: “a) meeting the community and the client where they are, b) fitting cultural beliefs and practices, c) language and translating research, d) shifting power dynamics, e) sustainability, f) building trust” (Abassary & Oetzel, 2012, p. 88). Conducting research from a person-centered perspective allows a counseling psychologist, or counseling psychology graduate student, to pursue inquiry while upholding their values. Values that center around both honoring the inherent worth and dignity of their clients and, in the context of research, honoring their research participants and partners.

The relationship. Relationships are the foundation of CBPR (Rhodes et al., 2010). Partnership approaches to research involve “a commitment to conducting research that shares power with and engages partners in the research process and that benefits the communities involved, either through direct intervention or by translating research into interventions and policy change” (Israel et al., pp. 4-5). Networking, building trust, and negotiation are all critical elements of building the relationships needed for this type of research. Emphasizing openness and trust among partnership members, CBPR require the members to think critically, not only of how perspectives blend to yield meaningful knowledge, but also about power (Chavez, Duran, Baker, Avila, & Wallerstein, 2003).

For this project the relationships between and among collaborators is central and this will be emphasized throughout the research process. Relationships with organizational representatives from Naropa University began in 2006, and relationships

with Royal University of Bhutan organizational representatives began in 2008. The author also established relationships with community members, the Counselors in Bhutan in 2011. The first steps of the research process have sought to establish roles and emphasize input and transparency with all team members.

Addressing problems with traditional research. Wallerstein and Duran (2010) described challenges of traditional research that are addressed by CBPR with relevance for the proposed project:

- (1) External Validity- Engages community in adaptation within complex systems of organizational and cultural context and knowledge
- (2) Privileging of academic knowledge- what is the evidence- Incorporates the community, beliefs, and/or indigenous practices into research premise, design, implementation, and implications,
- (3) Language- broadens discourse to address challenge when terminology between a western or clinical perspective is not compatible with the community's form of communication, including cultural and social meanings
- (4) Power dynamics- Shifting from what is more typical in traditional research to a process of bidirectional learning and collective decision-making,
- (5) Issues with sustainability- Whereas traditional research has not given consideration to the resources that may be needed to implement or continue the project
- (6) Lack of Trust- CBPR uses formal agreements and sustains long-term relationships to equalize power and promote mutual benefit (p. S41)

Each of these challenges of traditional research addressed by CBPR provide support for the application of this approach for the proposed project. In what follows, more description of CBPR's person-centered, relationship orientation will provide further rationale and illustration of the methodology for this project.

Further Advantages of a CBPR approach. CBPR goes beyond simply addressing problems with traditional research to enhance the value of research for the community being studied. The value of research is enhanced by CBPR through consideration of culture, building capacity in the community, increased creativity, and emphasizing translation of findings into action.

Fully considering and attending to culture in research requires an approach where community collaboration and power-sharing is emphasized. Using CBPR, research will be facilitated in a manner that is culturally congruent and contextually appropriate. Collaboration between scholars worldwide has been suggested to enhance the overall quality of cross-cultural studies and the validity of methods and findings thereby increasing the possibility that unique cultural variables will be incorporated into the research and potential threats to internal and external validity can be reduced (Ægisdóttir et al., 2008). Through collaboration in CBPR, the outcomes and resulting actions are more likely to fit within the cultural context of the community.

The application of CBPR is intended to yield more informed knowledge while simultaneously building capacity among community members, organizational representatives, and academic researchers (Hergenrather et al., 2010). Research participants involvement in the research process will be educational, informative, and empowering. Research team members who become interested in addressing particular

findings within this project will be encouraged to develop additional proposals and projects to address the needs of counseling in Bhutan. Using CBPR, there can be beneficial outcomes beyond the duration and scope of this proposal.

Multiple minds engaged with good intention at a focused task will no doubt do better than one alone. CBPR requires an investment of time by partners indicating commitment to working towards a shared goal. Ultimately, the active understanding and appreciation of strengths, values, and knowledge of all partners enhances creativity and collaboration to identify and address community priorities (Arcury, Quandt, & Deary, 2001). The partners will be RUB counselor educators, Naropa counselor educators and two first-generation Bhutanese counselors.

Another advantage of CBPR is that when compared to traditional research, CBPR results can be translated into action more efficiently and effectively. The credibility of the findings is enhanced through community participation. CBPR has an increased rate of knowledge translation and could shorten the loop between research activity and the community adopting evidence-based practices (Israel et al., 2005).

Community Based Participatory Research has not yet been undertaken in Bhutan to address mental health or counseling needs. With CPBR's valuing of lay knowledge, it may add substantial value to the democratization of the scientific process itself (Minkler & Wallerstein, 2008). As Bhutan emphasizes movement towards democracy, the power-sharing and democratic approach to the scientific process is of particular significance and further supports the use of a CBPR approach for the proposed project.

Ethical considerations

Pope and Vasquez (2011) defined "ethical awareness is a continuous, active

process that involves constant questioning and personal responsibility” (p. 2). Some view the meaning of ethics to be consulting with an expert or code to make a clear cut, well-defined decision. Ethics will be viewed for the purposes of this project as a living process, requiring decisions that are complicated and multi-dimensional. A few areas of ethical considerations are highlighted.

A primary emphasis in qualitative research is conducting research ethically. This involves carrying out research in a way that is respectful, humane, honest, and that embodies the values of empathy, collaboration, and service (Cohen & Crabtree, 2008). A central focus and conscientious effort will be made to be mindful of conducting this study ethically. The very approach used for this project emphasizes collaboration and the unique perspective of community members and the research process will reflect that from proposal phase to the dissemination stage.

Cresswell (2013) identified ethical issues that arise in the process of qualitative research categorized by where in the process of research the ethical issue occurs. Prior to conducting the study ethical issues can occur in seeking approval for the study and gaining permission from the site and participants. The initial permission for this project was gained through providing a research prospectus (see Appendix A for research prospectus) and ensuring all research team members received a copy of that prospectus. The approval for this project is yet to be determined pending defense of this proposal as well as approval by the Institutional Review Board at UW-Madison. Once the study is underway, there will be additional considerations in obtaining consent, analyzing data, reporting findings, and publishing the study. The CBPR approach with input from collaborators will allow for greater awareness of norms and additional ethical

considerations warranted in Bhutan.

Attending to power and hierarchy will be of particular importance as an ethical consideration for this project. Pope and Vasquez (2011) emphasized awareness of power when in the role of psychologist, describing, “ recognition, understanding, and careful handling of considerable power and the personal responsibility of that power - inherent in the role” as a “defining attribute” (p. 39). Power is also of particular relevance in conducting cross-cultural research. The design of this study attempts to consider power, however ongoing attention to power dynamics are an ethical imperative.

To address ethics, it is important to examine professional standards and codes. An ethical code for counselors has not yet been established in Bhutan. The researcher will consult the American Counseling Association (2005) and American Psychological Association (2010) codes of ethics when needed during the duration of this study. However, culture can influence ethical considerations and ethical decision-making processes. In the event that an ethical issue arises that needs to be addressed, research team members will be consulted and the process of resolution will be documented.

Researcher Role

Within a qualitative research paradigm, it is necessary to address my subjectivity as a researcher. Peshkin (1988) discussed the power and inevitability of subjectivities, writing, “When researchers observe themselves...they learn about the particular subset of the personal qualities that contact with their research phenomenon has released... the capacity to filter, skew, shape, block, transform, construe, and misconstrue what transpires” (p. 17). In what follows the author will describe identities that impact her subjectivity in this project.

Elements of my identity, experiences, and training shape my relationship to this work. First, an aspect of my identity is that I am Buddhist. While I grew up in home that was Christian, with little emphasis on religion, in my early twenties I began exploring Buddhism academically, and after several years taking a more scholarly approach, in 2007 I took refuge and accepted part of my religious identity was Buddhist. I also identify as a Universalist, and from the perspective of subjectivity, this is important because my lineage and understanding of Buddhism is not the same as Bhutanese Buddhism. As such, it will be important that I question my assumptions about Buddhism during this project.

Second, an aspect of my identity is a PhD student, who has had experiences in both traditional (University of Pennsylvania, UW-Madison) and contemplative (Naropa University) higher education. During my Masters program I served for two years on the Department Curriculum Committee working to establish contemplative integrated education and clinical training while maintaining standards for accreditation. I have also conducted and presented on a project involving qualitative interviews with experts in the field of integrating mindfulness in counselor training. Currently, I am working on curriculum development for courses offered to the Madison community related to mindfulness, meditation, and Buddhist philosophy as part of my role as a Practice Leader and Events Committee Member for Tergar International's Madison meditation community. This work provides further experience in curriculum development and mindfulness, meditation, and Buddhist studies scholarship and teaching.

Another aspect of my identity and therefore subjectivity is that I am an American of European descent. Bhutan has not been colonized, however it is important to consider

how my race and ethnicity are viewed in Bhutan and how being a member of a group perceived as dominant and colonizing internationally impacts my interactions in Bhutan. I am female, and my gender is relevant in so far as gender dynamics in Bhutan are different than they are in the U.S. and navigating these dynamics could bring added challenges to this research. One example when I was aware of gender during my experience in Bhutan was when invited into personal homes for dinner, women serve and do not sit at the table with guests. As a female, I was conscious of sitting at the table with men when the other women in the household were in the kitchen, not involved in dinner conversation. I will have to consider my reactions to gender roles as well as work toward a better understanding of gender in Bhutanese culture in my role as researcher.

I am aware of several assumptions worth acknowledging at the outset of this project. First, I have the assumption that unique information will come out of these interviews. More specifically I felt that my students had important information about how they were fairing as counselors in this new field that was not necessarily being heard by the counselor educators or organizational representatives that seemed to be the decision makers in the development of counseling in Bhutan. Second, I have an assumption that intentionality in the development of counseling in Bhutan will be aided by documenting and understanding perspectives of the first generation of counselors. Third, I have an assumption that contemplative psychotherapy is a theoretical orientation that has value. This assumption will warrant attention, as the value of CP in Bhutan is not yet known. Fourth, I have an assumption that counseling, as a profession and cultural practice is of value. I have several biases related to what counseling “should” look like, that come from my training and experience; however for this project I hope to the best of my ability to be

aware of much my preconceived notions of “counseling” and discover what “counseling” uniquely will be in Bhutan.

My experience teaching in Bhutan and ongoing interaction with counselors there is also important to note as impacting my subjectivity. The counselors were once my students, and this added layer of relationship will be important to consider. It will be helpful in that they are familiar with me and some trust has been established, however I will want to be clear that my role of researcher is different than teacher, and I am looking to understand their genuine experiences rather than evaluate them. As a former visiting professor at RUB, I have been in the role of teacher with the community members that are participants in this study. The power dynamics and affiliation with organizational representatives of RUB could limit the willingness of participants to share openly their experiences of counseling. The research protocol seeks to address this in the following ways: (1) introduction to interview emphasizing critical feedback, (2) specific questions regarding challenges, (3) multiple interviews with interviewers that are cohort members with no history of an explicit power differential in relationship, (4) anonymous online survey eliciting information about level of disclosure.

The ongoing interaction I have had with my former students has been specifically impactful related to suicide. Counselors in Bhutan have told me about clients with suicidal ideation, who have attempted and completed suicide (First-generation counselors, personal communications, 2011-2013). This is a significant motivation for seeking to better understand counselor’s experiences facing suicide risk in practice. Counselors’ experiences might also provide a better understanding of mental health crises producing suicidal ideation in Bhutanese citizens.

The primary reason I am interested in this work as well as the ultimate goal of my career, is to ease adventitious psychological suffering. A broad goal certainly, but this is the grounding value, the centering aim of all my clinical, teaching, and research pursuits and my motivation for this project. This project is specifically meaningful for me because it combines two of my passions: Buddhist Psychology and Counselor Education and Training. It is also a combination for which I believe I am in the process of developing meaningful expertise.

Research Design

Rather than the academic researcher assuming what is best for a community, Community Based Participatory Research (CBPR) utilizes partnerships of community members, organizational representatives, and academic researchers to explore questions that serve the best interest of communities and to emphasize understanding and intervening upon factors associated with health and well-being from multiple perspectives. Therefore the research design involves consideration of both research team involvement and stages of the research process.

Rhodes and Benfield (2006), identified eight stages of the CBPR research process: (1) Identify research questions, (2) Assess community strengths, assets, and challenges, (3) Define priorities, (4) Develop research and data collection and methodologies, (5) Collect and analyze data, (6) Interpret findings, (7) Disseminate findings, (8) Apply findings to address action. These stages will be followed for this project with minimal adjustment and are described in more detail in the following description of research process.

Research Process. The launching point for this study was the initial approval for

the project from our Partner, the Royal University of Bhutan, organizational representatives, and counselor educators. Initial contact was made with the Vice Chancellor of Education (VCE) due to his role in the development of counseling in Bhutan, his status and position of power at the Royal University of Bhutan, and the author's familiarity with him through her role as Visiting Professor. The VCE responded positively, and named counselor educators with whom to consult. A research prospectus was provided for each to review and to provide input before initiating the research process (See Appendix A for research prospectus). Preliminary approval was received from RUB Vice Chancellor Dasho Pema Thinley to conduct the study in Bhutan and more formal documentation is being developed with RUB to be provided for the UW IRB application (See Appendix C for email regarding preliminary approval).

The research team was established based on VCE's named colleagues and author's established relationships. One Bhutanese Counselor educator emailed a response to the prospectus asking to include an additional counselor educator and he was added.

The research team is as follows:

1. Community Members- First-generation of counselors trained in PGD program (2-3 members will serve as participant researchers/partners)
2. Organizational Representatives-
 1. Coordinator of the counseling program at Samtse College of Education (SCE) - Dechen Doma
 2. Director of SCE - Kayljang Tshering
 3. RUB Counseling lecturers- Karma Gayphel and

Wangchuk Dorji, Karma Nidup

4. Naropa University representative(s)- Jane Carpenter
3. University of Wisconsin-Madison (UW) Academic researcher- Abby Lindemann

All research team members have reviewed the research prospectus and will be informed of and trained in the CBPR approach in our first team meeting. Additional training will be provided depending on roles established (interviewing, transcribing, data analysis, etc.). The majority of training will be conducted remotely via Skype and through electronic communication; however the UW-researcher will travel to Bhutan during data analysis and interpretation phases of the project, as well as to present study findings with the research team.

CBPR is designed to ensure participation by all parties through structured interaction throughout the research process (Hergenrather et al., 2010). Participation will be achieved through (1) bi-weekly group email updates and a group list serve/email list will all research team members, (2) monthly Skype meetings, (3) and a shared dropbox/online space to share project documents. Further guidelines will be established to ensure representation of each group in each phase of the research process if needed.

Research Project Development phase. Currently the project is in the development phase. This involves steps one through three of Rhodes and Benfield (2006)'s stages of CBPR, including assessing community strengths, assets and challenges as well as defining priorities. This stage of the research is conducted in partnership with community members and organizational representatives. Brief interactions/interviews with community members are ongoing and serve as a means to identify challenges that

can be addressed with this project (Eng, Moore, Rhodes, Griffith, Allison, Shirah, & Mebane, 2005). Then, themes will be identified. Findings are shared with members of the CBPR partnership to identify themes. Additionally ongoing discussion and dialogue will support identification of priorities that will guide the subsequent steps of the research process. Staples (1997) provided a useful framework for identifying priorities and this will be utilized for this project (see Appendix D for priorities framework).

The development stage of this project will conclude when (1) research questions are refined with community participation, (2) any additional data collection strategies beyond interviews are established, and (3) interview questions are finalized. The research development stage is outlined in the literature of CBPR as a critical time for community engagement and investment, which in turn impacts the success and sustainability of the research project and its actions (Hergenrather et al., 2010).

CBPR does not specify a research methodology. A qualitative approach has been emphasized as it appears to best address the research question of understanding counselor experiences in Bhutan. However, it is also possible that this project could include quantitative data collection if deemed beneficial by research partners during the proposal development stage. Two additional qualitative methods often used in CBPR to collect data are focus groups and photovoice (Hergenrather et al., 2010). These methods could also be utilized if deemed necessary and agreed upon by community members and organizational representatives.

Participants. Participants will be purposively selected as exemplars of the experience being studied (Polkinghorne, 2005). Participants will be the first group of counselors who completed their Post Graduate Diploma training at the Samtse College of

Education in Bhutan. All participants will be Bhutanese citizens, both men and women of varying ages, however, all are over the age of 18. To protect the anonymity of the counselors, pseudonyms will be used. Eligibility requirements for participation will be (a) Graduate of PGD programme in Counselor education and guidance, (b) experience seeing counseling clients, (c) access to internet or telephone for interview by UW-Madison researcher or ability to travel to be interviewed by participant researchers in Bhutan.

There will be 2 participant researchers from the community of first generation counselors and 12 to 20 study participants. These participant researchers were chosen due to the leadership they showed while students, specifically their communication regarding challenges faced as counselors. Additionally, their ongoing contact with the author of this proposal supported their choice for the role of participant researcher. To fully include the participants within the research process, they will be invited to the dissertation defense for this proposed project.

Traditional psychotherapy and counseling research has not always taken into account the perspectives of providers (Wampold, 2001). As the project will involve the participants a counselors, the study will centralize the perspective of the counselor as they traverse the new terrain of counseling in Bhutan.

Data Collection and Analysis. Qualitative data collection is not a discreet and separate task, as Creswell (2007) emphasized, data collection is, “a series of interrelated activities aimed at gathering good information to answer emerging research questions” (p. 118). Data in qualitative research can be considered anything that you see, hear, or that is otherwise communicated to you while you are conducting your research (Maxwell, 2013). With that said, the primary data for this project will be collected through semi-

structured interviews conducted with the first generation of counselors. As community members, they will provide authentic perspectives on lived experiences of the affected community, drawing on their own narratives and experiences, as well as those of other counselors in the field. Malott (2008) noted that a key direction for research in international cross-cultural contexts would include investigations of student perceptions of learning from faculty members from other cultures, learned outcomes, and applicability of course material within the setting of interest.

The interviews will be the primary data source for this project. Interview questions have been developed through (1) a review of the literature on international counseling, Contemplative Psychology, and mental health needs and counseling development in Bhutan, and will be further developed through (2) input in the development stage by community members and/or organizational representatives as indicated by the CBPR approach.

Once there is proposal approval and IRB approval, invitations for interviews including IRB approved consent will be emailed to all first-generation counselors. Scheduling information will be included in this initial contact eliciting a response that includes availability for in-person or Skype interview. Demographic information will be completed at the beginning of each interview (See Appendix E for Demographic Information Questionnaire). Interviews will be recorded in person or via Skype. Interviews will be conducted both by the author of the proposal and separately by participant researchers. Following these two interviews, participants will have follow up for agreement on themes. The interview location will vary, but will ensure privacy for both interviewee and interviewer. A private office or empty classroom will be used.

Interviewers will be provided with an introductory script and then will proceed with interview questions. Interview questions will be designed to elicit in-depth responses from participants and total interview time will vary, with anticipated length ranging from thirty to ninety minutes.

Working Interview Protocol

The interview will be introduced with a script describing participation, explicitly asking for both positive and critical feedback, and measures taken to maintain confidentiality. Here is the script of the interview introduction:

“Interview Introduction: Thank you for taking the time to speak with me today. I have questions for you that focus on your experiences as a counselor in Bhutan. We are interested in hearing about what is working well but also what has been difficult. Sharing your challenges will be especially helpful in informing the development of training for future counselors. Your interview will be de-identified and a pseudonym will be given to protect your confidentiality. Following the interview, you will receive an email with a link to an online survey asking you questions about your participation.”

The online survey will be anonymous in that no identifying information will be asked of participants. The first question will ask, “To what extent were you able to share openly your experiences of being a counselor in Bhutan?” Participants will rate their responses on a scale of 1-5 with one being “not at all open” and 5 being “completely open and honest.” The second question will ask participants to answer the question, “What, if anything, got in your way of being open and honest in their responses?” This will be in a text box response format. The third question will be “is there any additional information that you would like to share about your experiences as a counselor in Bhutan

that you were not able to share during the interview?” This will be in a text box response format.

Interview prompts for each for the study’s guiding research questions are as follows, with the understanding that they will likely be refined and more focused after collaboration with the study’s collaborators:

To address the first generation counselor experiences (Question 1), the following interview questions will be posed:

- 1) Tell me about how things are going as a counselor in Bhutan?
- 2) How do you feel about the way things are going?
- 3) What would make it easier for you to be an effective counselor?
- 4) What makes it challenging?
- 5) If things were going as well as you could possibly imagine for counseling in Bhutan, what would that look like?
- 6) Reflect on your experiences with a client for whom you feel counseling was effective. Describe your experience of counseling with this client.

To address how their training has influenced their practice and to illicit input about (Question 2), the following interview question will be posed:

- 7) How has your training in the PGDGC program influenced your work as a counselor?

One or more prompts will relate to the orientation of Contemplative Psychotherapy and Buddhism in counseling (Question 3), such as:

8) Do you view Buddhism influencing your work as a counselor, and if so, how?

9) Do you view Contemplative psychology influencing your work as a counselor, and if so, how?

To address what input the first-generation counselors have regarding the development of counseling in Bhutan (Question 4), the following prompts will be asked:

10) Are there additional topics or issues in counseling that were not included or not emphasized in your training that would be helpful to include in training for counselors in Bhutan?

11) What input do you have for (a) counselor educators and (b) counselor trainees based on your experiences of counseling?

Follow-up questions will be used as needed during the interviews to further clarify participant responses and to guard against researcher bias during data collection. Follow-up questions will specifically try to address (1) any areas of tension or incongruence experienced by the counselors in their implementation of counseling in Bhutan and (2) eliciting experiential or process oriented responses from participants (e.g. Can you describe an experience you have had as an example). Additional questions will be added to the research interview protocol as deemed necessary and agreed upon by the research team. Interviews will be conducted across participants until data redundancy becomes apparent.

Following data collection, interviews will be stored electronically on UW Box. They will be transcribed verbatim and cross-checked for accuracy. To facilitate data collection and interpretation, analytic memos will be written and used throughout the data

collection (Strauss & Corbin, 1998). Analysis will consist of an interactive process of reviewing and interpreting the data, and then repeating the process to identify potential themes. The analysis will be highly iterative and recursive (Levers et al., 2012).

Transcripts will be coded using open and theoretical codes providing a thematic content analysis of each interview by research team members. These themes will be cross-checked with the research team to confirm emerging findings. Codes will be categorized to facilitate data analysis. Disagreements of coding will be discussed among team members, and thoughts, and ideas will be synthesized into new proposed codes that will then be posed again to all group members until consensus is reached.

Qualitative research has included multiple standards of quality. Morrow (2005) provided guidelines for establishing trustworthiness in qualitative research. Credibility refers to verification of rigorousness in the research process and this will be addressed in various ways including developing researcher reflexivity through memoing, and immersion in the data. Member checks will also be included to verify data interpretation through emailing interviewees transcripts of their interviews. The dependability of a qualitative study relates to the consistency of the researcher's analysis and techniques. To uphold dependability, an audit trail will be maintained to describe the research process. Currently, there is not a plan for an auditor as all research partners can have access to data, process of data analysis and interpretation. An audit trail will be maintained to allow for auditing if deemed necessary during the research process. The audit trail will provide details of data analysis and decisions made by the research team.

Interpretation of Findings. Findings will be interpreted using multiple phases of analysis. The participant researchers and the academic researcher will first individually

and then collectively interpret the data, resolve data discrepancies and identify themes. As co-learners, the participant researchers and academic researcher will learn from each other, including effective data collection and data analysis skills (Rhodes & Benfield, 2006). Community members and organizational representatives will respond to the findings, suggest alternative interpretations, reach consensus on study findings, determine utilization of study findings to further address community needs, and create plans of action to enhance community health and well-being (Rhodes et al., 2010).

Dissemination. Although research certainly adds to our understanding of human behavior, outcomes are judged by “their effectiveness in helping policymakers, practitioners, and the participants themselves make decisions and act to improve the human condition” (Rossman & Rallis, 1998, p. 6). A distinctive feature of CBPR is that the research is aimed at moving toward action through the translation of findings into application within the community (Hergenrather et al., 2010). The findings of this study will be transformed into action that could include individual-level interventions, community-level interventions, further research, creation of an action plan, dissemination of research findings to influential others, curriculum development, and/or policy recommendations. This study’s findings will be presented using language that is respectful and understandable to community members, organizational representatives, and academic researchers, while maintaining the integrity of the data. The findings will be relayed through local and national forums in Bhutan and the U.S.

The explicit outcomes intended from this study are (1) to advance the field of knowledge about counseling and counseling needs in Bhutan and (2) to describe a process for sustaining or translating research findings to inform the development of the

field of counseling generally, and more specifically, to inform the development of a Masters degree in Contemplative Counseling in Bhutan.

Consideration of Limitations

Although the approach and design of this study has been carefully selected to maximize authenticity and relevance of the data and findings, it is nonetheless important to consider possible limitations. Throughout this study it will be important to be aware of bias and work to reduce it, or when this is not possible, acknowledge, document, and navigate it conscientiously. Memoing is one active approach that will be taken to minimize bias. A second potential limitation has to do with imbalances of power. It will be important to be aware of the dynamics during discussions or when reaching consensus between community members, academic researchers and organizational representatives. This is especially important to consider when there is a motivation to try to maintain good relationships. A third limitation of using CBPR that we will need to be mindful of is recognizing that the voices of some community members are louder than others, and within the partnership efforts should be made so that members have the space to contribute equally. Another challenge of CBPR is the difficulties that privilege can bring to collaboration (Chavez, Duran, Baker, Avila, & Wallerstein, 2003). Finally, this project will be conducted in part remotely from Madison, Wisconsin. Modern technology allows for face-to-face interaction via Skype, however, the distance provides potential challenges.

Conclusion

The field of counseling in Bhutan is at a critical juncture. The proposed project is intervening at a time when a Masters program in Counseling is being developed, and

could be influenced by the outcomes of this inquiry. This will honor and give voice to the first generation of counselors in Bhutan for the benefit of the field of counseling.

The proposed project in cross-cultural counseling psychology attempts to be give appropriate consideration to the culture, context, and population being studied and/or served. It has the potential to emphasize both the preservation of Bhutan's unique traditions as well as embracing the changes that have come with modernization. The science and practice of cross-cultural counseling psychology could be strengthened through this effort. Additionally, follow-up projects and further scientific inquiry into counseling practices in Bhutan could be inspired through this collaboration. Ultimately the proposed research inquiry could improve the quality of training for counselors, the practice of counseling, and the quality of life for clients of counseling for generations to come

Chapter 4

Results

The purpose of this research was to explore the experiences of the first generation of Bhutanese counselors, their training, their orientation to healing, and to hear their unique input for the development of their field. Significant progress has been made over the past five years in the field of counseling in Bhutan and many stakeholders have contributed to this progress. Well-being and the future of the mental health system continue to be important to the Bhutanese government, its counselors, and citizens. An understanding of the field of counseling and counselor education in Bhutan was developed through a participatory process with multiple stakeholders. This process is itself an object of study as we consider the application of the Community based Participatory Research (CBPR) model as a consequential finding of this project.

Before presenting the results of the thematic analysis, the process of collaboration will be described as the foundation for this contemplative, culturally and contextually informed research collaboration. Then, results of the study will be provided, followed by the action oriented deliverables and recommendations derived from these findings. Sustainable community based initiatives for the field of counseling in Bhutan will also be highlighted.

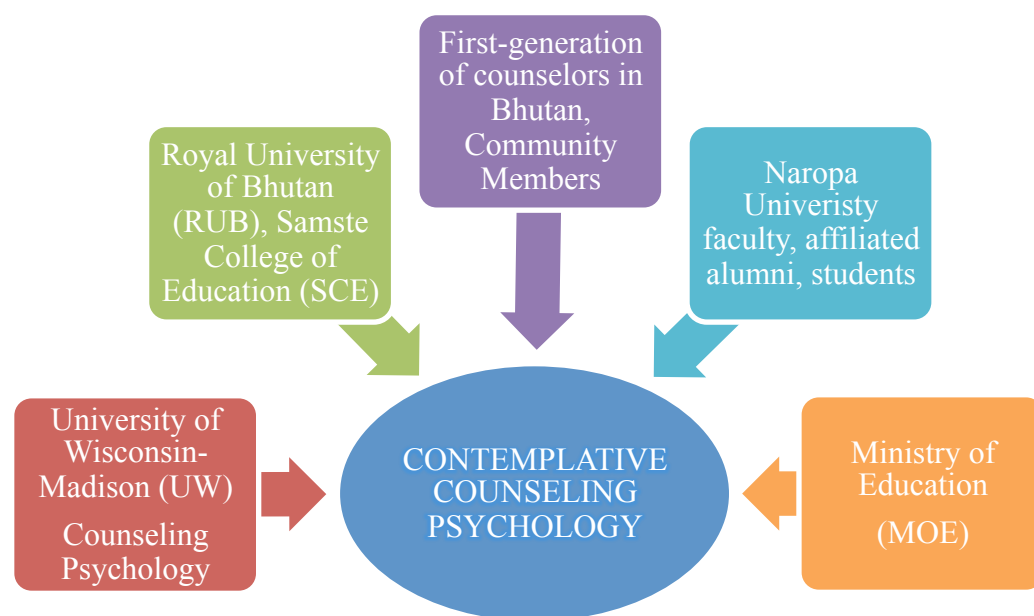
Participatory Process Overview

The nature of this project expands the results to include the process of collaboration and community involvement as prioritized by community based participatory research. Following the proposal and IRB approval processes (UW-Madison Phase), the next steps for the Bhutan Counselor project were to wrap up the project

development process with other partners. The first official meetings with stakeholders following the project proposal and subsequent IRB approval were held in June 2015 for discussion, commitment, and agreement on the project. Topics in this meeting included priority setting. For example, all stakeholders agreed that more training and higher certification for counselors in Bhutan was a top priority. Modifications to the proposed research and data collection methodologies were discussed as suggested by the preliminary steps of collaboration outlined in a CBPR approach (Staples, 1997), however from initial conversations the stakeholders consensually agreed to not make substantial additions to the protocol. This decision was made with consideration of the impact of an additional delay for the required IRB approval of modifications. Therefore, consistent with that which was proposed in Chapter Three, the methodologies employed for this study were formal and informal interviews, semi-structured, ongoing checking in and updates from several stakeholders.

Figure 4.1

Stakeholders in Bhutan Counseling Project.



At the start of the project, collaborators in the effort to understand and advance Contemplative Counseling Psychology included first generation counselors, organization representatives of Samste College of Education (SCE), Counseling Psychology lecturers from the Royal University of Bhutan (RUB), Naropa University representatives and this writer, an academic researcher and clinician from UW-Madison (See Figure 1). The primary stakeholder was viewed as the first generation of counselors, the *community members* of the study, and their perspectives were prioritized. Three of the community members had the role of *participant researchers*, involved collaboratively in most levels of the project from conceptualization, interpretation, and defining next steps for the field.

One participant researcher in particular became particularly invested in the project and developed her own project influenced by this collaboration. Participant researchers were introduced to the CBPR approach both verbally and with written guides in early project meetings and stakeholders reviewed (Naropa University, Samste College of Education) and approved (Ministry of Education, Royal University of Bhutan) a research prospectus developed by community members and the UW researcher. Communication of stakeholders regarding this project was facilitated through the UW researcher, however relationships and partnerships among stakeholders existed prior to the formation of this project and continued throughout.

Relationship. Efforts were made to have as many perspectives as feasible informing this project and participating in its co-creation from data collection, to data analysis, interpretation, and development of action steps. Additionally, collaboration and consensual agreement were ongoing commitments of the project. No enduring conflicts were reported amongst stakeholders, and all minor disagreements were expeditiously

resolved with communication and feedback. Multiple conversations and written communications regarding interpretation were often necessary to arrive at consensual agreement.

Explicit discussions of roles, power, and how to preserve dialogue and diversity of perspectives set a tone of transparency and shared investment in the field and community. Additionally, an emphasis on cross-cultural research opportunities and ongoing future dialogue was present in most, if not all conversations and at every level of collaboration. The recognition of contribution serves an important function in communicating the power sharing approach of CBPR and encouraging a stakeholder or personal investment approach to community interventions and innovation.

Feedback. In the context of a trusting relationship, feedback can catalyze growth. Feedback was elicited during the course of the project at various times from all parties including stakeholders, prioritizing community members. Feedback from all participants from the community, not only those identified as participant researchers, was actively sought and if feasible was also incorporated into research protocol. As a critical element for healthy living systems and organizational management, the emphasis on feedback was an essential element of this collaborative process.

To provide an example from the project, a participant researcher received feedback from participants that the written Qualtrics portion of participation was challenging. There was concern over spelling errors and grammatical errors when responding to survey questions. Additionally Qualtrics internal reports documented many started attempts on the online survey that ended before the participant had completed, suggesting participants had obstacles to completion. Participants were encouraged to ask

questions regarding the survey of the UW researcher, however negative feedback was not often provided to the UW researcher directly. The pattern of communication during this project initially appeared to be that negative feedback was reserved for the Bhutanese participant researchers. Over the course of the project this shifted as community member's trust in the UW researcher increased and relationships were strengthened. The methodology and application of CBPR therefore made the research more informed by community voices.

Training. An emphasis on training during the collaborative process allowed participant researchers to develop their professional skill set and potential interest and ability to contribute the field through future research. Ongoing training and consultation was provided after initial introduction to CBPR as specific roles were established (interviewing, transcribing, data analysis, etc.). Eventually both UW researcher and participant researchers became resources for other stakeholders and community members, demonstrating application of their training during the course of the project. Starting with UW-Madison researcher as data collection, analysis and project management lead, and then overtime expanding to a series of discussions with participant researchers leading to data collection and eventually to conducting analysis and interpretation of interview result. Research team meetings were conducted both in-person and remotely.

Empowerment. The sequence of the collaborative consultation process began with the lead UW researcher who had served in the primary decision making role, however an intention to share power and encourage a sense of agency introduced increasing involvement and training of participant-researchers. The participant researchers were provided with qualitative methodology resources and guidance

throughout this research project and encouraged to think and plan for studies beyond this particular project. After the participant researchers and lead UW researcher collaborated on the priorities and methodologies of the project, representatives of RUB were consulted. The input of each stakeholder was a valuable contribution from laying the foundation for the project, to priority setting, to interpretation and next steps. The success of this emphasis will only be evident if the work of developing the field of Contemplative Counseling Psychology continues after the conclusion of this project.

Participatory Process Implementation

Data Collection. The study interviews were conducted in person throughout Bhutan and via online meeting formats. Occasionally internet connectivity interfered with scheduled research meetings, however connection issues were always eventually able to be resolved through alternate forms of communication (telephone, Facetime) or rescheduling. The participant researchers had ongoing involvement and were in regular consultation throughout the duration of the project. They provided input post data collection, post analysis, and prior to final review by stakeholders. Future journal publications based on this collaboration will also include their review and informal approval processes, detailed input, and if appropriate, their authorship.

In the participant-researcher interviewing phase of the study, the interviews were conducted in person or over online meeting format. Following this second stage of data collection, participant researchers conducted an additional review of data and added insights from their research interviews from an independent project conducted with support of the UW researchers. These pioneers in Bhutanese mental health research showed a high degree of independence as they significantly expanded on the existing

research design for this collaboration, developing a complementary and unique project with more specificity in their sample selection and additional data analytic procedures. During this subsequent data collection, interviews with modified prompts supplemented the first phase research protocol. The richness of our findings could then include new participants consented through the participant researcher's IRB, active during Phase II of the project.

This strategy for multiple interviewers was utilized based on specific recommendations from a proposal committee member and with consultation with other committee members. In line with the multi-cultural, shared empowerment intention of this project, the second round of interviews conducted by the participant researchers aimed to increase the likelihood of all responses being captured, including those responses that might have been withheld due to the identity of the foreign researcher based in perception of cultural power structures and social hierarchies. The participant-researchers shared the identity of Bhutanese and a counseling cohort peer, therefore more trust and possibly disclosure was allowed for with a community member interviewing participants.

Data collection methods also included non-participant observation of organization structures and community conditions and reviews of documents related to the community. These additional sources of information were considered in analysis, however were not subject to independent data analytic procedures as this was outside the IRB approval for this dissertation project. Community members and stakeholders have expressed interest in future formal review, analysis, and documentation of organizational

and community structures influencing the development of counseling in Bhutan, and the international field of contemplative psychology.

While the majority of study activity and communications were conducted remotely via Skype, telephone, and e-mail for this project, fortunately the UW-researcher was also able to travel to Bhutan in the spring of 2016 to gather additional data and conduct important project activities including data analysis and interpretation in person on Bhutanese soil. The UW researcher will also return again to present study findings, discuss next steps of action-oriented outcomes with research collaborators as well as both new and existing stakeholders, and offer additional resources as needed.

Data Analysis. After interviews and field notes were conducted and transcribed from their recordings, data analysis began with the process of verifying the interviews and cleaning the data. Member-checks were conducted via email with participants to support the trustworthiness of the data and research team members took note of emerging themes. Then a line by line analysis was conducted to identify items in each of the 24 interview questions, centered around the primary four research questions. Data from all questions of the semi-structured interview conducted with 9 interviewees were analyzed by the first author in collaboration with participant researchers. Additional interview were conducted by a participant researcher in her own data collection process with an affiliated project pursued in Australia with Bhutanese counselors reviewed and approved by her institution's IRB in an accredited University in Australia. Following a description of the thematic analysis approach, our findings will be offered for consideration.

Thematic Analysis. Thematic analysis was used to identify patterns across data sets that are meaningful for the description of a phenomenon. This approach emphasizes

recognizing patterns, examining and recording them. These patterns once identified and consensually agreed upon, are important to the phenomenon and a thorough description of it. The resulting themes are tightly associated with specific research questions. The specific data analytic procedure was based on methodology refined and articulated by LeCompte (2000). The selection of this particular approach was based on the specific research questions and phenomena of interest, consultation with experts, and the first author's familiarity with this approach in previous qualitative inquiry projects (Lindemann et al., 2014). Finally, feasibility of collaborator utilization of LeCompte's approach to thematic analysis was considered in choosing this analytic strategy for ease of consensual agreement on results and motivation for future projects and collaborative analyses.

The phenomenon in question is the counseling field in Bhutan. In stage one of the analysis preliminary coding was started with this researcher and participant researchers. This included documenting assumptions, emerging codes, and detailed memos throughout the research process: from the project development and interview data collection, to the analysis and post interpretation reflection and future planning. The data was read and re-read in order for researchers to familiarize themselves thoroughly to what the data entailed, with specific attention to the patterns that occur, the divergent voices as well as where there was convergence.

Stage two of the analysis focused on discussions with colleagues in Bhutan, from the Royal University of Bhutan, Naropa University, and community members. These discussions occurred in person, via Skype, email, and Facebook messenger. In this stage an emphasis was made on refinement of themes and findings, recognition of

contributions, and acknowledgment of expertise and brainstorming regarding next steps based on these findings.

Themes. Items were concentrated and sorted through a systematic search for specific markers, including: (1) frequency-items identified because they are repeated or numerous, (2) omission-items identified because they never appear, or appear only rarely, and (3) declaration- items which are identified explicitly because participants tell researchers they exist. Declaration-items emerged from this power-sharing approach as participant researchers are well positioned to identify items relating to their own lived experience and their direct observations in the field.

Categories and Patterns. The next step was creating items and suggested taxonomies after initial items have been identified. These were uploaded to Excel documents and provided to the project manager at UW to organize into groups and categories through an iterative process of reviewing, comparing and contrasting all items generated by the research team. Both the lead researcher and participant researchers were involved in grouping, categorizing and patterns identification during this step. After taxonomies are created, patterns can finally be identified. This step of creating patterns involves assembling items and taxonomies in groups based on additional characteristics of (4) similarity and analogy, (5) co-occurrence, (6) sequence, (7) hypothesized reasonableness or patterns researchers think *should* exist based on prior research, experience, or hunches, (8) corroboration or triangulation (LeCompte, 2000).

Structures. With the patterns identified and consensually agreed upon, the next step we undertook was assembling structures. In this stage of analysis, groups of patterns are assembled into structures of related or linked patterns. The selection of structures for

this stage incorporated Contemplative Psychology Pedagogy, then these structures, taken together, create the overall description of the phenomena of interest.

For the purposes of clarity of presentation, the structural level of organization of the data will be described first to frame the communication of findings. The structures reflect the intention of this project to communicate in a way that is culturally congruent and responsive to the research questions. Findings on counselor experiences, training, and theoretical orientation have generated ideas for follow-up projects to promote innovation and growth of the field, carrying the impact of this work into the future. Following each major study finding, a parallel concept is explained through the language of Contemplative Psychology to further understanding the context and phenomena being revealed.

Results: Ground, Path, Fruition

The way knowledge is structured and prioritized conveys meaning and power, often framing conversation on the topic. Consequently, findings are presented using a structure drawn from Tibet Buddhism, a simple form of a 3-fold logic: Ground, path, fruition. This way of organizing teachings was a format utilized by Chogyam Trungpa Rinpoche in the earliest teachings of Contemplative Psychology and a structure that has endured into current dharma teaching styles (Trungpa & Lief, 2013). This simple logic serves to structure our findings in a culturally congruent, familiar, and precise way. It has been utilized previously by UW researcher, participant researchers and stakeholders.

Ground

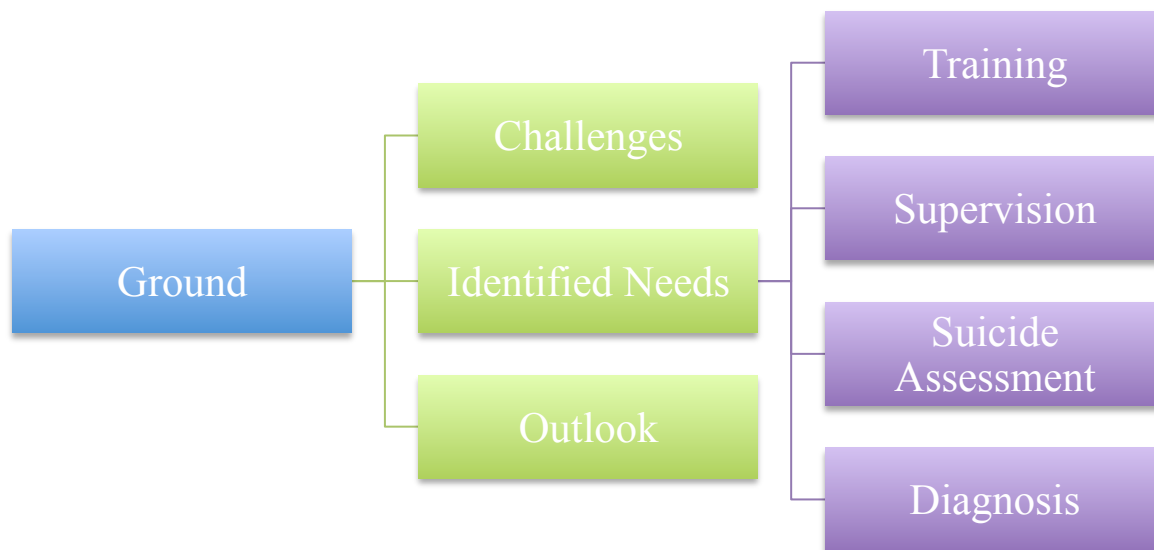
The ground is the situation as we find it. This includes the conditions inherited from previous activity or situations. From a Contemplative Psychology perspective, the

ground is both recognition of suffering and also an understanding of how we have created it. We realize an underlying sense of dissatisfaction, of striving, of wanting the present moment to be different than it is. This adds a layer of separation from our direct experience.

Knowing the terrain, the ground, is critical to knowing what we want to target to improve the situation for counselors in Bhutan. Emergent themes in the data that establish the current conditions in Bhutan fit into categories devised to most clearly communicate the interview data: acknowledgement of challenges, identification of specific needs, and overall outlook toward the field.

Figure 4.2

Thematic Analysis of the Ground, comprising categories and key themes.



Acknowledgment of Challenges. A recognition of the suffering that exists and the difficult circumstances that contributed to the present conditions, is the prerequisite for being able to take act skillfully in response.

A quote representative of this theme is evident in the following in which a participant describes his challenge in a school setting as a counselor starting out in the field:

It was pretty hard for us to begin because we are entering into a new, into a system that does not welcome the counseling...so we had to be on our own. We are like one of us versus many in the school. So, it's very challenging and difficult for us to initially begin because our role is never understood and...not being welcomed by most of the staff members in the school.

The written communication of this category of themes was considered carefully, as none of the stakeholders intend for this project to be in any way indicting of the efforts of all those that contribute to the origin of counseling, counselor education, and Contemplative Psychology in Bhutan. The UW researcher and participant researchers conferred extensively on this topic and concluded that the acknowledgment of challenge was ubiquitous in the data. Acknowledgment of current challenges varied sequentially in the data between interviews, as some interviewees waited until the closing questions of the interview to provide a more thorough description of challenges and others provided this background and current grounding initially to frame their interview responses. During the data analysis, stakeholders consensually agreed to interpret acknowledged community struggles within the context of a commitment to addressing whatever challenges arose. Ideally those challenges could be addressed with the development of training opportunities, but addressing challenges could also mean navigating societal hierarchies and channels of communication and feedback.

The acknowledgment of challenge in participant responses almost always followed sequentially or was situated in proximity with a description of previously attempted remedies or proposed future ideas to address these challenges. This suggests that acknowledgement of challenge was a helpful precursor to need identification and creative thinking in problem solving.

Identification of Specific Needs. Supporting the primary objective of this research, this category organizes themes that emerged identifying specific needs in the community.

Training. Stakeholders had agreed prior to analysis that the primary community need was additional credentialing for the field in the form of graduate training. This theme was evident in every interview; a current through the data reinforcing the appropriateness of this project and the moment in time of causes and conditions coming together to respond directly and comprehensively to that need. One participant stated this clearly, “the rising needs and the issues that’s happening at the moment it’s necessary for all the counselors to upgrade in terms of their qualification.”

Supervision. Supervision is a relational process of socialization into the counseling profession. Clinical Supervision is defined as:

An intervention provided by a more senior member of a profession to a more junior member...this relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional function of the more junior persons(s), monitoring the quality of professional services offered to the client(s) she, he or they see(s), and serving as a gatekeeper of those who enter the particular profession. (Bernard & Goodyear, 2009, p. 6)

Participants described challenges in supervision following the end of their diploma program training. This theme was in line with UW researcher's expectations, as she was often contacted by former students between 2011-2014 seeking support on specific cases. This emerged as a universal theme present in every interview with community members suggesting supervision needs to be prioritized going forward.

Community members reported that they initially had former professors from their PGDGC program (including the UW researcher) that they contacted in high-risk cases in addition to one senior counselor in the country. Over the past five years, peer consultation became the default process for discussing cases and getting support. There are community members who have been employed by the Department of Youth and Sports to serve as a resource for counselors in the field. Many community members expressed appreciation for this resource. However, as these counselors have not received extensive additional training in supervision and have other administrative responsibilities, it appears more attention to supervision needs of the counselor in the field emerged as an important theme from the data.

Diagnosis. Diagnosis emerged as a theme through frequency of items coded related to assessment and diagnoses and through co-occurrence with a "challenge" code. Through discussion with participant researchers, diagnostic skills were identified as a gap in training. More than one participant described utilizing general internet searches for symptoms. These internet search findings would not include any cultural adaptation and represent a very crude understanding of diagnostic categories. Diagnostic categorization could be of tremendous benefit in their clinical application, but the training and resources to implement have not been available to the early counselors in Bhutan. Diagnosis, at

best, can facilitate communication between clinicians and guide treatment planning and measurement of progress. However, diagnostic labels or categories that are not understood and therefore, misapplied can cause harm. A quote illustrates this identified need of diagnostic training:

Because our training did not cover the clinical aspects or analysis of the problem, like most of the – anxiety is very hard for us to say that they are having depression or they are having anxiety or borderline personality disorders, so it's very difficult for us. We know that something is going like – something is disturbing and something is going wrong with the aspect; but I'm not able to identify what is that. I maybe finding like the course of that frustration that the child is going to maybe a problem at home or maybe the problems at school, but I may not be – I am not in a position to really identify that, if he is having depression or having borderline personality disorder or schizophrenia...I know that there are terms which leads to depression or anxiety and stress but I do not really confirm that depression is a problem or anxiety is a problem.

Suicide and Self-harm. A theme that emerged in analysis coded for both frequency in presentation and declaration by participant researchers was feeling ill-equipped when encountering suicide and self-harm as presenting concerns. Every interview, with only one exception, included a narrative of the counselor facing a high-risk situation with a client. Additionally, there were a few participants who described self-harming behaviors with incredulity, communicating a lack of previous exposure or specific training for these increasingly common behaviors. Together these narratives demonstrated that each counselor was navigating suicidality and self-harm as best they

could with concern and uncertainty, but without background training on these increasingly common counseling presenting concerns. While high-risk situations are difficult for most early career counselors, additional factors for Bhutanese counseling intensify the already inherent concern and uncertainty.

An example of crisis intervention. A community member details her experience with a 16-year old female client who had recently moved and transferred schools presented in counseling in acute distress:

Then like it was good opportunity for me that day because she was – I mean I probably like – it was something that made me to call her that day. Because when I talked with that girl she had said that...she would take her life that night. She has planned everything, she has written the suicide note to her mother, who is very ill and then the parents got separated, her father is away with the step-mom. And then she had to look after her sick mom and then three younger kids, two sisters and one brother and then she was having normal difficulty. She had failed in her previous year, not having enough money at home, her mother is not able to go for the treatment and then she was having so much emotional distress. And then she was not in a situation to help anyone.

So, she had planned that night she would take her life away because she couldn't deal with the problem that her mother was going to – and then she has – she was...helping them by ending her life. So that's what she thought. But, so when I learned that we – I mean discussed with my colleague to consider...providing immediate support to her where she could at least comfort situation for that time. So, her mother was willing to take the hand that we were

offering...in terms of like getting whatever the basic needs they needed at home at that moment. And then we – since she was like constantly sticking onto that point that I'm going to take my life away, that's going to – maybe that will ease my mom's pain because she doesn't have to take an extra stomach; so she had that notion. So, we referred her to the psychiatrist and then we referred her younger siblings...so in that way it was like a crisis intervention.

But later on when she was discharged from the hospital...it was like every day listening to her problems, encouraging her, working with her, help her overcome her issues, help her find ways to cope with the problems at home. It was like helping her to find an alternative that suicide is not an option; there are ways to overcome that. And, then students who receive help from the school her mother could get the treatment expenditure from the simple dream, have called – the program from the government where they could send the support for needy people. So, her mother got in that but in case of that girl maybe constantly in touch with her, she would come to see us whenever she had problems. So, helping her find ways to cope with her problems, managing anger, and then you know helping her find ways to build her reasoning skills that helped actually.

Suicide is a significant concern in Bhutan. According to a 2014 World Health Organization (WHO) report, the suicide rate in Bhutan is 16.2/100,000 and the number of recorded deaths by suicide has increased by almost 50% between 2012 and 2013. Suicide was responsible for 2.92% of total deaths and that places Bhutan at 22nd in the world. This puts Bhutan, the kingdom of happiness and creator of Gross National Happiness, as one of the highest suicide rates in the world. Several participants expressed a sense of

responsibility for the issue of suicides in their country. This responsibility was also communicated to them by others who knew of their profession as a counselor.

Substance Abuse. A surprise finding in the category of need identification was the consensus that substance abuse was being addressed in large scale by the government and appropriate training and specialists were available for referral when needed. This was different from the UW-researchers expectation based on observations from the field in 2011. It is the opinion of the participant researchers that the Bhutanese government has made strides in addressing the treatment of substance abuse and related disorders by training medical professionals and offering trainings with international AODA specialists. Substance use and abuse training represents a previously identified need of the field that did not emerge in the data as being an urgent need. However, this finding is presented with qualification as ongoing attention to relationship to substances and substance abuse disorders ought to be a priority in any mental health community.

Optimistic outlook. The theme of an optimistic view of the future and the next steps for the field emerged during the first interview and was ubiquitous. This optimistic outlook did not deny the challenges and specific needs, but seemed to allow for the challenges to share space with the optimism without diminishing it.

These first generation of counselors in Bhutan are brave, exploring new territory for their country, while also mindful of the traditional Bhutanese values that underlie their society. While some values were revealed through the interview process, others emerged only through the data analysis. Exploring new territory requires openness to experience and willingness to face uncertainty and whether through intentional choice or conditioned habit, the participants consistently conveyed their positive perspective on

the future. One participant framed the interview with the following: “Before I answer your questions, thank you very much; I am very honored to be part of your research program. This is going to benefit us endlessly.”

Bringing awareness to current conditions and the needs underlying the challenges that community members face along with a positive outlook provides the first step in strategic planning for the counseling system in Bhutan.

Contemplative psychology & the ground. Participants were able to describe their experiences and analysis allowed for winnowing this to pull out the specific needs based on challenges faced. Additionally, these findings identify strengths in attitude and outlook as the starting viewpoint creating the ground for counseling in the country. In Bhutan, the ground for counseling is fertile. A combination of stakeholders came together committed to culling the already fertile soil, and bringing their expertise to bear in gardening practices. Dedicated counselors trained at the post-graduate diploma level, soon to be MA-level, are poised for the next steps in their career and in the evolution of Contemplative Psychology.

Path

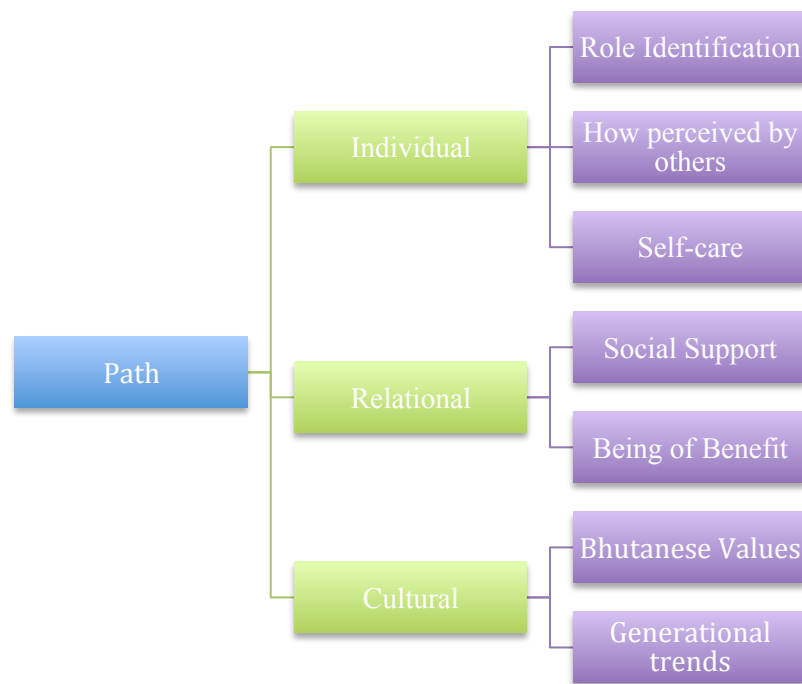
The path is the effort that we apply to those conditions described in the ground. The implementation of counseling practices is revealed here through the community member’s lived experiences developing their identities as counselors, living in the role, and developing their worldview and emerging theoretical orientations.

In Bhutan, themes emerged in the data to provide the stepping stones for a path forward constructed collaboratively. The themes fell into three categories, internal (self),

external (other), and interconnected (spirit) factors impacting the path. Each category had several emergent themes that describe the results.

Figure 4.3

Thematic Analysis of the Path, comprising categories and key themes.



Self/Individual. Internal factors related to self contribute to a counselor’s communication of path and progression for counselors includes theoretical orientation and perception of counseling as well as self-care.

Counselor role identification. There is personal impact of professional work as a counselor that was a theme of the data, with a wide reaching impact spanning to family, friends, relationships, and health. Often there are dual roles to navigate and one participant described this, “Like most of the cases like the school counselors have dual role, not only counseling but we also have the role of – we play the role of social worker. So, that gets mixed up...” Other interviewees discussed marital concerns and social concerns related to their counseling role and responsibilities.

An interesting potential finding of this analysis relates to how identity and contemplative psychology frameworks intersect in lived experience. It appears that some of the impact of the counseling role appears to be mediated by understanding of Contemplative Psychology, belief in Buddhism, contemplative practice, or mindfulness practice as many participants who expressed struggle with role identify had less language and emerging themes in their interview related to Buddhism. However this interpretation could present researcher bias. The UW researcher did discuss this with a participant researcher who concurred that this pattern was evident in the data. The participant researcher further noted that this did not stand out to her as a finding because of her own bias, judging that spiritual practice and understanding occupation in a spiritual framework helps with work and life balance.

Self-care. The discourse on therapist training almost always includes some discussion of how one is doing as a human being. Are they caring for themselves, participating in activities that are healthy, connecting with others? It is a counselor's duty to engage in self-care as it could impact the quality of treatment and ethical decision making. One participant describes awareness of self-care, identifying it as a "huge concern" while also providing perspective into associations or contributors to the emerging theme of self-care:

Self-care is a huge concern for me because when I have to work with more number of clients in a day I get burnt out and there is no like support for the counselors in every situation where we can have ourselves to come out of that situation. So, most of the time like not being able to give them full time, because

we have to see more number of students so time constraint is one because we're not able to see them as they need to.

This participant links self-care to burnout, a sense of isolation/loneliness, and sub-par care for students/clients. This theme of self-care is prevalent in the counselor training literature as well, therefore this emergent theme is in line with expectations as a priority for the individual engaged in the path of the counselor.

How perceived by others. Themes emerged related to beliefs about how counseling and counselors are viewed in Bhutan that included a full range of projections. From the savior who should repair a broken client in a single session, to the view that “everybody can do counseling. Everybody is a counselor.” While counseling skills have universal application outside the mental health field, it is also important to distinguished trained counselors who have a skillset and expertise from common advice giving our support that is perhaps also perceived as counseling. A participant explained a difficulty along the path of establishing herself as a counselor, “it is very hard to get that identity as a counselor because often when we introduce ourselves and if we say we are a counselor people would say that everybody is a counselor here” or that “you must have no problems and be better than other people.” Both poles of perception can be difficult for the counselor establishing his/her/their path and navigating how others are perceiving them in their role.

Other/Relational. This category emerged describing external or outside influences on the counselors' path grouping together themes of social support and relational cultural factors.

Social Support. This theme emerged through co-occurrence of items coded for peer support, mentorship, and optimistic outlook. This was expressed positively in that development or progress was often attributed to having support from colleagues, peers, or research collaborators. One participant shared that increased support from the government and other stakeholders to build the capacity of counselors and this has drastically helped counselors to raise their self-esteem and facilitate day-to-day delivery of their services. This was also evident in specific words in the data conveying positive relationships: (ie. ally, partner, friend). This also fits with a value of Gross National Happiness (GNH).

Desire to be of benefit. This phrase, “May I be of benefit” is common in the vernacular of Buddhists from Minneapolis, MN to Katmandu Bhutan. Perhaps unsurprisingly, interview data captured this sentiment in multiple participant interviews communicating a value caring for *other*. A centering orientation of Mahayana Buddhism, this relational, *other* orientation has implications for mental health and well-being. Volunteering, donating, and being of service to others is also considered to be traditional practice in Bhutan (Uri et al., 2014). Participants often shared gratitude and a desire for the very interviews being conducted and their aspiration for them to be of benefit. This intention or motivation is evident in interactions with the community members and influences behavior, decision-making, meaning making, and generally how one travels their path.

Cultural. Spirit. This category holds the recognition of ongoing relationship with one’s belief systems, cultural values, spiritual practices and broader community. Not only are humans relational, we are contextual and have networks of connection with others.

Many cultural factors that are influencing the path of the Bhutanese counselor were emerged through this research and those that were articulated in interviews were unpacked through data analysis. The ability for vast perspective taking characterizes this subset of the data with themes of generational trends, Bhutanese values, and contemplative psychology emerging as exemplary and illustrative of this perspective. Awareness of our interconnected, community bound *being-ness* emerged from the data as part of the path of development both for the counselor and for the theoretical orientation of Contemplative Psychology.

Bhutanese Values. The data contained rich descriptions beliefs from which specific values could be identified. Values of compassion and kindness were most often highlighted, consistent with this values emphasis in Tibetan Buddhism and Contemplative Psychology. The harmony between Buddhism and counseling was is illustrated in a participants words:

As part of my understanding most of the aspects of the counseling actually includes aspects of Buddhism. For instance, like we talk about committing ourselves to our inner self, so that's what the counselors actually work on. Like we want to touch that inner self so that the child could understand the actual strength or capabilities so that they could help overcome the problems. So, the perspective of the problem is knowing what we have, what resources we have, what we could do actually, being connected with that and then not being focused on the other problems which are your problems. So...there's so much connection and interlink between the counseling and the Buddhism. So, we're talking about spirituality.

Participants also gave descriptions of circumstances where Bhutanese values intersected with their counseling work emphasizing values of duty and obligation. At times awareness of these values came through tensions experienced:

We have actually like most of the time when we work with clients; most are based on the belief values and tradition. For instance if they have problem with their parents we work on with the – there is belief of duty and obligation...that duty and obligation from parent to child and child to parent duty or obligation between teacher and student, student to teacher and supporting it; so we talk about that duty and obligation. And we talk about the responsibility that the children have in the society because we have been brought up in our tradition that the children they grow up and have to look after their parents, they have to take care of their parents and parents have the same responsibilities. So, like when we have these family issues we build ourselves into our traditional values and relief systems.

Bhutanese counselors are also making modifications of their training and theoretical orientation to fit current needs, their evolving belief systems and the needs of their community:

It depends on the situations that you work with so it's not like one hard and fast rule that we have and so it depends on the situations and the cases that we get; so we modify, we like have to come by what we know and then take the best of what we know to help the clients...So, most of the time like it has to work on the compassion and kindness to get heard and understood.

Generational Trends. There are times when it is clinically indicated for mental health treatment to include family intervention, and this is especially common when youth are in treatment. Different generations have different schemas about healing and mental health treatment. A theme of awareness of generational differences emerged. For example, some counselors are finding it easier to connect through the language of Buddhism, which is culturally familiar, rather than counseling, which is new and unfamiliar. One participant described this phenomena:

And, when you work with the families, like it's easier to connect from the Buddhist perspective because like they understand it, they have been brought up into that society or in that culture where they have strong influence from the Buddhist religion. So it's easier to connect with them from that perspective than from the counseling perspective, which they find it hard to understand. But, if you take it from that Buddhist perspective, it's what they have born into, it's their belief, it's easier to have commit with them. And then for them to help the child in terms of problems and situation through the compassion and kindness.

Toward the end of this project, conversations with collaborators and community members on the subject of the youth and their (dis)connection to dharma began, however, we have not yet come to consensus on the path for youth and their sense of connection or belongingness as cultural beings. As the country of Bhutan undergoes rapid change through continued modernization and exposure to globalization, the generational differences and their impact engenders curiosity.

Contemplative Psychology & Path. From a Contemplative Psychology perspective, the path is typically perceived to be meditation and the concurrent insights

derived from meditation practice as a means to reduce suffering and cultivate well-being. CP views our fundamental nature brilliantly sane, but we need to exert ourselves on the path in order to clear away the confusion that covers up our natural health and sanity. The lesson of the contemplative psychology meaning of path is also an encouragement to let go of the destination, to appreciate the process and even consider viewing the path as the goal.

The path is being carved by the first generation of counselors and stakeholders. The conditions of suffering and their path efforts influenced by self/other/and cultural factors come together in a unique and precious way. Together we plant seeds based on the findings of the conditions on the ground and the context and efforts required on the path. If we are successful these seeds will flower and what we chose to plant and nurture will become objects for further investigation by future generations of counselors and researchers.

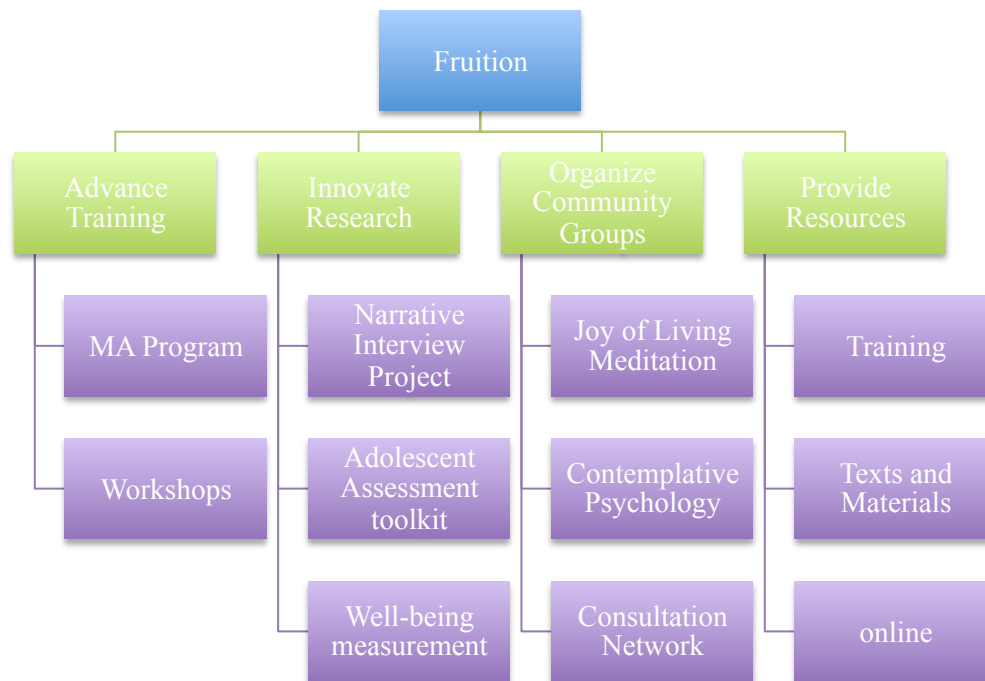
Fruition. The fruition from the perspective of the 3-fold logic is the outcome, or where we want to go. The outcome is the ultimate destination, and it would not have occurred without our effort along the path. The harvest of the gardener and the food enjoyed by the farmer from his crops are the fruition just as the tangible action items are the fruition of the analysis of this data for direct field application.

There are 85 graduates of the PgDGC since 2011 who are currently working in the field as full-time counselors (Programme Document, 2016). The fruition findings of this project are particularly relevant for those 85. These candidates are all eligible for acceptance into the MA program in Contemplative Counseling Psychology (MACCP) along with the other well trained counselors from private organizations and NGOs as well

as those trained internationally. All these stakeholders in Contemplative Counseling in Bhutan will be invited to collaborate on the next steps for the field, presented here as the fruition of this project.

Figure 4.4

Thematic Analysis of the Path, comprising categories and key themes.



Community Based Action Steps and Deliverables

As a result of this project, shareholders developed suggestions for actions steps to address the experiences of the first generations of counselors. Those action steps include implementing the following:

Develop training opportunities. This is aimed at providing avenues for participants to “*upgrade*” their credentials. The field remains current through the introduction of scientific findings on best practices for treatment and maintenance of well-being in accessible educational and professional formats.

Masters Level Training Program. Exciting progress has been made during the duration of this project representing the culmination of the hard work and dedication of several stakeholders, individuals, and governmental and educational institutions. The most significant concrete advancement in the field has been the development of a MA program in Contemplative Counseling Psychology (MACCP) at the Samtse College of Education (SOE). In 2011 conversations about this program began with this UW Researcher, and stakeholders converged on this as a priority and rationale for approval of this project. In the Spring of 2016, the curriculum and programming documents were completed and many of the needs highlighted in the study findings presented are addressed directly in this document (see Appendix H). Not all findings and recommendations of this project appear in the program application, however the significant convergence in needs identified and prioritized is evident. Curriculum documents submitted, verified, and approved, included curriculum content that thoroughly addresses identified gaps in supervision training, suicide risk, AODA issues, diagnosis, and treatment.

In August 2016 the MACCP Programme Document was verified by the Royal University of Bhutan, and in October 2016 after 72-hours of debate the program was approved by the Ministry of Educations and funds were allocated for it to be fully resourced (personal communications, Participant Researcher, November, 2016). Of note, 5 individuals from the original cohort of counselors trained in the PGDGC program are among the first cohort of counselors training in Bhutan's own Masters level counselor training. Naropa University, the dedication of many faculty, and specifically representative Caroline Hope, were crucial in making this program officially launch in

Bhutan. With this program established, the next important contribution of support would be conducting program evaluation to determine the effectiveness and continue to improve the curriculum and training in the MA program.

Workshops. Together with other stakeholders, the following workshops are recommended for continued training opportunities for those in the field post-PGDGC who will not be attending the MA program. The intervention workshops suggested target the current needs highlighted in the research interviews.

Dialectical Behavioral Therapy (DBT; Linehan 1999). The rationale for this training is to address suicide and self-harm. Include process for cultural adaptation and critical analysis of DBT protocol. Workshop participants should document recommended intervention modifications based on cultural and contextual factors. This intervention is not currently part of the curriculum for MACCP training and therefore this workshop could be of appeal to MACCP students and eventually graduates in addition to other mental health workers in the country trained by NGOs and other academic institutions.

Mindfulness based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2001). The rationale for providing this training is both as a prevention measure and to address depression treatment (Siegel, et al., 2004) and recent meta-analysis confirm widespread efficacy and support increased dissemination (Kuyken et al., 2016). Additionally, counseling trainees who completed an 8-week mindfulness-based stress reduction course showed increases in empathy (Shapiro, Brown, and Biegel, 2007) and trainees who underwent Mindfulness-based Cognitive Therapy training were better able to engage in self-care behaviors (Rimes & Wingrove, 2011) therefore this suggestion workshop would also address counselor self-care and burnout, challenges and

considerations on the path of the first generation counselor. Include process for cultural adaptation and critical analysis of MBCT protocol. Workshop participants should document recommended intervention modifications based on cultural and contextual factors. This intervention is not currently part of the curriculum for MACCP training and therefore this workshop could be of appeal to MACCP students and eventually graduates in addition to other mental health workers in the country trained by NGOs and other academic institutions.

Acceptance and Commitment Therapy (ACT; Hayes, 2004). The rationale for providing this training is to capitalize on the similarity between the core process of ACT and key principles of Contemplative Psychology. This intervention is currently part of the curriculum for MACCP training, listed as a unit in the COU503 Counselling Theories course, and therefore this workshop could be of redundant for students in the MACCP program. It would be additive training addressing a potential deficit for PGDGC graduates and other mental health workers in the country trained by NGOs and other academic institutions. Include process for cultural adaptation and critical analysis of MBCT protocol. Workshop participants should document recommended intervention modifications based on cultural and contextual factors.

Suicide Prevention & Assessment. Develop novel curriculum or utilize established and piloted curriculum for special focus on Suicide prevention and assessment. Options for existing curriculum include a course developed by Joe Orovecz, M.S. offered at UW-Madison, Special Topics Course: The Psychology of Suicide. This course seeks to expand students' understanding of suicide through theory, research and descriptions of the lived experience of those who are suicidal. Topics covered will include suicide

assessment, intervention, and prevention strategies, suicide bereavement, and ethical and spiritual issues related to suicide. Include process for cultural adaptation and critical analysis of existing curriculum or training protocol. Workshop participants should document recommended intervention modifications based on cultural and contextual factors.

One such cultural adaptation that could be made to an intervention or training on suicide assessment and prevention could be to incorporate Buddhist views on Bhutanese views of death. Contemplating death is not viewed as pathological from the perspective of Contemplative Psychology, but rather, contemplating death is virtuous activity. Contemplating death encourages more conscious living and prepares us for how we will relate to our experience when we do breath our last breath. The complexity of suicide and the reported increase in frequency of suicide in Bhutan warrants action step recommendations with encouragement of considering cultural influences around death in whatever is offered to address this identified training need.

Mindfulness & the Four Immeasurables. This is the second time this offering will be provided by request of the Royal University of Bhutan. First offered in July 2011 in Paro as an invited retreat for counselor educators, ministry of education officials, and counselors. The workshop was previously co-facilitated by the UW-researcher, then unaffiliated, and Dr. MacAndrew Jack from Naropa University. Its second offering will be facilitated independently or with Naropa or RUB faculty, or community members interested in co-teaching.

Mindfulness Special Topics- A Healthy Sense of Self. Prior similar workshops offered at UW-Psychiatry's Wisconsin Psychiatric Institute and Clinics (WISPIC),

Marquette University's Counseling Center, and UW-Madison's University Health System's Counseling and Consultation Services (C&CS) and based on contemplative psychology theory (Lindemann, 2009). Workshop would ideally be co-facilitated with Naropa or RUB faculty, or community members interested in developing co-teaching skills (See Appendix G).

Cultural Case Formulation and Assessment Training. To address perceived deficits in diagnostic skills and assessment skills, this workshop would offer training Diagnosis (ICD-10) and could be facilitated by Participant Researchers who have received MA-level training on diagnosis. Special consideration should be given to critical analysis and potential innovation, including developing assessment tools and new diagnostic systems based on taxonomies of Buddhist philosophy and Contemplative Psychology. Additionally, the Cultural Formulation Interview was discussed as a training tool and potential research project as well.

Grow Innovative Research. This project attempted to be an incubator for future research directions and to inspire future principle investigators. One research project developed as an off-shoot of this project, a useful supplement to this study, but also a stand alone unique and important contribution to the field. This participant research pushed through the IRB process for the first time in her research career and carried out an interview project with narrative analysis with minimal support and maximum dedication.

Another innovative project underway relates to measurement and assessment tools provided by the United Nations. Community members were open to disseminating the United Nations (UN) Adolescent Assessment Toolkit to counselors in the field for the purposes of gathering data to understand the issues of the youth of Bhutan. This project

was in development in the Summer of 2016 under the leadership of counselors at the Ministry of Education.

The innovative research with the most untapped potential from the viewpoint of the UW-Madison researcher is to further our understanding and measurement of well-being. This would support the counseling field in Bhutan, the people of Bhutan, and could have importance for the international scientific community's investigation of well-being as a skill that can be skillful cultivated. One participant researcher appeared interested in taking next steps to develop a project to utilize the fertile ground of GNH to collect data on a mobile device assessing well-being on a national scale. Bhutan could be a key partner in the definition, measurement, and promotion of well-being. The current measures used do not provide the evidence required to make definitive statements about the mechanisms that underlie well-being.

Community-based Group Organizing. Coming together in community to engage in practice, to support each other, or to expand social and professional networks.

Tergar Joy of Living Meditation group. This group formed following the UW researchers visit and guided facilitation of practices in a middle school classroom of a first-generation school counselor. The participant researcher had received teachings from Mingyur Rinpoche, the guiding teacher of the Tergar International Meditation Community, when facilitating a Youth Leadership day for her Bhutanese students on a service trip to India with the exiled Tibetan community. When Yongey Mingyur Rinpoche visited the United States in July 2016, the UW researcher discussed with him the research findings, and the possibility of Tergar community offerings in Bhutan. Mingyur Rinpoche expressed enthusiasm about the collaboration and his endorsement of

the continued partnership. He encouraged the UW researcher's return to the country to offer her facilitation skills and introduction to meditation, also considering that in the future it would be possible for himself or one of the Tergar International Instructors (namely Myoshin Kelly or Tim Olmstead) would potentially be able to support a Tergar Bhutan group or community building. Finally, Mingyur Rinpoche identified friends and teachers who live in Bhutan for establishing mutual connections.

Special Interest group in Contemplative Psychology. This group would be tasked with furthering the development of Contemplative Psychology. Novel and integrated approaches to case formulation, diagnosis, and treatment that are culturally congruent and scientifically informed would be of benefit for colleagues and for the international field of contemplative psychology. For example, a compassion formation would be a compatible approach to case formulation for group members to discuss, implement, modify, and if viewed as beneficial to the community, disseminate. Several texts could form the basis for a book/study group. This would allow community members to locate gaps in the literature or divergences with contemplative psychology as understood and applied in the West and contemplative psychology as understood and applied in Bhutan. Online discussion forums and a community page for "Contemplative Psychology and Psychotherapy" provides virtual community space for an international membership including many Bhutanese to stay connected with others with similar professions or interests.

Official Consultation and Supervision Network. Consider a structured network for clinical consultation and peer networking, possibly including facilitation of scheduling formal supervision and supervision resources. Currently *Facebook* and

Whatsapp provide the interface for these interactions and there is concerns related to confidentiality and ethics of using these technologies for these purposes. Considering steps to develop the official or formal infrastructure for field would be helpful, especially as it could develop independently from academic institutions or accrediting bodies. A counselor at the Ministry of Education who has been providing services is interested in this community organizing initiative. Additionally, this network can serve as a incubator for future research projects and GNH/Well-being focused government initiatives and international collaborations.

Provision of resources. One participant noted, “forget about getting other training, they don’t even have the sufficient library books in the library which should support the counselors. So there is no way that the counselors could upgrade, even like – it’s impossible for them to get the book and to upgrade themselves.” Resources were provided on content areas that arouse as needs during analysis. These included texts on research design and theory, contemplative psychology, meditation, and contemplative philosophy and practice in daily life. Additionally guided meditations were offered during collaboration and upon request recorded for use by participant researchers personally, with clients, and in the classroom. Workshops offered as additional training or for edification are described in “training opportunities” above. The resource procurement for these suggested resources is important to consider and creative mechanisms for funding workshops could be considered including traditional fundraising, launching a kickstart campaign, or the lead UW researcher offering the trainings for which she is credentialed and sufficiently trained. Consider collaborating with other institutions or aid organizations to support workshops and other provisions of resources.

Figure 4.5

Action items and deliverables implementation.

Advance Training	Grow Innovative Research	Organize Community Groups	Provide Resources
<ul style="list-style-type: none"> • MA Program in Contemplative Counseling Psychology • Workshops to address training needs 	<ul style="list-style-type: none"> • Narrative Interview Project • Adolescent Assessment • Well-being measurement 	<ul style="list-style-type: none"> • Joy of Living Meditation • Contemplative Psychology • Consultation and Supervision Network 	<ul style="list-style-type: none"> • Research and clinical training • Texts and assessment materials • Consultation

Note: Items in Bold have been implemented. Items that are not in bold are in development or early stages of progress and have a project lead identified for next steps.

These action items are at various stages of completion and delivery currently (See Figure 4.5). This project proposed to define the action items, not to execute them.

However throughout the research process the commitment to see results implemented grew for all stakeholders and projects based on action items derived from study findings launched as early as April 2016. Some have amazingly launched (MA Training program) or have been completed (participant researcher-led interview project) prior to the defense of this manuscript. Therefore although the proposal stated intention was only to define action steps, the outcome of this project was further progress than anticipated in both implementation and community growth in capacity and productivity.

From the Contemplative Psychology perspective, in our daily lives we experience fruition as increasing clarity, stability, and strength (Trungpa, 1984). However, from an

ultimate perspective, fruition is a recognition that we are already brilliantly sane, fully enlightened, in this moment, without fabrication. Completely. Following this same pattern, clarity about additional proposed next steps was a useful finding and contribution from this study. However, an equally valuable finding engenders recognition of just how much health there already exists in the community and the progress already made at this moment in time for Bhutan's Contemplative Counseling Psychology's history. The counseling field has everything it needs to go forth and ease suffering and promote well-being for Bhutanese citizens throughout the nation.

Conclusion

The data analysis process was inspired by the *magna carta* of the University of Wisconsin-Madison (Herfurth, 1949):

Whatever may be the limitations which trammel inquiry elsewhere
we believe the great state University of Wisconsin should ever encourage
that continual and fearless sifting and winnowing
by which alone the truth can be found.

The sifting and winnowing *magna carta* of UW-Madison served as a constant inspiration, reflecting the refinement process of this qualitative analysis. The data are sifted by repeated readings through interviews, reflections and dialogue with participant involvement to winnow, or reduce the data so that the findings not only answer the research questions, but also encompass more of the truth through the lived experiences of the pioneers in the field. In line with the Wisconsin Idea, the emphasis of this project has also been on direct application of the findings in the world for the benefit of humanity.

Chapter 5

Discussion

A counsel of experts in the field representing over 30 organizations and accrediting bodies collectively defined counseling as “a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (Kaplan et al.,2014, p.366). This project has helped illuminate important challenges the first generation of counselors in Bhutan have had and the strides that they have made over the past five years, culminating in the next level of graduate education launching in Bhutan with the Masters in Contemplative Counseling Psychology (MACCP) at the Samtse College of Education (SCE). This collaboration has helped us better match resources provided to support the field with needs identified through the course of this research project. Most importantly, just as the counselor empowers their client to accomplish mental health, wellness, education, and career goals, so did this project aim to empower the pioneers in the field of counseling psychology to take this work forward, becoming a researcher and stakeholder in the future development of the field, extending their scholarship to improve the mental health system in Bhutan and further co-create the field of Contemplative Psychology.

Summary of Findings

The research questions for this were aimed at developing a better understanding of the status in the field for counselors, their lived experience as pioneers of counseling in their country. With special attention to training and theoretical orientation, the research participants and the stakeholders each have a role in shaping contemplative counseling psychology going forward.

Community members' experiences were put front and center and through our collaboration, maximize their potential to inform the future of Contemplative Counseling Psychology in Bhutan. Through exploring the lived experiences of those on the front line of treating psychological suffering our primary finding about the current status of the field through the eyes of the community members. We learned that the first generation of counselors in Bhutan are making significant progress toward improving their counseling services and educational system in Bhutan. With an optimistic outlook, challenges encountered as pioneers in a new field become a way to identify community needs. This marks the *ground*, the current conditions of the phenomena of counseling in Bhutan from the perspective of the counselors.

Throughout life the conditions on the ground contribute to our selection of which path to take. Our second main finding was the relational factors that influence the counselor's path in Bhutan. More specifically, the current path of the Bhutanese counselor is influenced by individual, relational, and cultural factors. The path is the route traversed with attention to the self, other, and cultural experiences and connection, and these are the factors that make the Bhutanese Counselor's path unique. This is where the integration of Buddhism and western psychology lives.

Beyond understanding the current conditions, training impact, and cultural context of the field, this research was also aimed at eliciting input that would support the future of the field of counseling in Bhutan through developing additional, culturally and contextually-relevant training opportunities and ongoing support of the field. Our third main findings are the four action steps for the community based on our first two findings:

develop excellent training opportunities, grow innovative research, organize community-based groups, and provide appropriate resources.

Implications

This project has implications for the counseling profession broadly, for contemplative psychology specifically, and for the field of counseling in Bhutan. Within Bhutan, the field has expanded to include broader voices of input, more engagement, and a sense of efficacy and agency for first generation counselors.

These findings also have direct implications for the future of the field in Bhutan, evident throughout this project as implications were addressed within the process of research. As a case example, Supervision emerging as a need for the community suggests consideration of its key role in training and has far reaching implications and to address it, we approached it from several angles. MA training does not always include this training, however RUB and MOE considered supervision a priority to address capacity concerns for the field in its infancy and to incorporate the feedback and related findings of the first-generation of counselors. Additional training in supervision in workshop format could also address the development of supervision capacity amongst already practicing counselors in the country. Community members could develop guidelines for best practice in supervision and consultation, drawing specifically from review papers and an Interpersonal Contemplative Systems approach to Supervision (ICSAS). ICSAS has recently been developed and could be utilized and with adaptations for culture and context by counselors in Bhutan (Lindemann, unpublished Manuscript). Multicultural responsiveness in supervision would also be valuable for the field in Bhutan and has been associated with strong supervisory

alliances and linked to supervisees feeling supported in exploring cultural issues (Burkard et al., 2006).

A final way supervision could be addressed systemically in the field of counseling as an implication would be to outsource some supervision and/or supervision training to collaborating institutions (Naropa University, UW-Madison) to be conducted remotely. Infrastructure and incentives would need to be established for this to be feasible, however it is worth considering until the local community has enough senior counselors to meet this need. It might be important to consider still alternative approaches to provision of supervision beyond those offered given community capacity and contextual factors. Additional ideas to address this include (1) having a senior counselor provide group supervision online, or (2) common supervision questions could be documented to be used as a community resource. With a plethora of implementation strategies, the field of contemplative counseling psychology would be wise to prioritize and build in supervision in the infrastructure of the field.

Contemplative Psychology

While Contemplative Psychology as an orientation has not been researched as a packaged intervention, evidence for components of its approach have been investigated and provide some scientific grounding for its use and advocacy for its expanded investigation. The efficacy of mindfulness-based therapies is well established for clients with a variety of medical and psychological conditions (Hoffman et. al, 2012; Kyuken et al., 2016; Cresswell, 2017). In addition to being studied as an intervention for specific psychological disorders, mindfulness is now being investigated as a potential means of enhancing self-care and therapeutic efficacy (Shapiro & Carlson, 2009;

Lindemann et al., 2014). Current research on mindfulness also suggests links between mindfulness and important counselor-training outcomes with indications that clinicians who develop a mindfulness practice may foster better outcomes in their clients than those who do not (Grepmaier et al., 2007) and that mindfulness is a significant predictor of counselor self-efficacy (Greason & Cashwell, 2009).

The domain of diversity training and multi cultural competence has been influenced by contemplative approaches as well. Hayes et al. (2003) found preliminary evidence in the domain of multi-cultural competence that a workshop based on a mindfulness-based treatment had a positive impact on stigma and on burnout. The surge of interest and growing applications of mindfulness as a clinical intervention could be a unique opportunity for contemplative counseling psychology in Bhutan to be involved in the scientific inquiry and share their perspective, knowledge, and expertise as contemplative psychology counselors. Raised in a Buddhist country and influenced by Buddhist teachings and practices, the contemplative counselors in Bhutan will bring unique perspectives and different voices than those contemplative counselors trained in the West. The insights of some of the participant researchers along these lines was phenomenal. Indeed, they are articulating an understanding of the integration of Buddhism and psychology in a way only those who have lived in the Buddhist cultural context could.

The field of contemplative psychology generally is gaining interest in “mainstream” culture, led by the contemplative practice of meditation and one specific technique, mindfulness. There are many more techniques and valuable aspects of contemplative psychology and Bhutanese contemplative counselors are now part of the

field who will further the integration of Buddhist Psychology and Western Psychotherapy.

This study is also relevant beyond counseling and contemplative psychology, with implications more broadly for cross-cultural well-being project collaborations. In addition to the support for a CBPR approach, this project is situated in a larger dialogue about well-being. The UN has taken special interest in well-being many are trying to address issues of conceptualization and measurement. The Organization for Economic Cooperation and development (OECD) released guidelines for the measurement of Subjective Well-being:

Subjective well-being encompasses three different aspects: cognitive evaluations of one's life, positive emotions (joy, pride), and negative ones (pain, anger, worry). While these aspects of subjective well-being have different determinants, in all cases these determinants go well beyond people's income and material conditions... All these aspects of subjective well-being should be measured separately to derive a more comprehensive measure of people's quality of life and to allow a better understanding of its determinants (including people's objective conditions). National statistical agencies should incorporate questions on subjective well-being in their standard surveys to capture people's life evaluations, hedonic experiences and life priorities. (2013)

According to the World Happiness Report (2015) Bhutan is perceived as a leader in the world in putting the central position of well-being as an indicator of development and accomplishment for the nation. An update to the 2015 report presented in 2016 is shifting focus to also consider Inequality in well-being as an important factor in the

measurement of wellbeing. Bhutan is in a unique position with a government that prioritizes wellbeing and is invested in its ongoing measurement at the indicator of development for its citizens.

Researcher Reflection

This project in cross-cultural counseling psychology aimed to be appropriately considerate to the culture, context, and population being studied and- consider the values, social interactions, and power dynamics of the stakeholders and their respective institutions as well as foster future collaborative projects for the benefit of the mental health system in Bhutan. While many efforts have been made to support this aim, inevitably because the lead UW-researcher is not a community member there have likely been circumstances in which these efforts fell short. To whatever extent that is the case, the responsibility lies with the UW researcher and not any of the stakeholders, participant researchers, or community members. An open dialogue will be continually offered for all stakeholders to mitigate any negative consequences or concerns about this collaboration.

I am aware of bias and work to reduce it, or when this is not possible, acknowledge, document, and navigate it conscientiously. The coordination of the mental health needs of the country is a tremendous task. The most significant reflection on this is that the community members and stakeholders have remarkable capacity and potential to create meaningful change. As a researcher, I was a catalyst rather than a creator as any findings of this study are co-created with the community of focus and their incredible emerging leaders.

Limitations

An evaluation of this study must examine the research approach, design, implementation, and impact. There were several lessons learned including the enormity

of the undertaking of community based international collaborative work. Ideally this type of study would be conducted with a full time lead researcher based in Bhutan for a long period of time.

It is challenging to navigating social hierarchy and power structures, especially when they are not always visible. Hierarchical class and social structure can influence counseling and international collaboration efforts (Malott, 2008). Privilege can bring challenges to the CBPR collaborative process (Chavez et al., 2003), and it is likely the UW researcher is ignorant of some ways in which her privilege was visible and influential in this research. The intention was to use privilege to allow others voices to be heard, however intention and impact are not always in perfect alignment, and to the extent that they are not in this project that is an acknowledged limitation.

It appeared to this researcher during her visiting professorship in 2011, that there were ways that the social structure has impacted full participation in the educational system development. This project has addressed this with intentionality, methodologically and ultimately was able to provide collaborative deliverables and articulated the next steps of development for the field of counseling in Bhutan. However it is likely there were aspects of the navigation of roles and power structures that the lead UW researcher is not aware of and this is a limitation of this study. Additionally, some voices of some community members are louder than others, and within the partnership efforts should be made so that members have the space to contribute equally. Being able to work within a system, but also not be limited by the social structure of that system or cultural context took a thoughtful and persistent approach.

Another limitation was the notion of community members was limited to the first generation counselors and instead, there could have been an expanded notion of community members that included all stakeholders. This is a limitation of this study and a larger scale funded project could include collaboration with a medical anthropologist and interviews with stakeholders named in this project along with additional stakeholders (clients, psychiatrists, other health care leadership).

Strengths

One of the primary strengths of this project is that it was designed to address problems found with traditional research methodologies once brought into the field (Wallerstein & Duran, 2010). In this project we addressed external validity through the engagement of the community and various stakeholders in adaptation within the complex systems of organizational and cultural context and knowledge. Traditional research can privilege academic knowledge, limiting our complete understanding and minimizing the value and relevance of capturing data about lived experiences. A richer understanding of the subject of research was facilitated in this project through incorporating the community, beliefs, and/or indigenous practices into research premise, design, implementation, and implications. This community involvement allowed for the discourse to broaden to address obstacles in communication when there are gaps in terminology between clinical perspectives or cultural perspectives. Cultural and social meanings are contextual and can be navigated collaboratively to expand on a shared language for Contemplative Psychology.

Navigating power dynamics and hierarchies is a necessity in life and in cross cultural research. Rather than the traditional power dynamics, this CBPR approach made

the learning process bi-directional. Collective decision-making was a challenge at times, and could have been attended to more systematically. Overall this project had more egalitarian decision making processes and review processes by multiple stakeholders than any other project this writer has participated in previously. Therefore, the complexity of navigating societal hierarchy, institutions, power and relationships is both a limitation and a strength of this study and the broader community action oriented approach.

Sustainability is essential to consider when implementing a project. Consideration was given throughout this study for the resources that may be needed to continue this project. Capacity of community members grew through this process supporting the sustainability of future progress in the field. The lead UW researcher will have a reduced role going forward, consulting only when approached or as it fits within her employer's research agenda. Empowering the next generation of counseling researchers attempts to lay foundation for the field to thrive going forward.

I am grateful for the opportunity for this engaged scholarship. Some have argued that students who enjoy working in collaborative environments and want their final research projects to lead to beneficial social change can find fulfillment in action research (AR) methodologies (van der Meulen, E., 2011). The learning from this collaboration has been extensive.

Recommendations for future research

Discussion of future research was part of the collaborative research process, and these findings were reported in the results section. Additional recommendations for future research based on this project include:

Aim High. Design high impact research studies. Design research with aim of impacting not only training and practice, but also importantly, target policy. The spheres of involvement in this study included government through the ministry of education and policy through facilitating resource allocation. Were it not for involvement and perseverance of multiple stakeholders and longstanding institutional partnerships, the MACCP program would not have launched. Specific attention could be given in future research to finding mechanisms or key areas to support GNH for government investment in the research. Stakeholders should discuss community action paradigms of research and emphasize translational research that is scalable.

Innovate methodological approaches. Since no modifications to the methodology of this study were made during the development stage of the project, therefore there was no quantitative data collection, a limitation of this study design that should be addressed in future research. Basic statistics including information on presenting concerns, course of treatment, and outcomes would be useful for assessing the effectiveness of the field and making modifications to training and community support accordingly. Additionally using mobile devices for data collection and intervention delivery or support would be feasible given the prevalence of cell-phones in Bhutan. Scheduling of counseling sessions can occur on mobile devices, therefore this presents a unique opportunity for data collection and innovative methodologies.

Convene interdisciplinary teams. Psychologists, scientists, and researchers can collaborate with cultural anthropologists, population health experts, psychiatrists, and broaden the understanding of the field and range of methodologies available for inquiry. Acknowledging the reality and complexity of globalization, we want to make conscious

choices about how to transfer systems and mental health/wellness applications and multiple perspectives, including community voices, seems an inclusive route to cultivating understanding of a phenomena. For example, collaboration with the Department of Psychiatry at the Jigme Dorji Wangchuck national referral hospital would have been helpful. Future projects and collaboration would benefit from psychiatry and counseling clarifying their relationship and processes for coordination on the mental health needs of the country.

Investigate indigenous medicine. During the UW-researcher's fieldwork in Bhutan she met with a student who had an apprenticeship in indigenous healing in Phunakah. Indigenous healing practices and medicine were not a focus of this study, but future research in healing practices in Bhutan should incorporate the knowledge of indigenous medicine housed in the healing centers adjacent to the major hospitals in Bhutan. Indigenous medicines are starting to gain interest in the fields of addiction and PTSD treatment and in Bhutan's counseling field this is undocumented, if not unexplored, territory.

Consider role of gender. There were significant gender differences between happiness ratings of men and women. 49% of men are happy, while only a third of women are happy, calling the result "striking" (Ura, Alkerie, & Zangmo, 2012, p.37). Men score higher in education, community vitality, and psychological well-being. To support progress in women's equality without the pitfalls of objectification and gender socialization that can go along with modernization and exposure to western media.

Further define and improve measurement of well-being. Consider, how is the meaning and very definition of well-being culturally bound? What is universal? How do

we take advantage of cultural knowledge to enhance the effectiveness of these programs?

What is the role of compassion (central) and action oriented value. The translational research process is important and requires intentional steps incorporating culture and perhaps drawing on cultural insights for the developing understanding of wellbeing.

Conclusion

In conducting a community based participatory project, my goal was to synthesize and articulate participants' lived experiences as counselors in the nascent field of counseling in Bhutan. Their input has been fed into the design of the next steps for the field. Therefore, the lived experiences of those on the front lines of community mental health are directly shaping the development of the field in their country. Mechanisms of ongoing support of the field of counseling in Bhutan include developed curriculum and instruction, provided clinical training and research training, textual resources, assessment materials, consultation and collegial relationships, and recommendations for supportive infrastructure for the future of the field.

A question I often ask myself is, *how can I have the most possible positive impact with my work?* The kind of impact that has the potential to continue reducing suffering for generations. I want my work to be sustainable, to empower and foster agency while having a tangible measurable impact, and to increase awareness of our shared humanity. Thru respecting cultural context, we not only get to a deeper level of meaning in interpretation, we also provide fertile ground for future development and progress on a national level in Bhutan, and on a global level for contemplative psychology and international counseling efforts.

The Program document for the MA in Contemplative Counseling Psychology (2016) situates the degree offered both within western psychology and the lineage and history of Bhutan:

William James (1950) writes in his *Principles of Psychology*: “An education that would improve the faculty [of voluntarily bringing back a wandering attention over and over again] would be the education par excellence.” This education par excellence will be delivered to candidates of the Master’s degree in Contemplative Counselling Psychology through intensive retreats and ongoing individual as well as relational mind training. In turn, these counselors will be qualified to deliver this education par excellence to the citizens of Bhutan. In this way, this program will serve as the seed to an ever-expanding network of roots out of which will grow an abundant tree of sustainable well being and joyful discipline. Through rigorous mind training, it is possible to reduce suffering and the causes of suffering and promote happiness and the causes of happiness. This wisdom is held deeply in the lineage and history of Bhutan and is the birthright of every citizen. Creating a framework for revealing this already existent wisdom through counselling services, so that it may manifest in the larger society, is the special interest of this Master of Arts in Contemplative Counselling Psychology." (p.3) (See Appendix H for complete program document)

Despite indicators of significant progress, including the Masters-level training now available, it was difficult to officially conclude this project. There is still much work to do and much untapped potential. This untapped potential is most apparent as it relates to the promotion and investigation of well-being with the support of Bhutan’s Gross

National Happiness focus. With the action plan put forth, important future steps to address community needs with ongoing support and to benefit to the field of contemplative psychology have been laid out for the current generation and future generations of contemplative counselors in Bhutan to adapt and to carry forward.

Contemplative Psychology has a rich history and holds tremendous potential to be of benefit in reducing suffering and promoting well-being around the world. As scientists and appreciators of history and cultural complexity, we know that exporting interventions and health systems must be done with care. Cross-cultural mental health training, intervention dissemination and research necessitates collaboration with local partners; interventions and training programs that are skillfully culturally adapted and designed to be carried out sustainably, with shared leadership and responsibility among team members. In this way, an embodied contemplative paradigm of research is indeed possible. The process of research itself can be contemplative, applying a social justice orientation with awareness, compassion, and committed action in alignment with an intention to be of most possible benefit. May this culturally, contextually, and contemplatively informed project and its outcomes be of benefit to the pioneers of Contemplative Psychology and the communities they serve in Bhutan and beyond.

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Appendices

Appendix A

Research Prospectus provided to RUB on July 10th, 2014

Research Prospectus: Bhutan Counselor Project

- I. Area of Inquiry: To understand the lived experiences of the first-generation counselors in Bhutan as a means to further support the emerging field of counseling.

- II. Intent of Project: To partner with the Counselors, the Royal University of Bhutan (RUB), and their collaborators in Counselor Education with the aim of supporting the development of the field of counseling and counselor education in Bhutan. Additionally, outside of Bhutan, this project has the potential to provide information for the field of counseling psychology about the process of cross-cultural, cross-boarder counselor education efforts. Valuable insight might also emerge to inform counseling practitioners world-wide about the application of Buddhism to the practice of psychotherapy and counseling.

- III. Research Question:
 - Preliminary Research Question:
 - (1) What are the experiences of the first-generation of counselors in Bhutan?
 - Secondary Questions:
 - (2) What suggestions, areas of continued reflection, and important input do these counselors have for the development of a comprehensive counselor training program in Bhutan?
 - (3) How do the counselors view Buddhism and/or Contemplative psychology informing and influencing their work?

- IV. Methodology: The project will use a Community-Based Participatory Research (CBPR) approach.
 - A. Rationale for Methodology: Rather than the academic researcher assuming what is best for a community, CBPR utilizes partnerships of community members, organizational representatives, and academic researchers to explore questions that serve the best interest of communities. CBPR emphasizes understanding and intervening upon factors associated with health and well-being from multiple perspectives of community members, organizational representatives, and academic researchers.
 - B. Research Process:
 1. **Receive Approval** from RUB Vice Chancellor DASHO PEMA THINLEY to conduct the study in Bhutan.
 2. **Establish Research Team/CBPR partnership**
 - a. Community Members- First generation of counselors trained in

- PGD program (2-3 members will serve as participant researchers/partners)
- b. Organizational Representatives-
 1. Coordinator of the counseling program at Samtse College of Education (SCE) - Dechen Doma
 2. Director of SCE - Kaylzung Tshering
 3. RUB Counseling lecturers- Karma Gayphel and Wangchuk Dorji,
 4. Naropa University representatives- MacAndrew Jack and Jane Carpenter
 - c. University of Wisconsin-Madison (UW) Academic researcher- Abby Lindemann
 3. **Finalize Research Question(s)**-Agreed upon by partners.
 4. **Assess community strengths, assets, and challenges**- Use brief interviews with community members (Eng et al., 2005) for preliminary discussions. Findings are shared with members of the CBPR partnership to identify themes.
 5. **Define priorities**- Through ongoing discussion and dialogue in which all partners have opportunity to share their perspectives, priorities will be identified. Staples (1997) framework to be implemented.
 6. **Develop final research and data collection methodologies**- Primary methodology will be qualitative interviews, however steps 3-5 will determine additional areas of inquiry and methodologies as needed.
 7. **Data collection & analysis**- Semi-structured interviews will be conducted with the first-generation of counselors trained in the PGD program. As community members, they will provide authentic perspectives on lived experiences of the affected community, drawing on their own narratives and experiences, as well as those of other counselors in the field. CBPR does not specify a research methodology and this project could include qualitative or quantitative methodologies. Three qualitative methods often used in CBPR to collect data include interviews, focus groups, and photovoice. Guidelines will be established to ensure representation of each group in each phase of the research process (Cashman et al., 2008)
 8. **Interpretation of findings**: Findings will be interpreted using multiple phases of analysis and construal of community members' reactions to the preliminary study findings. Community members, organizational representatives, and academic researchers will respond to the findings, suggest alternative interpretations, reach consensus on study findings, determine utilization of study findings to further address community needs, and create plans of action to enhance community health and well-being (Rhodes et al, 2010).
 9. **Disseminate findings**: The study's findings will be presented in a language that is respectful and understandable to community members, organizational representatives, and academic researchers, while maintaining the integrity of the data.

10. **Apply findings to address action:** The findings of this study will be transformed into action. Action may include individual-level interventions, community-level interventions, curriculum development, and/or policy recommendations. The findings will be relayed in aggregate form through local and national forums in Bhutan and the U.S.

V. Tentative Schedule:

July-September 2014: Finalize Proposal and Submit to Institutional Review Board (IRB)

September 2014-January 2015: Data Collection

January-March 2015: Preliminary Data analysis

April-May 2015: Data Analysis & Interpretation with partner participation

June-July 2015: Present findings, offer trainings as needed and/or requested

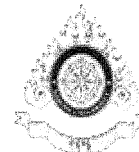
Appendix B

MOU between Naropa and RUB



Royal University of Bhutan

MEMORANDUM OF UNDERSTANDING
BETWEEN
NAROPA UNIVERSITY, USA
AND
ROYAL UNIVERSITY OF BHUTAN, BHUTAN



Naropa University

Naropa University, USA, and the Royal University of Bhutan, Bhutan, agree to enter into this Memorandum of Understanding, which serves as a statement of our desire for programmatic collaboration in the coming years. This Memorandum is based on the foundation of mutual trust for the benefit and development of the two universities and the promotion of international understanding and goodwill.

1. The two universities will establish collaborative programs and activities based on their respective academic and educational priorities, as well as their operational needs and constraints. These collaborative programs could include exchange of faculty; exchange of students or study-abroad opportunities for students; and/or exchange of research materials, publications and information.
2. Each institution will appoint an official liaison to the other who will explore opportunities for collaborative programming and activities.
3. The terms of specific areas of collaborative programming and mutual activities shall be agreed upon in writing by the parties prior to the initiation of any particular activity. For Naropa University, the signature of the President is required for any such agreement to be considered official. For the Royal University of Bhutan, the signature of the Vice Chancellor is required for any such agreement to be considered official.
4. Any specific program that is developed will be subject to the availability of funds and a budget approved by both parties.
5. The two universities agree that this Memorandum is not a formal legal agreement giving rise to any specific relationship, rights, duties or consequences, but is only an expression of mutual respect and interest in academic collaboration.
6. The two universities agree to endeavor to uphold this Memorandum for an initial duration of five years from the date of joint signing; it will be effective when the representatives of both universities have signed and dated it.
7. This Memorandum may be revised by mutual agreement of both parties.
8. This Memorandum may be terminated at any time prior to the ending of the initial duration by either party with a six-month written notice to the other party.

SIGNED ON BEHALF OF ROYAL
UNIVERSITY OF BHUTAN

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Dr. Pema Thinley, Vice Chancellor

Date:

SIGNED ON BEHALF OF
NAROPA UNIVERSITY

Dr. Stuart C. Lord, President

Date: *June 4, 2010*

Appendix C**From: Pema Thinley****Subject:** Fwd: Fw: Counseling in Bhutan-Thank you and a Request**Date:** July 4, 2014 at 3:03 PM**To:** amlindemann@wisc.edu

Dear Abigail,

It is good to learn that you are almost completing your PhD at Wisconsin University. I remember your coming with McAndrew in summer 2011 to set up the PG Dip. in Counseling. This program has progressed well and RUB is thankful to all those who helped. We have developed closer relations with Naropa University since then, and we are working to develop the PG Diploma program into a full Masters in Counseling/Psychotherapy program soon.

Personally, I see no problem in your proposal to conduct an interview study with our first generation of counselors. In fact it would provide us very useful information as we are preparing to work on a full Masters program. Please inform us of your detailed plans.

I am copying this mail to Dechen who is coordinating the counseling program at Samtse College of Education for now, the Director of SCE, and other Counseling lecturers, Karma Gayphel and Wangchuk Dorji, as well as MacAndrew Jack and Jane Carpenter at Naropa University. They would all be interested in your proposal. You might all like to write to each other.

I would like to know if you are a 'Mindfulness Practice' certified instructor. This would be something that you could offer in addition to counseling when you visit Bhutan.

With Very Best Wishes

Pema Thinley

Appendix D

Identifying Priorities: Exploring Community Issues

- Is the community issue consistent with the community agenda?
- Does the issue unite or divide the community?
- Will the issue enhance the capacity of the community?
- In addressing the issue, will partnership members further develop consciousness, independence, and skills?
 - Will the community be recognized for success in addressing the issue?
 - Will new partnerships or alliances develop from addressing the issue?
 - Will a concrete action plan be developed and subsequent CBPR studies emerge?
 - Will the issues lead to change for the good of the community?
 - Are enough members vested in the issue to commit to working on it?

Source: Staples, 1997.

Appendix E

Demographic Information

1. Desired pseudonym:
2. Age:
3. Gender:
4. Ethnic group:
5. What is your religion:
6. Please describe briefly how you engage or practice your religion in daily life:
7. Why did you choose the role of counselor and how were you selected?
8. What month and year did you graduate from PGDGC?
9. Have you received any additional training in counseling? If so, please provide information about this additional training (location, date, description)
10. Have you received any additional training in mindfulness or Buddhism since the completion of your PGDGC programme? If so, please provide information about this additional training (location, date, description)
11. Where do you meet with clients (office/classroom/other)?
12. Please estimate how many clients you have seen:
13. Estimate the average number of sessions per client:
14. Estimate the most number of sessions you have had with one client:

Appendix F -Interview Protocol Approved by UW-Madison IRB

Interview Protocol

Interview Introduction: Thank you for taking the time to speak with me today. I have questions for you that focus on your experiences as a counselor in Bhutan. We are interested in hearing about what is working well but also what has been difficult. Sharing your challenges will be especially helpful in informing the development of training for future counselors. Your interview will be de-identified and a pseudonym will be given to protect your confidentiality. Following the interview, you will receive an email with a link to an online survey asking you questions about your participation.

First generation counselor experiences (Question 1)

- 1) Tell me about how things are going as a counselor in Bhutan?
- 2) How do you feel about the way things are going?
- 3) What would make it easier for you to be an effective counselor?
- 4) What makes it challenging?
- 5) If things were going as well as you could possibly imagine for counseling in Bhutan, what would that look like?
- 6) Reflect on your experiences with a client for whom you feel counseling was effective. Describe your experience of counseling with this client.
- 7) Reflect on your experiences with a client for whom you feel counseling was **not** effective. Describe your experience of counseling with this client.
- 8) How does it feel to take on the identity of counselor?
- 9) What is it like being in this role in your community?
- 10) As a counselor, how are you perceived by others in your community?
- 11) How do your clients perceive you as a counselor? Have you experienced resistance or challenges from clients? Are there negative effects for clients who seek counseling? If possible, provide an example.
- 12) What are the tensions you experience as a counselor?
- 13) How do you see symptoms manifesting in your clients? Or, in other words, what are some of the symptoms that you see that brings your clients into counseling?
 - a) Do your clients report physical symptoms?
- 14) How does your diagnostic skill set make sense to you as a counselor and to your clients?

How training has influenced practice (Question 2)

15) How has your training in the PGDGC program influenced your work as a counselor?

16) Have you modified or made adaptations of your training when practicing counseling?

17) Are there symptoms or manifestations of psychological distress in your clients that you have encountered that were not addressed in your training? How have you understood these symptoms?

Orientation of Contemplative Psychotherapy and Buddhism in counseling (Question 3)

18) Do you view Buddhism influencing your work as a counselor, and if so, how?

19) Do you view Contemplative psychology influencing your work as a counselor, and if so, how?

20) How are you integrating Bhutanese values or aspects of Bhutanese culture in your practice of counseling?

21) Are there any values in Bhutanese culture that seem congruent to counseling? What about values in Bhutanese culture that seem incongruent with counseling? If possible, provide an example.

22) How do you understand psychological suffering and your role in working with your clients' psychological suffering? Do you view your role as getting rid of symptoms or using a transformative manner?

Input from the first-generation counselors regarding the development of counseling in Bhutan (Question 4)

23) Are there additional topics or issues in counseling that were not included or not emphasized in your training that would be helpful to include in training for counselors in Bhutan?

24) What input do you have for (a) counselor educators and (b) counselor trainees based on your experiences of counseling?

Appendix G: Workshop Outline: Mindfulness & Awareness Special Topic A Healthy Sense of Self

- I. Begin with practice – Guided practice on Basic Goodness
- II. MBCT-format Inquiry- regarding experience of Basic Goodness practice
- III. Special Topic: Exploring Self
 - a. Overview of the agenda for group today:
 - i. BG
 - ii. Three senses of self
 1. Noticing conceptualized self
 2. Noticing self-as-process
 3. Noticing observed self
 - iii. Healthy sense of (one)self
 - b. Basic goodness & awareness of self-judgment
 - c. The three senses of self:
 - i. Self-as-content/Conceptualized self
 - ii. Self-as-process/Observing self
 - iii. Self-as-context/Awareness
- IV. Observing Self-Experientials
- V. Discussion of “healthy sense of self” /Questions
- VI. The Five Skandhas, theory and guided practice
- VII. Application of Healthy Sense of Self insight to Counseling and Well-being
- VIII. Review of homework: including setting intentions and identifying daily life awareness practices
- IX. Concluding Practice - Awareness Practice/Body space Awareness

Finally, Rest in being the knowing. Awareness spontaneously knows, notice that awareness is knowing.

Sources:

- ACT Self-as-Context Material, *Acceptance & Commitment Therapy for Anxiety Disorders, Get out of your mind and into your life*

- Abigail M. Lindemann's Unpublished Master's Thesis, *Contemplative and Scientific Perspectives on Ego: What is a Healthy Sense of Self*

Appendix H

**Royal University of Bhutan
Samtse College of Education**

Programme Document

**Master of Arts in
Contemplative Counselling Psychology
(MACCP)**

Note: This version of programme document was provided by RUB Faculty and Naropa Representative April 2016

Programme Document for Master of Arts in Contemplative Counselling Psychology (MACCP)

As the social and economic landscape of Bhutan swiftly evolves, its people encounter complex challenges. Conversation abounds about the issues faced right now by Bhutan's youth: they are at the greatest risk of suicide, unemployment, low income, physical and sexual abuse, substance abuse, crime, violence and a wide range of health issues. Our country not only needs to promote academic and economic achievement, but also needs to support its citizens grow into emotionally sound, socially competent individuals capable of setting appropriate career goals to become productive and contributing members of society.

In 1998, Samtse College of Education began to offer basic training in counselling procedures in the form of tailor-made courses. In 2002, SCE began to offer Youth Guidance and Counselling as an elective for Postgraduate students. In 2003, Guidance and Counselling began to be offered as an optional module for Bachelor of Education students. In 2011, SCE introduced the first professional degree in counselling in Bhutan in the form of this Postgraduate Diploma in Guidance and Counselling. This degree provides the foundation for counsellors to begin working in the field to address these issues and for teachers to bolster their capacity to support healthy development in the classroom.

Since its inception, the Postgraduate Diploma in Guidance and Counselling has trained over 150 candidates. With full-time counsellors working in the field, we now have a more precise and heightened awareness of the nuance and degree of the need for mental health services in our country. It is increasingly evident that counsellors are being called on challenges which require training at the Master's level. SCE has demonstrated a commitment to training professionals in counselling in order to meet the growing needs of Bhutanese citizens for over a decade and is now in a position to increase the level of training to continue fulfilling that commitment.

In a study on the current challenges posed to Gross National Happiness, Chua (2008) identifies the main consequences of the ongoing cultural change in Bhutan: fragmentation within the family unit due to increasing use of technology, higher rates of unemployment due to shifting demographics, and materialism due to increasing influence of Western culture and norms. When familial ties loosen, citizens are at an increased risk for depression, suicide, and substance abuse. When unemployment rises, citizens are at an increased risk for violent behavior, depression, anxiety, substance abuse, and suicide. When materialism swells, human values are weakened such as pro social behavior, work ethic, cultural and spiritual practices, and general life satisfaction. In all of these instances, part of the solution is interpersonal connection. Alongside the systematic implementation of psychological and emotional tools and skills informed by theoretical study, we must also graduate counsellors who can deliver something more profound and ineffable: the healing power of relationship informed by extended personal practice and transformation.

His Majesty the Fifth King says, "We can never go wrong if we invest in human resource." He speaks about Bhutan's most valuable wealth: its people. Government policy in Bhutan recognizes that while economic performance is necessary for increasing the standard of living, its importance should be balanced against nonmaterial goals such

as emotional and spiritual growth and development. In order to make this investment and achieve this balance, a body of professional counsellors and clinical supervisors must be further established and developed in Bhutan in order to reach not only the students in our schools but also the citizens in our addiction rehab centers, the patients in our hospitals and Basic Health Units, and the youth and adults in our nongovernmental organizations, psychiatric inpatient facilities, and rural clinics.

As our youth, the stewards and custodians of our country's future, becomes increasingly magnetized toward Western culture, we must ask how we can harness the strengths while safeguarding against the drawbacks of this globalization. We must ask how we can intentionally integrate this influx of culture with the rich wisdom of our existing traditions and philosophies in a way that ignites and ensures the continuation of the latter. The unique design of this Master's in Contemplative Counselling Psychology is the marriage of Eastern and Western wisdom traditions, principally Buddhist and Humanistic psychologies. There is a growing international movement in the field of counselling and Counselling Psychology to create integrative approaches that synthesize Eastern and Western psychological perspectives.

This degree programme has researched modules and best practices from a wide range of educational institutions. The MACCP has adopted elements from several existing programmes, particularly from Naropa University in Colorado, USA, which has been training contemplative counsellors for over 30 years. This programme has carefully adapted and designed curriculum to fit the particular needs of the people of Bhutan. The programme will emphasize theoretical study alongside personal introspection and transformation, aiming to graduate counselors with an unparalleled capacity for developing genuine and supportive healing relationships.

William James (1950) writes in his *Principles of Psychology*: "An education that would improve the faculty [of voluntarily bringing back a wandering attention over and over again] would be the education par excellence." This education par excellence will be delivered to candidates of the Master's degree in Contemplative Counselling Psychology through intensive retreats and ongoing individual as well as relational mind training. In turn, these counselors will be qualified to deliver this education par excellence to the citizens of Bhutan. In this way, this program will serve as the seed to an ever-expanding network of roots out of which will grow an abundant tree of sustainable well being and joyful discipline. Through rigorous mind training, it is possible to reduce suffering and the causes of suffering and promote happiness and the causes of happiness. This wisdom is held deeply in the lineage and history of Bhutan and is the birthright of every citizen. Creating a framework for revealing this already existent wisdom through counselling services, so that it may manifest in the larger society, is the special interest of this Master of Arts in Contemplative Counselling Psychology.

1. Basic Information on the Programme

Samtse College of Education

Master of Arts in Contemplative Counselling Psychology (MACCP) and Postgraduate Diploma in Guidance and Counselling (PgDGC) offered in nested format

Four years part-time, where completion of the first two years leads to the PgDGC award and the completion of two additional years leads to MACCP award

or

Three years full-time into part-time, where completion of the first year in full-time mode leads to PgDGC award and the completion of two additional years in part-time mode leads to MACCP award

2. Aims and Objectives of the Programme

Broad Purpose and Intention of the Postgraduate Diploma in Guidance and Counselling

As a nested program, the Postgraduate Diploma in Guidance and Counselling comprises the first half of the Master of Arts in Contemplative Counselling Psychology. The aims of the PgDGC programme are to prepare competent and committed personnel who are capable of providing guidance and counselling services that are responsive to the changing needs of the school and relevant organizations. Consistent with the needs of the times and the University's objectives to provide relevant and quality education, this programme is designed keeping Bhutan's context in mind while ensuring globally recognized standards. It will focus on guidance and counselling strategies that are preventive, developmental, and remedial in nature.

This programme intends to educate counselling personnel who, through their own self exploration and growth, can help their students/clients to achieve optimal personal growth, ability to self reflect, acquire positive social skills and values, realize full academic potentials, and make important life decisions. Contemplative practices and mindfulness awareness will be an integral part of the programme to develop both insight and wisdom into the psychological processes of one self and others, cultivating the capacity to be present and compassionate.

Broad Purpose and Intention of the Master of Arts in Contemplative Counselling Psychology

The Master of Arts in Contemplative Counselling Psychology has the further aim of training counselors in Bhutan who will be eligible for certification under the Bhutan Board of Certified Counselors. Currently there is no such training programme offered in the country. Graduates of this program will be experts in working skillfully to guide youth and adults to better meet and overcome obstacles to happiness and well-being that they are experiencing in the midst of the rapidly evolving sociocultural landscape of Bhutan. The MA in Contemplative Counselling Psychology will also aim to build capacity for a growing counselling field in Bhutan by placing counselling trainees throughout the country in internships. The programme aims to prepare a network of graduates who will be competent in providing ongoing collaboration and support to

counsellors and para-professional counsellors throughout the country in the form of clinical supervision.

The broad intention for initiating the Master's programme is to create a cadre of knowledgeable and skilled professional counsellors who are competent and committed personnel capable of playing an active role to more competently meet the emotional needs of the Bhutanese society in a variety of contexts, taking into account the specific needs of Lower and Higher Secondary Schools, College settings, addiction clinics, inpatient psychiatric centers, rural health clinics, and hospital settings. In addition to training all candidates in overarching approaches and general practices to be qualified to work in the full-array of counselling positions, the programme will offer additional training in one of three areas of concentration: School Guidance and Counselling, Addiction and Counselling Practice, or Mental Health Counselling.

Through contemplative practices, the programme aims to equip graduates with a strong foundation in cultivating the capacity to recognize the inherent health and wakefulness of their clients, as well as to maintain a stable and clear mind in the midst of suffering. This strengths-based, compassion-oriented, and mindfulness-centered approach to counselling has the power to uncover the natural health and sanity of human beings, enlivening and enriching the larger society to operate at its full potential. In addition to the career placements already named, graduates will be qualified to open their own counselling clinics. Graduates will also be qualified to apply for counselling positions outside of the country as they will be certified by BBCC which works in collaboration with NBCC (National Board of Certified Counsellors in USA).

Justification of the level of award and title

The ongoing mental health needs in the country and resources already in place at Samtse College of Education make the MACCP degree a suitable choice and natural next step, building on the existent curriculum to create a higher degree within which PgDGC will be nested.

Beyond the time it takes to complete, this Master's degree is a distinctly higher level of award than the PgDGC in several ways. First, this programme offers advanced modules in clinical skills and assessment and treatment planning as well as focusing more on prevention. Second, the programme offers special training in areas of concentration that prepare graduates to be qualified to work in more diverse contexts, rather than only focusing on school settings. Third, Master's candidates will be required to complete an intensive internship in the field, constituting 600 hours of clinical work in addition to the 150 hours of practicum required by the diploma programme. Fourth, the Master's programme incorporates an extensive research element in the form of a Master's paper, which calls upon the candidates to engage more deeply with a topic in the field and develop a more thorough personal theory of counselling. Fifth, the Master's programme will prepare counsellors who are qualified to provide supervision to counsellors in the field who hold a lesser degree. Lastly, the Master's degree graduates counsellors who are eligible for certification which the diploma programme does not.

The title of the Master of Arts will be Contemplative Counselling Psychology. Counselling is the broad term used in the field of psychology to refer to the applied branch that focuses on the facilitation of personal and interpersonal functioning across the lifespan. Counsellors are typically employed in a wide variety of settings to deliver mental health services that focus on emotional, social, vocational, educational, health-related, developmental, and organizational concerns. The term Psychology identifies and clarifies the academic and professional field of study and practice associated with the programme, given that the term “counselling” is often used generically for non-professional services. The term Contemplative refers to the experiential emphasis and incorporation of contemplative practices that invite students to study their own minds in addition to counselling theory and practice and provide the opportunity for students to develop the personal qualities (i.e. self-awareness, patience, compassion, discernment) necessary to be of real benefit to others.

Specific Objectives

The Postgraduate Diploma in Guidance and Counselling will prepare graduates who will be able to:

- Demonstrate a clear understanding of counselling theories and their applications, and develop a personal philosophy of counselling.
- Foster helpful relationships that are built on trust and respect with clients and coworkers
- Demonstrate effective use of counselling process, guidance and counselling skills.
- Effectively use group processes and skills for guidance and counselling.
- Exhibit sound knowledge of career development theories, and be able to use them to help clients prepare and plan for their career.
- Demonstrate a clear understanding of the theories of human growth and development and apply them effectively to counselling work.
- Comprehend the process of addiction and effective intervention strategies to reduce the impact of substance use and addictive behaviors on the individual and society.
- Recognize the kinds of confusion that distort relationships.
- Engage in reflective practice by constantly challenging themselves to improve, and take responsibility for their own professional growth and development.
- Demonstrate knowledge of and ability to follow a code of ethics and engage in ethical decision making processes.
- Engage in the sitting practice of mindfulness-awareness in the method taught in the program.

The Master of Arts in Contemplative Counselling Psychology will prepare graduates who will be able to:

- Demonstrate dexterity in the application of advanced clinical skills and processes,
- Articulate a sophisticated personal philosophy of and approach to counselling,

- Competently perform in the full-array of counselling positions across the country, forming helping relationships that facilitate well-being,
- Engage in ongoing contemplative and reflective practice, demonstrating an expanded capacity for self-awareness, wisdom, and compassion,
- Both seek out and provide effective supervision of counselling work for professional and para-professional counselors,
- Skillfully administer counselling assessment instruments, apply interpretive judgment, and implement informed treatment planning,
- Clearly communicate affective experience and theoretical understanding, in writing and orally,
- Show progress in developing mindfulness and non-aggression toward themselves and others,
- Demonstrate an allegiance to the inherent sanity and worth of their clients and be able to convey this through accurate empathy and attunement.

The Concentration in School Guidance and Counselling will prepare students who will be able to:

- Implement and evaluate school guidance and counselling programmes designed to address educational, personal, career, and other developmental needs of students.
- Demonstrate a clear understanding of the role of a counsellor in an educational institution, which includes students, teachers, administrators, parents, community members, and supervisors.
- Foster and support a positive school climate that promotes fairness, respect, equity, and sensitivity to every student.
- Consult and collaborate with parents, teachers, and other stakeholders regarding strategies for helping students.
- Teach and implement various effective conflict resolution programmes in the school.
- Develop and implement Restorative Justice pilot programs to meet particular needs in the school.
- Explain social basis and effects of bullying and apply school level bully prevention and intervention policies.
- Develop an understanding of harmony in the family and society
- Demonstrate understanding of conflict resolution programme approach to be applied in the school setting.
- Explain restorative justice practices that are being applied in the school setting.

The Concentration in Addiction and Counselling Practice will prepare students who will be able to:

- Analyze the general theories of counselling to facilitate the development of one's own theoretical framework of addiction counselling
- Explain the relationship between addictive behavior, addictions, mental and emotional disorders

- Discuss co-morbidity and some approaches for a counsellor to help clients with co-occurring disorders
- Administer screening tools and other psychometric instruments (ASI)
- Discuss a general chemical dependency approach and the complexity that concurrent psychiatric illness creates in the assessment and treatment of an addictive disorder (dual diagnosis.)
- Review different theoretical models to provide a more accurate differential assessment for appropriate treatment and/or referral to the appropriate level of care.
- Design and implement a treatment plan that is individualized to the client's specific needs considering the multi dimensionality of substance abuse and addiction issues
- Practice counselling skills to provide substance abuse treatment to diverse populations based on current evidence based practices
- Develop a clear awareness of one's own attitudes and perceptions about addiction, and how this can affect counselling relationship with clients, and hence the success of the process.

The Concentration in Clinical Mental Health Counselling will prepare students who will be able to:

- Demonstrate understanding of behavioral medicine historically, in a global perspective, and as it applies to the medical system and society of Bhutan,
- Exhibit an understanding of the medical conditions for which counselling interventions may be beneficial,
- Explain mental health counselling processes, techniques, resources, and tools, to patients, medical staff, and families,
- Practice counselling with clients in medical settings

3. Curricular Structure

Table 1: Programme curriculum structure for part-time mode

<i>Year</i>	<i>Modules with (Module Code)</i>		<i>Acad. Credit</i>
	<i>Semester I</i>	<i>Semester II</i>	
	<i>Introduction to Contemplative Counselling (COU502)</i>	<i>Counselling Process & Skills (COU504)</i>	15

<i>I</i>	<i>Counselling Theories (COU503)</i>	<i>Career Development & Consultation (COU505)</i>	<i>15</i>
<i>II</i>	<i>Group Procedures in Counselling Psychology (COU601)</i>	<i>The Psychology of Human Development (COU603)</i>	<i>15</i>
	<i>The Science of Addiction and Prevention (COU602)</i> <i>(this module must be taken as an additional module in semester 5 for candidates returning for MACCP who completed PgDGC prior to 2017 and are admitted directly into YR 3)</i>	<i>Field Placement: Practicum (FLD604)</i> <i>(Spread across semesters 2, 3 and 4)</i>	<i>15</i>
<i>III</i>	<i>Advanced Clinical Process, Skills, and Supervision (COU701)</i>	<i>Advanced Topics Seminar (COU710, COU711, COU712)</i>	<i>15</i>
	<i>Assessment and Treatment Planning (COU702)</i>		<i>15</i>
<i>IV</i>	<i>Research: Master's Paper (RES:801)</i>	<i>Field Placement: Internship (FLD802)</i> <i>(Spread across semesters 6, 7 and 8)</i>	<i>15</i>
	<i>Total</i>		<i>225</i>

Table 2: Programme curriculum structure for full-time into part-time mode (Yr 1 full-time, Yr 2 & 3 part-time)

<i>Year</i>	<i>Modules with (Module Code)</i>		<i>Acad. Credit</i>
	<i>Semester I</i>	<i>Semester II</i>	

<i>I</i>	<i>Introduction to Contemplative Counselling (COU502)</i>	<i>Counselling Process & Skills (COU504)</i>	<i>15</i>
	<i>Counselling Theories (COU503)</i>	<i>Career Development & Consultation (COU505)</i>	<i>15</i>
<i>II</i>	<i>Group Procedures in Counselling Psychology (COU601)</i>	<i>The Psychology of Human Development (COU603)</i>	<i>15</i>
	<i>The Science of Addiction and Prevention (COU602)</i> <i>(This module must be taken as an additional module in semester 5 for candidates returning for MACCP who completed PgDGC prior to 2017 and are admitted directly into YR 3)</i>	<i>Field Placement: Practicum (FLD604)</i> <i>(Spread across semesters 2, 3 and 4)</i>	<i>15</i>
<i>III</i>	<i>Advanced Clinical Process, Skills, and Supervision (COU701)</i>	<i>Advanced Topics Seminar (COU710, COU711, COU712)</i>	<i>15</i>
	<i>Assessment and Treatment Planning (COU702)</i>		<i>15</i>
<i>IV</i>	<i>Research: Master's Paper (RES:801)</i>	<i>Field Placement: Internship (FLD802)</i> <i>(Spread across semesters 6, 7 and 8)</i>	<i>15</i>
	<i>Total</i>		<i>225</i>

Module Coding: All modules with the exception of the Research and Field Placement modules have been given the code COU to indicate that they are integral aspects of learning the theory and practice of the discipline Counselling. While the Research and Field Placement modules are also integral aspects of learning this discipline, the teaching

learning methods to deliver the module content are distinct from the other modules. Therefore, the module codes are designed help to identify these courses as such where RES indicates that learning is taking place almost exclusively through research and FLD indicates that learning is taking place almost exclusively through field work.

Interrelationship between modules: COU502 provides a foundational knowledge base upon which all the other modules will draw, comparing and contrasting Western psychology concepts to the contemplative elements. COU701 will build upon the content of COU504. COU702 will build a more in depth understanding of the practical application and implementation of previously learned material in addition to introducing new content. Major assignments of the concentration modules will serve as a foundation to support RES801, and FLD604 serves as a foundation of clinical practice to support the more intensive FLD802.

Details about nested format: The first part of the MACCP is identical to the existing (updated) PgDGC, which will now be a nested programme that can be taken as a standalone programme or as part of the full MACCP. As of now, there is no equivalent program besides the PgDGC that could serve as an adequate prerequisite for completing the full MACCP.

Choice of modules: All modules are compulsory, except in the case of *Advanced Topics Seminar*, where students will select from one of the three modules depending on their concentration. Concentrations may be chosen according to the students' preference (taking into account any stipulations given by the parent organization upon enrollment). Candidates of the Master's programme will graduate with one of the following areas of concentration: School Guidance and Counselling, Addiction Prevention and Recovery, or Mental Health Counselling.

Description of modes of study and patterns of attendance: Students may elect to complete PgDGC in either full-time or part-time mode. At this point, the Master's degree is only being offered in part-time mode, with the intention to be offered in full-time mode in the future. Patterns of attendance and delivery of curriculum content is detailed below:

Winter RS 1

In addition to introducing the four modules (COU502, COU503, COU504 and COU505) and conducting a one week mindfulness retreat in this RS, students will be oriented to the module FLD604 (Field Practice) through a 3-hour presentation. It will cover the specific objectives and requirements including number of hours, cases write ups, counselling session guidelines, case presentations and analysis reports. Students will complete the requirements of this module over semesters 2, 3 and 4.

After Winter RS, students follow the work plans through independent study (distance learning), submitting assignments electronically and communicating with tutors as needed. Coursework for COU502 and COU503 is completed during the spring semester and coursework for COU504 and COU505 is completed during the fall semester. Exams

are administered at local exam centers supervised by SCE faculty at the end of these semesters respectively.

Winter RS 2

In addition to introducing the three modules (COU601, COU603, and COU602) and conducting a one week mindfulness retreat in this RS, students will follow up on semester 2 field placement through a range of case presentations, field placement reports and supervision exercises.

After Winter RS, students follow the work plans through independent study (distance learning), submitting assignments electronically and communicating with tutors as needed. Coursework for COU601 and COU602 is completed during the spring semester and coursework for COU603 is completed during the fall semester. Exams are administered at local exam centers supervised by SCE faculty at the end of these semesters respectively.

Winter RS 3

The three modules (COU701, COU702, COU710/COU711/COU712) will be introduced along with one week mindfulness retreat in this RS. After Winter RS, students follow the work plans through independent study (distance learning), submitting assignments electronically and communicating with tutors as needed. Coursework for COU701 and COU702 is completed during the spring semester and coursework for COU710, COU711, COU712 modules and is completed during the fall semester. Candidates returning for MACCP who completed PgDGC prior to 2017 and are admitted directly into YR 3 will also be introduced to COU602 during this RS along with the cohort in the year below.

Winter RS 4

The final Winter RS will be split into two sections, one at the beginning and one at the end of the year. Approximately two weeks, including one week of retreat will be delivered in January and two weeks will be delivered in December at the end of the fourth year. The first section of Winter RS 4 will introduce the two modules (RES801, FLD802). In the second section of Winter RS 4, students will complete 20% of coursework for RES801 through presentations. This split is necessary in order to deliver the course content. Because of the nature of these modules, there is not enough content to make use of a full RS before the field placement and research has been carried out by the students. Furthermore, the completion of this program demands that students have the opportunity to present their field work and research once it has been completed, giving them a chance to “take their seat” as a professional counsellor. These final presentations will be attended by all the tutors, peers, and the *selected readers* of the Master’s papers, who will be members of SCE faculty who hold a PhD credential.

After Winter RS, students follow the work plans through independent study (distance learning), submitting assignments electronically and communicating with tutors as needed. RES801 involves supervision with an on-site supervisor or an adjunct faculty from Naropa University. FLD802 consists primarily of fieldwork at a placement site. Details of these placements and how objectives will be achieved and assessed appear in the module descriptor. Many details will need to be filled in according to standards of BBCC, which have yet to be finalized and published.

Full-time mode YR 1

If students elect to complete the PgDGC in full-time mode, four modules will be taught in each semester of Year 1, each comprising five hours of class time weekly. Details of course content delivery appear in the module descriptors. Retreat will be held for one week in the middle of each semester. If students wish to continue to Master's level, they will complete Winter RS 3 and 4 in the same manner detailed above.

Details on placements: Field Practicum placements have been taking place successfully at schools throughout the country as well as at CSOs for the past several years. Field Internship placements are envisaged to take place in schools, CSOs (such as RENEW and YDF), hospitals (psychiatric inpatient facilities), drop-in centers through BNCA, rehabilitation centers, and Basic Health Units. The programme committee has been in ongoing conversations with these agencies and has delivered formal letters and held face-to-face meetings to propose and finalize the details of this linkage and collaborative effort to provide quality counselling under supervision for citizens and experiential training for candidates.

4. Regulations

Entrance requirements

Candidates for the MACCP programme will apply through parent organizations and short listed by the programme committee based on the following criteria:

Entrance requirements for Year 1 of MACCP (or PgDGC)

1. Have a minimum of a Bachelor's Degree from any background with a minimum of 45% aggregate.
2. Demonstrates the aptitude and professional maturity to take up this programme (as illustrated in their portfolio and assessed in the interview)
3. Two confident references (at least one professional)
4. Nominations endorsed by the parent organization.

Entrance requirements for Year 3 of MACCP

2. Programme Leader	Member Secretary
3. Module tutors	Member
4. External Examiner	Member

Terms of Reference for the Board of Examiners:

- an assessment of each student on each module assessed
- an overall assessment of each student's performance and a decision on progression at each intermediate stage of the programme
- a decision on the award to be granted to each student on completion of, or decision to exit from the programme.
- summative assessment (examinations), including year/ module/ exam time tabling, exam centers etc. are organized accordingly.

5. Teaching, Learning and Assessment

Teaching and learning approach

The MACCP will follow a contemplative mode of learning, which combines lecture-centered pedagogies with learner-centered activities designed to impart theoretical knowledge, real world insights, and practical skills aimed to promote the integration of knowledge into wisdom and embodied understanding. The MACCP will place emphasis on self-reflection, insight and applied practice. Development of counselling skills will be systematically emphasized as an important part of the programme. Students will be compulsorily required to carry out field practice sessions of counselling with regular feedback and consultation. This includes Field placement Practicum and Internship module work for experience in the field. This module will involve video conference via Skype or GoogleHangouts where on-site supervision is not available.

The MACCP will be offered through part-time mode to make it feasible for candidates who are working in the field to pursue their Master's degree. However, it will be built around intensive face-to-face residential school interaction each winter. Thereafter, students will be required to study on their own using prescribed texts, other recommended supplementary learning materials and to continue their contemplative practices. As detailed above, candidates will still have the option to pursue the PgDGC in full-time mode and then apply to continue on to complete MACCP, currently only being offered in part-time mode.

Provision of learning support will be arranged by offering course supplementary materials on CD-R, use of information and communication technology (e.g. use of a learning management system), and regional study centres.

Examples of such activities are *reflection assignments* and *writing assignments* requiring descriptions of personal experience with concepts being introduced. This reflection is assisted by *regular meditation* and *mindfulness practice sessions* and *annual retreats*, where deeper integration of understanding and self-awareness can take place.

Further, students are regularly observed and given *direct feedback* on their practice of counselling, thus the programme is very applied and practical in the skills that it supports. Students will be more mature individuals who have graduated from undergraduate programmes and spent time in a helping role prior to admission. Therefore it is expected that the level of maturity and commitment to the interpersonal and self-reflective exercises will be developmentally appropriate for these students. Student class sizes will be kept at 25 students, allowing for personal feedback both from faculty and also interpersonal support and feedback through relationships among students in a reasonably close cohort.

Students will develop valuable skills and reflective attitudes from the Research & Master's Paper. Through this module, students will develop advanced skills of academic inquiry, deep introspection into their own inner transformation, and advanced writing skills. In some ways, this module will thus prepare the students to take up advanced postgraduate research at the doctoral level in the future.

Assessment approach

Assessments will be both formative and summative in nature. Course work such as *projects, written assignments, literature review, and presentations* will be an important component of all the modules in the programme. Writing assignments will include demonstration of both understanding as well as integration of *personal reflection* and *engagement* with the material. Field practice sessions involving critical reflections will form one of the important aspects of the programme. Written tests, examinations and presentations will be used across the programme to assess student knowledge and skills in key areas. Warriors' exam and journaling will be used to assess the retreat experience. *Warrior's exam*, for instance, is a traditional contemplative method of assessment, asking students to answer one or more questions in front of the group, without the use of notes or supporting material. Students learn to prepare for a variety of potential questions, and then learn to trust their own understanding and communicate it sufficiently under pressure. This not only eliminates question about plagiarism, but more importantly it gives the student preparation to communicate and demonstrate their understanding "on the spot" or in the heat of the moment, with the pressures of social observation. This encourages students to cultivate confidence, selflessness, courage, and fearlessness, which are qualities deeply beneficial as a counsellor.

The reflective writing assignments similarly ask the student to integrate conceptual material with life experience. For example, a question might ask: "what effects of your mindfulness practice have you noticed in your life and relationships?" This type of question encourages critical and reflective capacities, which are essential to the practicing counsellor.

More traditional assignments and assessment methods include class presentations. These projects encourage students to develop deep areas of personal expertise in a topic, such as school bullying, suicide, etc. This provides an opportunity for faculty to assess the level

of intellectual mastery that students have over bodies of material within the counselling field.

6. Justification for the programme

As part of the market research for this programme, semi-structured and informal interviews were held with a variety of stakeholders. Results of these meetings include the overwhelming affirmation that there is an immediate need for MA trained counsellors in Bhutan and affirmation of the effectiveness of the training approach of the Contemplative Counselling Psychology Diploma Programme. There was broad support and enthusiasm for a Master's level training programme for counsellors with specific training in school, addictions treatment, and medical settings, creating complete confidence in the need for this programme. Moreover, the creation of the *Bhutan Board for Certified Counsellors* is an indication of the growing need for counsellors with advanced qualifications, knowledge and skills who are able to adapt and respond to the complex and multifarious psychological needs of a fast-changing society.

Currently there continues to be a significant need for qualified and skilled counsellors in schools as central schools are created. The current workshop or diploma-trained school counsellors report ongoing limitations in their preparations for the most complex counselling roles in which they are placed. Further, they often do not have qualified supervisors to oversee and guide them.

The World Health Organization recommends a model of integrating mental health services in a primary care system. Currently there are almost no diploma-trained counsellors integrated in the health care system of Bhutan. Conversations with the Director General of Public Health has indicated that there is a need for at least 50 counsellors to staff the 36 regional hospitals and basic health units in the 20 districts. Dr. Damber Nirola, psychiatrist at the National Referral Hospital, has indicated that he could see Health Psychology counsellors working among many medical specialties, from oncology, cardiology, to pulmonary medicine and internal medicine.

There are many clinical positions within the Bhutan Narcotic Control Agency, currently being staffed almost entirely by peer counsellors without a Master's or diploma in counselling. There is a significant need for master's trained counsellors among these settings. A study by the National Statistics Bureau of Bhutan of hospital admissions from 2000 to 2014 showed that substance abuse played a key factor in crime and was one of the main mental disorders. The rise in drug and alcohol related problems in Bhutan is visible to many, and substance use and addiction problems are related to many other problems, from depression, to domestic violence, to difficulty in school performance and attendance, to medical problems. The Bhutan Narcotics Control Agency (BNCA) was established in 2006 following the enactment of the Narcotic Drugs Psychotropic Substances and Substance Abuse Act in 2005. Key objectives of the BNCA include providing drop-in centers, detoxification, treatment, counselling, and community support

programme and after care services. The MACCP will address the mission of the BNCA by training counsellors to work with addiction prevention and recovery.

The MA in Contemplative Counselling Psychology is not offered in any college/ institute in Bhutan. This has called for import of expatriate counsellors in the MoE, Health and NGOs. Therefore, the college feels the need to introduce an MA in Contemplative Counselling Psychology to meet the need of qualified counsellors in the country. Currently there are no Master's programmes in counselling offered within Bhutan and only one Diploma programme in counselling at SCE. Sending trainees out of the country for training is both expensive and does not provide training that is particular to the Bhutanese culture and context. The MA in Contemplative Counselling Psychology programme is rooted in the values and traditions of Bhutan, taught by faculty with a keen understanding of the needs of Bhutanese clients. In keeping with RUB's vision to create niche programmes that have international appeal, the proposed programme has potential to attract international students as well as visiting faculty from external universities.

Graduates of the PgDGC Programme have personally stated that they found the programme to be invaluable in preparing them for their careers as counsellors. In a tracer study report surveying 53 graduates from 2012-2014, 95.6% of the sample said that modules taken in PgDGC helped them to provide career and counselling programmes in schools. The study also surveyed 11 school principals, all of whom expressed the positive impact brought about by the counsellors in their school who had graduated from PgDGC.

Graduates from the PgDGC programme have reported that they valued the contemplative approach so highly that they would only want to attend a Master's programme with a similar orientation. Over 160 candidates have graduated from PgDGC since 2011, 85 of whom are currently working in the field as full-time counsellors. These candidates are all eligible for acceptance into MACCP. Trained counsellors from private organizations and NGOs are also eligible for the MACCP programme.

7. Planned Student Numbers

The planned intake for 2017 is 25 students into Year 1 and 25 students into Year 3 (those who currently hold the Diploma in Guidance and Counselling) of MACCP. According to these projections, 25 students will graduate from MACCP each year beginning in December 2018. While this may fall short of the immediate requirements of the school system, addictions clinics, and health clinics across the country, the number is proposed considering the need to ensure quality of the programme delivery and the resources available.

	2017	2018	2019	2020	2021
MACCP year 1	25	25	25	25	25

MACCP year 2		25	25	25	25
MACCP year 3	25*	25*	25	25	25
MACCP year 4		25	25	25	25
TOTAL	50	100	100	100	100

These numbers reflect target enrollment with a minimum of 10 students for programme to run

*This intake will be solely from a pool of PgDGC graduates who are already working in the field and would like to return to complete their Master's. After these initial two years, nesting procedures will begin in earnest, with YR 2 students progressing to YR 3 based on criteria detailed in 5.2.1 as well as PgDGC holders entering directly into YR 3.

The second category of intake will be from a pool of fresh graduates from any stream. After completing YR2 they will go into to the world of work and may join YR3 after two years of experience. Some candidates will progress to the YR3 of the Master program if they already possess two years of working experience. Third year of the MA programme will have a mixture of candidates returning to the programme and some progressing directly from the YR2.

8. Programme Management

College Academic Committee

The Samtse College of Education Academic Committee governs all the academic programmes at the College. The main purpose of the College Academic Committee is, among others, to “serve as the guarantor of academic standards and quality in respect of the design, delivery, development and promotion of best practice in curricula, programs, general educational matters and research within the institute” (*The Wheel of Academic Law 2008*). As a standing committee of the Academic Board, the delegated powers of the College Academic Committee will include the admission, recruitment, academic progress, supervision, discipline, care and support of students, introduction, management and monitoring of programs, fostering research, and reporting bi-annually to the Academic Board. The College Academic Committee will be responsible for overall direction and management of the programme, execution of which will be carried out through the Dean of Academic Affairs and the programme committee. Hence, all program committees, departments and units shall report to the College Academic Committee for decisions and approvals related to academic programmes.

Members of CAC:

1. Dean (Academic Affairs)

Chairperson

2. Director	Member
3. Dean (SA)	Member
4. Secretary (PBE)	Member
5. Program Leaders	Member
6. HoDs	Member
7. Chief Librarian	Member
8. One External	Member
9. Two student representatives	Member

Programme Leader (PL)

A Programme Leader is appointed by the College Academic Committee. A Programme Leader is accountable in day-to-day operational terms to the Head of Institute or Head of Department; and will normally hold office for a full cycle of the programme, and possibly longer.

The Programme Leader will provide the academic and organizational leadership for the Programme and will chair the Programme Committee. A Programme Leader can expect the full support and co-operation of the Head of Department and Heads of other contributing departments but should recognize that a Head will have to balance a range of departmental demands and priorities in allocating staff and resources.

The Programme Leader's responsibilities are to:

- organize and co-ordinate all MACCP activities with the highest level of efficiency and competence,
- lead the academic development of the programme,
- liaise and maintain proper/regular linkages with relevant Organisations for the effective operation of the programme,
- convene the admission committee for the selection of students,
- submit Programme reports, plans and proposals to concerned authorities,
- maintain proper records of the Programme activities for future reference,
- mobilize teaching learning resources to facilitate effective instructional delivery and optimal learning in the students,
- monitor the operation of the Programme on an ongoing basis and co-ordinate its annual monitoring,
- negotiate with the Heads of Departments/Management for the allocation of appropriate staff for teaching and other duties required by the Programme, and
- coordinate all the assessments, to ensure that examination papers are dispatched to the external examiner, to ensure that the responses are addressed, and to present student marks to the Board of Examiners.

The Programme Committee

The primary intention of the MACCP Programme Committee is to advise and support the College Academic Committee on blueprints, implementation strategies, and policies that contribute to the quality and the growth of the programme; to work with pertinent subject

department (Educational Psychology & Counselling Department in this case) and administrators to foster innovation aiming in enhancing high standards of academic quality concerning, enrolment, residential school and Course Management System (Moodle), a part-time approach, at a level appropriate to the MA in Contemplative Counselling Psychology.

The committee will be responsible for the effective conduct, organisation and development of the programme including:

- ensuring the appointment of the tutors as required in consultation with the Heads of management/Department,
- short listing applicants in consultation with the parent Organisation/s,
- ensuring appropriate levels of staff and resources through recommendations to, and negotiations with, Heads of contributing Department,
- ensuring the mechanisms of operation, including year/module/exam time tabling, teaching rooms, exam centres etc. are organized accordingly,
- nominating an external examiner and putting up to the Academic Committee for the follow up, and
- monitoring student progress.

The Programme Committee will be responsible for the overall academic health of the programme and for its regular evaluation including:

- critically reviewing of the aims, objectives and development of the programme on a regular basis,
- setting and establishing academic standard of the programme,
- ensuring that the views of learners on the programme are known and taken into account,
- reviewing regulations, admissions policy and assessment methods,
- critically reviewing the curriculum after three years to update content relevancy and develop teaching material, and
- developing HR plan for sustainability and quality assurance of the programme.

The MACCP Programme Committee will comprise of the following members:

1. the Programme Leader
2. the HoD/representative (Centre for Contemplative Education and Psychology)
3. the HoDs of contributing Departments (or their nominees)
4. all Counselling lecturers of the College
5. two students from each level of the programme

Professional expertise regarding all aspects of the programme but particularly in regards to supervision, advanced retreats, and the modules of COU701, COU702, and COU712 will be supported by the faculty from the Naropa University, Colorado, USA until in-

house faculty are sufficiently competent. The Royal University completed and signed an MoU with the Naropa University in 2010, which has enabled the establishment of a formal linkage between RUB and the Naropa University.

To further strengthen the quality of the programme, the College will establish and nurture linkages with the BBCC, DYS, Ministry of Education, Ministry of Health, Ministry of Labor, RENEW, Rehabilitation Centers, BNCA, and other relevant NGOs working in areas of welfare and social services. The College is also pursuing status as an Education Provider of the Colombo Plan, an internationally recognized curriculum on addictions treatment. These linkages with different organizations would not only support the programme, but also enable the College to determine the scope of the programme and improve further according to the needs of the changing times.

The Committee will also be responsible for the overall academic health of the Programme and for its regular evaluation including, critical review of the Programme, maintenance of the academic standard, and development of teaching learning materials.

9. Critical Self-Appraisal of the Existing Programme

Postgraduate Diploma in Guidance and Counselling was established in 2011. And now PgDGC functions independently at SCE in delivering all module content, including the mindfulness retreat.

The Programme is designed to train counsellors for schools across Bhutan and meet the requirement of school counsellors in the country. Above all, it intends to develop counsellors to be loyal and dedicated citizens, which will cater to the development and management of school to build a school with GNH values and principles. The programme has achieved its aims in producing competent counsellors, capable of providing guidance and counselling services to schools and to the community at large. The PgDGC part-time programme has trained about 79 counsellors, 29 of whom are serving as fulltime counsellors in most of the higher secondary schools and rest of them are serving as teacher counsellors in schools within Bhutan. The PgDGC full-time programme has trained about 68 counsellors, who are working as full-time counsellors in school across the country.

The PgDGC graduates from SCE from 2011 to 2015 are:

Table 3: The PgDGC Part-time enrolment of SCE (2011-2016)

Year	Male	Female	Total
2011	12	8	20
2012	9	9	18
2013	9	10	19
2014	18	4	22
2015	0	0	0
2016	15	7	22

Table 4: The PgDGC Full-time enrolment of SCE (2011-2016)

Year	Male	Female	Total
2013	15	14	29
2014	11	15	26
2015	6	10	16
2016	9	4	13

Quality and effectiveness of teaching learning methods

The college has ensured that a high quality of teaching learning is maintained. The graduates are assessed both in examination and course work. The pass mark is 50 percent in both the course work and examination for students to pass a module. The college carries out a serious exercise in moderation of the question papers, answer scripts, and course work materials. A variety of teaching and learning methods are adopted in order to maintain quality and make the programme effective:

- i. *Role Play and Demonstration*: Students are shown counselling skills through demonstrations done by lecturer and then asked to carry out role-play practice sessions with one another. This provides a ground for experimentation, which builds confidence, as well as giving the opportunity to receive specific feedback from tutors.
- ii. *Group Presentations*: The topics are assigned to groups and all the members do the presentation. They incorporate presentation skills like using PowerPoint, demonstration of skills. This mode allows the graduates to work together in teams and promotes patience, compassion and social values amongst themselves.
- iii. *Lectures*: Lecture is one of the widely used teaching methods adopted by the tutors. Lectures are supported with overhead projectors (OHP), LCD projectors, handouts and discussion papers, demonstration and chalkboard to deliver the lectures.
- iv. *Warrior's Exam*: This traditional contemplative approach to assessment trains the students in trusting their minds to produce skillful knowledge in the present moment. This helps them to build the muscles that are necessary for a counsellor to ride the difficult energy of working with the wide range of emotions that clients bring into session and holding their seat.
- v. *Independent Study and Research*: Part-time candidates are provided with opportunities to study independently after they have been introduced to the content and assignments of the modules and given directions to find resources. This creates a sense of independence, discipline, and self-sufficiency which fosters a trust in their capacity to direct their continued growth and development even after entering the field. They are provided with ample time to go to the library and look for resources and related sources of information in order to compile and take back home to write their assignments. Students also have the opportunity to choose a topic of their choice

relevant to current issues in their school. This has helped the students in developing their research skills, writing literature review and developing context relevant intervention plan.

- vi. *Mindfulness Instruction and Practice*: Students are given extensive mind training instructions during meditation retreat and are encouraged to carry on mindfulness practice on their own. This is an essential aspect of training to be a counsellor, developing the capacity to remain present with their clients with an acute awareness of their own biases and counter transference reactions.
- vii. *Field practice*: The field practicum, which is spread over three semesters, has helped the students to apply their counselling skills through conducting group and individual counselling in schools. This hands on experience gives the opportunity to integrate theory into practice as well as to shed light on areas for growth and further study in their final semester, ensuring that they are well equipped to enter the field upon graduation.

Quality and experience of the staff

The college has five tutors with the responsibilities including teaching counselling modules, marking, providing feedback to students, carrying out research, providing counselling services and other scholarly activities. Four tutors have Master's degrees in counselling and related subjects. One tutor holds a Postgraduate Diploma in Guidance and Counselling. Three tutors have the competency to lead *Mindfulness* and *Contemplative practices* which they have acquired through team teaching and faculty exchange programmes over the years.

The college gives priority to in-house staff development. Three tutors spent a full semester at Naropa University as visiting faculty to observe and study the well-established practice of delivering contemplative education. This exchange also allowed the tutors to deepen their understanding of the contemplative approach to counselling and develop skills as mindfulness instructors, enabling them to competently lead retreats. The Colombo Plan recently certified Mr. Karma Gayphel, one of the tutors as an addiction trainer. Four tutors have undergone training on addiction counselling, group counselling and clinical supervision, conducted by the NBBC international, USA at Thimphu and attended training on Life Skills Based Comprehension Sexuality Education. This kind of training has strengthened the professional capacity of the programme.

The CVs of the members of the teaching staff for the Programme is attached as *Appendix A*.

Value and currency of the syllabi

This is the first revision of the Programme, since its inception. Based on the tracer study report conducted in 2015 for the PgDGC, it was found that 95.6% of the candidates responded that the modules offered in the college were thoroughly enriching and helpful

for them in conducting career education classes as well as providing counselling services to the different needs of their students/clients. The principals also expressed experiencing the positive impacts of the services rendered by the counsellors in the school, including but not limited to the reduction of behavioral issues.

For this revision, feedback from the following stakeholders was sought and integrated:

- i) PgDGC graduates and school principals through a tracer study report,
- ii) External examiner report,
- iii) Student feedback on individual modules, and
- iv) The tutors' own experiences,
- v) Outside collaboration with professional counsellors.

The revision was done to make it more relevant and applicable to fulfill the needs of the school counsellors and to keep it on par with similar other programmes.

Major challenges

The biggest challenge the programme faced was in 2014 when the programme was not able to run due to lack of students. Though eleven candidates were eligible for short listing according to the entry criteria in the programme document, they were not short listed as the college administration felt that it was not economically viable to conduct the programme for eleven candidates. The college inquired as to whether it would be possible for MoE to send the 11 candidates for the fulltime programme but it was decided that this was not financially feasible. During the discussion, it was discovered that the candidates did not in fact meet the entrance criteria for the programme. Initially the entrance requirement included basic or advance courses in counselling. Most of the candidates who fit this criterion had already been absorbed in the first two-years of the programme. To improve the enrollment number, the programme committee made the following change to entrance criteria, endorsed by PQC: rather than requiring courses or experience in counselling, candidates must simply possess three years of working experience in any field. It is believed that this is a sufficient prerequisite for having the maturity to enter and complete this programme, and that the programme content delivers sufficient counselling skills without previous training. After this change took effect, the HRO of MoE reported 69 candidates who have applied for the programme, out of which 20 were selected. It is recommended that the college continue dialogue with the MoE in collaboration with OVC, about getting candidates as per planned number. This would immensely benefit the college in continuing the sustainability programme. The college had dialogue with DYS chief and HRO of RCSC and the enrollment is likely to increase in the coming year. For the Part-time program there is no problem with the number of enrollment.

Major strengths

One of the biggest strengths of the programme is the quality of programme: a blend of eastern and western concepts. The practice of mindfulness has brought significant changes in the life of the candidates both personally and professionally. To

capitalize on this strength, retreat and mindfulness practices are carried out throughout the residential classes and candidates are encouraged to read extensively on mindfulness practice as well as continuing their mind training independently throughout the year. This programme has also helped to build professional relationship between the full-time counsellors and teacher counsellors. Most graduates are able to provide professional support to one other in the schools. This is based on the feedback provided by the candidates.

Changes to teaching and learning approach

The college has decided to bring some changes in regard to the residential classes. Considering the time and weather conditions, the college has decided to do away with summer residential class for the part-time programme. The duration for the winter residential classes will be increased to four weeks, which allows for a more concentrated mode of study and deeper inquiry. The winter residential school for a semester will include three weeks of module instruction and one week of retreat. This will allow the students to study on their own using prescribed texts; other recommended supplementary learning materials required for their research and their practices.

The programme committee has also decided to introduce a new initiative in the teaching learning approach to inculcate better reading habits and more consistent content delivery. The reading list that appears in each module now specifies readings (chapters, articles, etc.) to be read and taught for each unit.

Statistics

See *Appendix B* for data upon which the critical analysis is based

The Modules

Based on the tracer study report and the newly introduced nesting which allows progression from PgDGC to Master's level, some major changes in the content are incorporated to meet the standard of the Programme. Module IGC501 is replaced by a new module COU502. Because the PgDGC is now being offered as a nested programme within the MACCP, tutors believed that the introductory module should be more broadly related to counselling beyond the school setting according to feedback from stakeholders. The tutors also believed that the foundational framework for contemplative psychology, upon which this programme is built, should be more explicitly introduced through a full module dedicated to its content.

Module CPS503 has undergone major changes in the structure of units. New and removed content is reflected below, however many units have been renamed and reorganized while maintain the same content in order to streamline delivery. Some subheadings have been fleshed out in more detail in order to ensure consistent and thorough delivery regardless of the assigned tutor.

Module SGC603 is removed and replaced with COU602. Student feedback reflected that the research component in SCG was not adequately introduced as there was

not sufficient training among the tutors and so the module objectives were not properly accomplished. Now, the human resources have been developed (>9 qualified research faculty) and research will be introduced at the Master's level in the Advanced Topics Seminars and Master's Paper modules. The credits previously assigned to SCG were believed to be more valuably utilized by the newly introduced COU602: MoE, principals, and counselors in the field all expressed the need for addiction prevention and intervention training at the PgD level.

All module codes have been updated according to the new requirements.

Table 5: New course content

Module	Content	Justification
COU502	<p>The Four Noble Truths</p> <p>First and Second Dharma</p> <p>Shift in Allegiance</p> <p>Mindfulness Practice</p> <p>Five Competencies</p> <p>Mindfulness in Counselling</p> <p>Radical Acceptance</p> <p>Four Foundations of Mindfulness</p>	<p>These units are the essential underpinnings of the contemplative approach to counselling. Drawn from Buddhist psychology and adapted to the practice of helping relationships, these teachings provide the view and framework for understanding the skillful application of all the subsequent content in the program. These units allow for the contextualization of the academic knowledge into an embodied and compassionate manifestation beyond intellectual understanding</p> <p>The units on mindfulness will introduce the formal practice of mind training which will allow students to practice more deeply in the retreats as they will already have a foundation</p>
COU503	Psychodynamic Theory	<p>The reason for including this is because of its major influence on all of the other theoretical orientations. Many of the other theories of counselling seem to have borrowed and integrated principles and techniques from psychoanalytic approaches. Therefore, without first understanding the basic concepts and principles of psychoanalytic approach, students' understanding of different theories remains</p>

	Acceptance and Commitment Therapy	<p>incomplete. Psychoanalytic theory is also placed first in the module to help students develop a fundamental understanding of different theories that follow</p> <p>ACT is one theory in the new wave of CBT, incorporating mindfulness (a key foundation of this programme) into empirically based and manualized intervention strategies. This theory builds and expands upon the existing theories in this module while emphasized the key foundations of contemplative counselling.</p>
COU504	<p>Overview of Counselling</p> <p>Characteristics of Effective Helpers</p> <p>Skills associated with relationship building Skills associated with goal setting</p> <p>Assessment Counselling Strategies and Selecting Interventions</p>	<p>From teaching the modules, tutors discovered that before introducing theory, students needed more basis for understanding the field of counselling as there is some confusion and misunderstanding of the practice</p> <p>This content provides a clear guide for the characteristics and qualities that the students are learning to develop through mindfulness practice. The course content gives a frame and roadmap for their continuing growth and self-assessment</p> <p>One primary aspect of this module is role-play. After the phases of counselling are introduced in this module, each phase needed to be supported by concrete skills to be practiced in the role-plays and build confidence for their work in their field</p> <p>Previous content about assessment, strategies, and intervention was deemed to be insufficient and not occurring at the Master's level.</p>

	<p>Theoretical determinants of termination and referral process</p> <p>Counseling Clients in Crisis</p>	<p>These units have introduced more comprehensive definition alongside implementation of assessment and intervention strategies, which are two of the most crucial aspects of carrying out a successful counselling process</p> <p>Likewise, the previous content was only skeletal and required more detail. It is important for counselors to understand that termination and referral are both <i>processes</i> that require specific <i>skills</i></p> <p>This unit on counselling crises was added to this module so that the students can recognize when clients are in crises and possess some skills for managing clients in crisis. This is an inevitable aspect of being a counsellor and is a sensitive area that requires professional training.</p>
COU505	Teaching of Career Education in Schools	<p>This unit was added based on feedback from the tracer study report. Students were facing challenges during the field practicum as they are asked to plan and teach career class in the schools. Students verbally suggested that this topic would be of immense benefit during their field work</p>
COU601	<p>Garland, Jones, Kolodny, Tuckman Model</p> <p>Approaches to Leadership</p> <p>Ethical, Legal, and Clinical Issues</p>	<p>These topics are being introduced because the content of the earlier module was not sufficient justify the academic credit. It was also felt that the topics were important to be included as they are integral aspects of group counselling and, without them, the module is incomplete.</p>

	Working in the here-and-now	This approach to group work is widely accepted in the field and dovetails with the mindfulness approach of working with what arises in the present moment
COU603	Theories of Self Dependent Origination	Because this program integrates Eastern and Western theory, it was decided that the curriculum on human development should clearly delineate the differing views of how the self develops from these two points of view as well as what is considered to be healthy development and the goal of counselling regarding the formation and relationship with the self This understanding of how the self develops and arises in a larger context of causes and conditions is already embedded in the culture of Bhutan; it is vital that counselors have explicit knowledge of these teachings and how to apply them in their work with clients (i.e. recognizing how clients suffer as a result of ignorance of these truths and developing the skill of transmitting their experiential understanding of them)

Table 6: Deleted course content

Module	Unit	Justification
IGC501	Issues and Challenges in School Guidance and Counselling Roles and Responsibilities of a Counsellor	This unit does not have any definitive content associated; this content is better learned on the job and then discussed and supported through supervision and feedback on assignments Aspects of this unit have been incorporated into COU504; the remainder was discovered to be repetitive and unnecessary to

	<p>Values and Belief System (GNH)</p> <p>Use of Technology in Counselling</p>	<p>duplicate here</p> <p>Values and Belief system (GNH) is removed Since <i>Values and Belief Systems</i> are embedded in the delivery of all the modules, it has become redundant to treat as a separate unit of content.</p> <p>Use of technology in counselling was deemed not to be relevant in Bhutanese context at this point in time</p>
COU505	Career Development with the Cultural Context of Bhutan	Over the past years of implementation, this aspect of the curriculum was experienced as weak and vague. Tutors have felt the importance of adapting all course material to the cultural context of Bhutan rather than introducing this as a standalone and compartmentalized unit
COU601	<p>Designing a Group Counselling Program</p> <p>Interdependence and Contemplative Approaches to Group</p>	<p>This unit is adequately introduced through the theoretical aspects of the module and will be investigated by students on an individual basis depending on the needs of their field placement</p> <p>This unit on the five wisdom families was reassessed by Naropa faculty as not related to group counselling. The essential content has been incorporated in the form of the five competencies taught in COU502</p>
COU603	Contemplative Approach to Parenting	The content of this unit was deemed to be vague, unhelpful, and redundant

Table 7: Reorganized course content

New module location	Unit	Previous module location	Justification
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COU502	Contemplative Counselling Psychology The Counsellor	CTH502 IGC501	This content has been moved in order to make the delivery of the contemplative elements more cohesive and coherent. It was found that some content was being duplicated across modules and was better suited to live in one comprehensive module.
COU503	Introduction to Guidance and Counselling (renamed: Theory of Guidance)	IGC501	Graduates have mentioned that this unit is very applicable in their school setting and helps them to carry out guidance activities in the school. Because the MACCP no longer focuses exclusively on school counselling, this unit has been subsumed here as one aspect of counselling theories rather than being the main focus of an entire module as it was in IGC.
COU504	Moral, Ethical, Legal Issues in Counselling	IGC501	This unit was easily absorbed into the existing unit on ethics in COU504

Academic Staff

Teaching staff of Samtse College of Education for the Programme:

Mr. Karma Gayphel, Lecturer
 Mr. Wangchuk Dorji, Lecturer
 Ms. Dechen Doma, Lecturer
 Ms. Dechen Wangmo, Assistant Lecturer
 Mr. Chechey, Assistant Lecturer

Teaching staff from Naropa University:

Lecturers on-site during Winter RS to be identified
 Supervisors available through distance learning during non-RS hours to be identified

The CVs of the members of the teaching staff for the Programme is included as *Appendix A*

The letter of assurance for teaching staff from Naropa University is included as *Appendix D*

10. Resource needs

Overall staff support

Currently, there are five lecturers in the Colleges of Education, four of whom have a Master's in *Counselling* or *Psychology*. The fifth holds PgDGC and has three years of working experience as a school counsellor. The faculty in the college has begun to build competent expertise in *Mindfulness* and *Contemplative practices*, which forms a critical aspect of the curriculum.

While Bhutanese faculty do not have adequate knowledge and skills to teach the Clinical Mental Health Module, it is going to be supported by visiting faculty from Naropa University for the first two years. It is envisaged that Bhutanese faculty would acquire competence in these areas through team teaching and faculty exchange programmes over the years.

To this effect, an MoU between RUB and the Naropa University, US was completed and signed by both the parties in 2010 and appears in *Appendix D*.

Accommodation

Residential school/classes will be held during vacations as the Programme will be offered through part-time mode for in-service School Counsellors initially. However, the programme would also be offered to the counsellors working in other agencies in future. The existing infrastructure can comfortably accommodate the Programme students as the internal Pre-service students will be on vacation.

The College has a well furnished guest house for the external resource persons. The Counselling department will be situated in a block that includes a room for conducting counselling with students and a room for sitting meditation practice. The Centre for Contemplative Education and Human Values at SCE will collaborate with the department to uplift the design of this block to reflect the principals of mindfulness and awareness in the external learning environment.

Equipment

All classrooms are equipped with LCD projectors. The College has two portable LCD Projectors.

The photocopying and printing facilities for the students are outsourced within the College premise. Students can avail the services with minimal costs.

The College has a video recording facility, which will be used for counselling practice sessions. Therefore, the existing facilities are likely to be sufficient with proper ongoing maintenance.

General expenses

All the expenditure will be borne by the college.

Parameters	Quantity	Amount (Nu)	Remarks
1.Speciality Resources and Equipment			
Printing Programme Handbook	50	9,000	To orient students about the programme and serve as a guide to study from distance
2. Airfare, Local salary and Transportation Costs for Visiting Faculty from Naropa University, USA		500,000	Transportation Costs and Local salary for 3, and Airfare for 2 faculty.
3. Stationery			
Photocopy paper Board Markers Ring files Staplers Staples Hole punch Dog clips, etc		50,000	This is being included in the SCE annual Budget proposal.

Any cost involved in the maintenance of equipments used for the programme will be borne by the College. The table below shows the budget allocations of the College for general expenses and equipment maintenance in the previous two years and the current year.

Financial year	Budget allocations for general expenses (In million)	General Expenditure (In million)	Allocations for equipment maintenance (In million)	Expenditure on equipment maintenance (In million)
2014 - 2015	0.3	0.20	0.1	0.05
2016- 2017 2017 – 2018	0.75 0.	0.6 0.8	0.05 0.1	0.02 0.05

Library support

Adequate books on counselling are available in the library. Additional books required for the MACCP programme but not easily available within the region will be supported by Naropa University (See letter of assurance in *Appendix D*). The College will put plans in place to ensure long term sustainability. The College Library currently has a subscription to EBSCO online journal as well as the following number of books in each area: 171 (Applied Psychology), 501 (Contemplative), 121 (School Counselling), and 49 (Counselling Psychology).

Computing support

Currently, the College has a total of 150 computers, 50 laptops, 25 LCD projectors, a virtual learning portal for assignment submission and other course communication on the college website, and wifi access throughout the campus with 10 mbps bandwidth.

Overall resource development

Long term resource development plan for the delivery and quality enhancement of the programme is shown in the table below:

Sl.No.	Parameters				Remarks
1	Human Resource Development	Location	No	Timeline	For the sustainability and quality assurance of the programme, this professional development and capacity building is required in order to keep the tutors up to date with current skills and
	Training on Mindfulness/Contemplative practices (Naropa & other relevant agencies)	Ex-Country	2	2017-2020	
	Short term training on supervision	Ex-country	3	2017-2019	
	Retreat instructor training	Ex-country	3	2018	

	Study tour (Counselling centres)	Ex/In-country	4	2017-2019	knowledge in the profession and well-versed in their own ongoing personal understanding of contemplative practices
	Seminars/workshops	Ex/In-country	4	2016-2019	
	PhD	Ex-country	2	2020	
	MA	Ex-country	1	2017	
*The costs for HR development may depend on the place and duration of trainings.					
2	Library Resources	Quantity	Time line	Projected Costs	Remarks
	Books	15modules x 4 titles x 3 copies ~ 192	2016	<i>Cost borne by Naropa U.</i>	Require approx 4 titles (3 copies each) for each new module introduced by MACCP
	Journals	15 modules x 3 journals	2016	Nu. 15,000	
3	Specialty Resource and Equipment	Quantity	Time line	Projected Costs	Remarks
	External Hard Drive	6	2016	Nu. 7000 X 6	For each tutor to keep a back up of electronic copy of learning materials
	Total			Nu. 616,000	

Nu. 616,000/- (excluding Human Resource Development exercise) will be required to procure and develop additional resources for the programme.

13. The Modules

Module Code and Title: COU502 Introduction to Contemplative Counselling

Programme: Master of Arts in Contemplative Counselling Psychology

Credit: 15

Module Tutors: Ms Dechen Doma, Mr. Karma Gayphel, Mr. Wangchuk Dorji, Ms. Dechen Wangmo, Mr. Chechey

Module Coordinator: Naropa faculty shadowed by module tutors

General objective of the module

The module aims to introduce the Contemplative approach of counselling psychology through theoretical and experiential learning. The module will provide a solid foundation of understanding of the particular perspective of human nature, suffering, and helping relationships upon which this programme is based. This module also introduces the practice of mindfulness meditation which is one key foundations of the development of the contemplative counsellor. The module intends to inculcate the beginning counsellor with the inspiration, method, and view that will allow them to integrate the content of this programme, transforming intellectual knowledge into embodied wisdom and highlighting the sanity contained within confusion.

Learning outcomes

On completion of this module, students will be able to:

- analyze the contributions and implications of contemplative psychology to counselling,
- articulate the view of suffering and path of treatment in contemplative counselling,
- associate bodhisattva aspirations to counselling theories,
- develop an allegiance toward the sanity of both themselves and their clients,
- develop an ongoing mindfulness practice in order to gain awareness of personal qualities, beliefs and prejudices,
- engage in contemplative practices to strengthen the qualities of compassion and insight in working as a counsellor,
- discuss the contributions of contemplative psychology to helping, particularly the five competencies and six psychological states of entrapment
- analyze the implications of mindfulness to the practice of counselling,
- apply interventions and approaching to working with difficult emotions,
- demonstrate the cultivation of the four immeasurables and four foundations,

- evaluate the relevance of the contemplative perspective for the sociocultural context of Bhutan

Learning and teaching approach in full-time mode

Approach	Hours per week	Total credit hours
Lectures	3	45
Mindfulness Retreat	25 hours practice & 5 hrs. Small group discussion	30
Group discussion	1	15
Experiential exercises	1	15
Reflective journal	1	15
Individual study	1	15
Written assignment	1	15
Total		150

Learning and teaching approach in part-time mode

Approach	Hours per week	Total credit hours
Lectures	5	15
Mindfulness Retreat	30 hours in a week	30
Group discussion	3	9
Reflective journal	2	6
Written assignment	2	6
Individual study (after RS)		86
Total		150

Assessment

A. Integration Papers (25% x 2 = 50%)

Each student will write a paper integrating theoretical concepts with experiential understanding of course material, drawing upon their experiences in mindfulness practice. Papers should be no less than 1500 words and contain at least two references with in-text citations. The specific topics will be made available when the semester work plan is discussed.

General assessment criteria

Understanding and accuracy of information	10%
Critical integration and balance of content with personal process	10%
Overall effectiveness of writing style/use of references	5%

B. Warrior exam (10%)

Students will be provided with a list of open-ended questions that has been covered during the one-week retreat. Questions will be provided on the last day of the retreat. Students are expected to prepare for the exam by formulating their own answers to all the questions and study/discuss these answers within one week.

General assessment criteria

Demonstration of presence and maitri	5%
Accuracy and thoroughness of response	5%

C. Reflective Paper - Mindfulness Retreat (15%)

A five-day Mindfulness Retreat is conducted, in which all the students are required to attend with 100% attendance. Each student is expected to maintain a daily journal during the retreat. Following the retreat, students will write a reflective paper of approximately 1000 words in length. Specific instructions/guidelines will be provided in the first session of the retreat.

General criteria for assessment

Critical Reflection (personalization of concepts, topics and overall experiences)	10%
Structure (clear, concise, well organized; thoughts are coherent and logical)	10%

Course work	75%
A. Integration Papers	25% x 2 = 50%
B. Warrior's Exam	10%
C. Reflective Paper	15%

Exam	25%
Total	100%

Subject Matter

Unit I. The View of Suffering

- The Four Noble Truths
 - Identifying Symptoms
 - Describing Etiology
 - Suggesting Prognosis
 - Prescribing Treatment
- The First and Second Dhatu
 - True Suffering/False Suffering
- The Three Marks of Existence
 - Suffering of change (impermanence)
 - Suffering of conditioned existence (egolessness)
 - Suffering of pain (suffering)

Unit II. The View of Human Nature

- Basic Goodness/Brilliant Sanity
 - Openness
 - Clarity
 - Warmth
- A Shift in Allegiance
 - Looking for sanity rather than pathology

Unit III. The Development of the Contemplative Counsellor

- Generating Intention
 - Bodhicitta (absolute vs. relative)
- Mindfulness Practice
 - Practical instruction in Shamatha-Vipashyana
 - Precision and gentleness
 - Not too tight, not too loose
 - Qualities cultivated through mindfulness
 - Authentic presence
 - Window of tolerance
 - Self-awareness
 - Nonjudgment
 - Natural curiosity
- The Five Competencies
 - Being present and letting be
 - Seeing clearly and not judging
 - Recognizing and appreciating differences
 - Connecting with others and cultivating relationship
 - Acting skillfully and letting go

Unit IV. The View of Pathology

- Wisdom contained in confusion
 - Recognizing brilliant sanity and the manifestation or potential of the five competencies in clients
 - Looking for intelligence hidden within neurosis (e.g. dissociation as protection)
- Six realms of psychological entrapment and five root kleshas
 - God – ignorance
 - Jealous God - envy
 - Human - clinging
 - Animal – ignorance
 - Hungry Ghost – pride
 - Hell – aggression

Unit V. The View of Helping

- Mindfulness in Counselling
 - Formal vs. Informal
 - Sowing Seeds
- Radical acceptance
 - Unconditional presence
 - Maitri and mindfulness
- Working with emotion
 - Befriending emotion
 - The Spectrum of Felt Experience
 - Therapeutic Approach to Emotion
 - Meditative Approach to Emotion
 - The Four ARTS

Unit VI. The Four Limitless Ones

- Loving-kindness
- Compassion
- Sympathetic Joy
- Equanimity

Unit VII. The Four Foundations of Mindfulness

- Mindfulness of Body
- Mindfulness of Life
- Mindfulness of Effort
- Mindfulness of Mind

**Units VI & VII will be taught during the mindfulness retreat*

Essential Reading

Required Text

Wegela, K. (2014). *Contemplative psychotherapy essentials: Enriching your practice with Buddhist psychology*. New York, NY: W.W. Norton & Company.

Unit I

Fulton, P. R. & Siegel, R. D. (2005). Buddhist and Western psychology: Seeking common ground. In C. K. Germer, R. D. Siegel, & P. R. Fulton, (Eds.), *Mindfulness and Counselling Psychology* (pp. 29-51). New York: Guilford.

Kornfield, J. (2008). *The wise heart: A guide to the universal teachings of Buddhist Psychology* (pp. 241-256). New York: Bantam Books.

Wegela, K. (2009). *The courage to be present: Buddhism, psychotherapy, and the awakening of natural wisdom* (pp. 13-35). Boston: Shambhala.

Unit II

Trungpa, C. (1984). Discovering basic goodness. In Trungpa, C., *Shambhala: The sacred path of the warrior*. Boston, MA: Shambhala

Wegela, K. (2014). *Contemplative psychotherapy essentials: Enriching your practice with Buddhist psychology* (pp. 4-8). New York, NY: W.W. Norton & Company.

Unit III

Chodron, P. (1991). *The wisdom of no escape: And the path of loving-kindness* (pp. 13-20; 43-50). Boston, MA: Shambhala.

Wegela, K. (2014). *Contemplative psychotherapy essentials: Enriching your practice with Buddhist psychology* (pp. 20-36). New York, NY: W.W. Norton & Company.

Unit IV

Trungpa, C. (2005). *The sanity we are born with: A Buddhist approach to psychology* (pp. 113-136). Boston, MA: Shambhala.

Wegela, K. (2014). *Contemplative psychotherapy essentials: Enriching your practice with Buddhist psychology* (pp. 81-123). New York, NY: W.W. Norton & Company.

Unit V

Germer, C. K., (2005). Mindfulness: What Is it? What Does It Matter? In C. K. Germer, R. D. Siegel and P. R. Fulton, (Eds.), *Mindfulness and Psychotherapy* (pp. 1 – 27). New York: The Guildford Press.

Kornfield, J. (1993) *A path with heart* (pp. 102-118). New York: Bantam Books.

Wegela, K. (2014). *Contemplative psychotherapy essentials: Enriching your practice with Buddhist psychology* (pp. 168-180). New York, NY: W.W. Norton & Company.

- Welwood, J. (1983). Befriending Emotion. In J. Welwood, Ed., *Awakening the heart: East /west approaches to psychotherapy and the healing relationship* (pp. 79-90). Shambhala: Boston.
- Welwood, J. (1992). The healing power of unconditional presence. In J. Welwood (Ed.), *Ordinary magic: Everyday life as spiritual path* (pp. 159- 170). Boston, MA: Shambhala.

Unit VI

- Bien, T. (2008). The four immeasurables: Preparing the mind to be present. In S.F. Hick & T. Bien (Eds.), *Mindfulness and the therapeutic relationship* (pp. 37-53). New York, NY: Guilford Press.
- Wegela, K. (2009). *The courage to be present: Buddhism, psychotherapy, and the awakening of natural wisdom* (pp. 68-106). Boston: Shambhala.

Unit VII

- Trungpa, C. (2005). *The sanity we are born with: A Buddhist approach to psychology* (pp. 24-42). Boston, MA: Shambhala.

Additional Readings

- Darnall, K.T. (2008). Contemplative Counselling Psychology: Integrating Western Psychology and Eastern Philosophy. In F. J. Kaklauskas, S. Nimanheminda, L. Hoffman, and M.S. Jack, (Eds.). *Brilliant Sanity: Buddhist Approaches to Counselling Psychology* (pp.299-308). Colorado Springs, Co: University of the Rockies Press.
- Hanh, T. N. (1990). Buddhism and Counselling Psychology: Planting good seeds. *Journal of Contemplative Counselling Psychology*, 7, 97-107.
- Walsh, R. (2014). Contemplative psychotherapies. In Corsini, R. J., & Wedding, D. (Eds.). *Current psychotherapies* (pp.411-460). Belmont, CA: Brooks/Cole.
- Welwood, J. (2000). *Toward a psychology of awakening: Buddhism, psychotherapy and the path of personal and spiritual transformation*. Boston, MA: Shambhala.

Date 20/04/2016

Module Code and Title: COU503 Counselling Theories

Programme: Master of Arts in Contemplative Counselling Psychology
(originally approved as a part of Postgraduate Diploma in Guidance and Counselling)

Credit: 15

Module Tutor: Ms. Dechen Doma

Module Coordinator: Ms.Dechen Doma

General objective of the module

This module aims to provide students an opportunity to gain understanding of various counselling theories and approaches, providing them the foundations of good counselling. It is intended to provide students with a framework that they can use to explore the counselling process, the client's problems, and to measure progress. Through different theoretical orientations, students will be able to find unity and relatedness within the diversity of existence, enabling them to examine relationships they would otherwise overlook. By way of integrating different approaches, it is expected that students will be able to develop their own operational guidelines which will help them evaluate their development as professionals, assist clients in the effective modification of behaviour, cognition, emotional functioning and interpersonal relationships.

Learning outcomes

Upon completion of this module, students will be able to:

- summarise the history and philosophy of the major theoretical orientations in counselling,
- explain various theories of counselling and how they form a foundation for effective practice,
- compare and contrast different theoretical orientations based on therapeutic process,
- apply counselling procedures and techniques appropriately,
- evaluate the relevance of different counselling theories,
- apply the theories of guidance and discuss how they differ from theories of counselling,
- illustrate counselling from the perspectives of basic human needs, development, and diversity,
- relate personal experiences of mindfulness practice to the application of ACT,
- integrate appropriate therapeutic techniques to form a personal counselling style.

Learning and teaching approach for full-time mode

Approach	Hours per week	Total credit hours
Lecture	3	45
Practice/Role-plays	1	15
Group discussion	1	15
Written assignment	2	30
Independent study	3	45
Total		150

Learning and teaching approach for part-time mode

Approach	Hours per week	Total credit hours
Lecture	4	16
Practice/Role-plays	2	6

Group discussion	3	9
Reflection Paper	2	6
Written assignment	2	10
Independent study(library)	2	8
Individual study (after RS)		95
Total		150

Assessment

A. Weekly Postings (10%)

Each week students write a short discussion post about the assigned readings (150-250 words). These posts serve as a place to "think aloud" about the assigned readings in order to engage with them more actively and deeply. Each post should include two elements: content and process. In other words, examination or analysis of the academic content presented by the author as well as personal reflection on your experiences as they relate to the material.

General assessment criteria:

Clarity of thought 4%
 Critical evaluation on the content 3%
 Demonstration of personal understanding 3%

B. Group Presentation (10%)

In small groups, students research one additional theory of counselling of interest and prepares a 45-minute presentation. This presentation should combine didactic material with experiential elements. The didactic portion should include the theory's key ideas and clinical practices. The experiential portion should involve the audience in some way. Equal time should be allotted to each portion. Each group will also prepare a one-page handout to distribute in class that summarizes the main ideas of the theory, lists and defines keywords related to the theory, identifies limitations of the theory, and includes at least three references of readings/sources for this theory.

General assessment criteria

Well researched and shows a good content knowledge and understanding. 2%
 Logical presentation of ideas and thoughts. 2%
 Critical and analytical in the presentation of ideas. 2%
 Supports one's ideas and opinions with facts and experiential element. 2%
 Referencing 2%

C. Literature review/critical analysis of theories (30%)

Each student is expected to write a literature review of not less than 2500 words in length. The specific topics/questions will be made available when the semester work plan is discussed.

General assessment criteria

Content (Understanding and accuracy of information)	10%
Critical evaluation and Substantive argument	10%
Clarity and relevancy of personal anecdotes	5%
Overall effectiveness of writing style	5%

Overview of the assessment approaches and weighting

Course work	50%
A. Weekly Postings	10%
B. Group Presentation	10%
C. Literature Review	30%
Written Tests/ Examination	50%

Subject Matter

Unit I. Psychodynamic/Psychoanalytic (Sigmund Freud)

- Key concepts (The Unconscious, Psychodynamic, Defenses)
- View of human nature (The Id, Ego and Super ego)
- Therapeutic process (Free association, Therapeutic Listening, Therapeutic Responding, Therapeutic Alliance)
- Exploration of the theory in the light of diverse settings and clients
- Practice theoretical approach (Mindfulness Practice)

Unit II. Person-Centered Counselling (Carl Rogers)

- Key concepts (Congruence, Unconditional positive regard, Empathic understanding)
- View of human nature (Self actualization, dignity/respect of individuals)
- Therapeutic process (Therapeutic alliance, Therapist's function and role, Working with client's subjective experience)
- Exploration of the theory in the light of diverse settings and clients
- Practice theoretical approach (Mindfulness Practice)

Unit III. Cognitive Behavioural Therapy (Albert Ellis)

- Key concepts (Activating event, Beliefs, Consequences, Disputing, Effect and Feelings - ABCDEF)

- View of human nature (Rational and Irrational beliefs, self evaluating)
- Therapeutic process (Highly directive, and psycho educational)
- Exploration of the theory in the light of diverse settings and clients.
- Practice therapeutic techniques

Unit IV. Family Systems Therapy (Alfred Adler, Murray Bowen, Virginia Satir)

- Key concepts (Generational family issues, Triangulation, Differentiation)
- View of human nature (Individuals are best understood through interactions with family members, Family as an inter-connected living dynamic system)
- Therapeutic process (Genogram, Birth order, de-triangulating relationships, differentiation of the self)
- Exploration of the theory in the light of diverse settings and clients.
- Practice therapeutic techniques

Unit V. Narrative Therapy (Michael White and David Epston)

- Key concepts (Role of stories)
- View of human nature (Clients as experts, Person is not the problem. Problem is the problem)
- Therapeutic process (Stories, Naming the problem, Externalization, Discovering unique outcomes, Alternative stories and Re-authoring)
- Exploration of the theory in the light of diverse settings and clients.
- Practice therapeutic techniques

Unit VI. Solution-Focused Brief Therapy

- Key concepts (Present and future focused, Problem solving, Positive orientation)
- View of human nature (People are healthy, competent and capable of constructing solutions)
- Therapeutic process (Joining, Describing the problem, Developing well-formed goals, Exploring for exceptions, Giving end-of-session feedback, Evaluating client's progress)
- Exploration of the theory in the light of diverse settings and clients.
- Practice therapeutic techniques

Unit VII. Acceptance and Commitment Therapy

- Key concepts (The Dilemma of Human Suffering, Relational Frame Theory, Language, Hexaflex, Experiential Avoidance, Psychological Flexibility)
- View of human nature (People are competent and capable of constructing solutions)
- Therapeutic process (Acceptance, Cognitive Fusion, Being Present, Self as Context, Values, Committed Action)
- Exploration of the theory in the light of diverse settings and clients.
- Practice therapeutic techniques

Unit VIII. Theory of Guidance

- History and development of Guidance
- Models and approaches to school Guidance
- Comprehensive Developmental Model of Counselling by Norman C. Gysbers
- Guidance Programme Development
- Crisis, Remedial, Preventive and Developmental Approaches

Reading List

Essential Reading

Corey, G. (2005). *Theory and Practice of Counselling and Counselling Psychology* (7th ed.). Pacific Grove, CA: Brooks-Cole/ Wadsworth.

Chapters/Journals/Periodical Articles for each Unit

Unit I

Douglas, C. (2008). Analytical Psychotherapy (2008). In R.J.Corsini & D. Weddings (Eds.), *Current Psychotherapies* (pp. 107-139). Belmont : Cole, CA. Thomson Brooks.

Lubursky,E.B & O'Reilly-Landry,Arlow, A.J (2008). Psychoanalysis. In R.J. Corsini & D. Wedding (Eds.), *Current Psychotherapies*. (pp.15-59). Belmont : Cole, CA. Thomson Brooks.

Mosak, H.H & Maniaci, M.P (2008). Alderian Psychotherapy. In R.J. Corsini & D. Wedding (Eds.), *Current Psychotherapies* (pp.63-101). Belmont : Cole, CA. Thomson Brooks.

Unit II

Kottler, J. A. (2004). *Introduction to Therapeutic Counselling: Voices from the field* (5th ed.). Pacific Grove, CA: Thomson, Brooks/Cole.

Mearns,D., & Throne, B. (2000). *Person-Centered Therapy Today: New Frontiers in Theory and Practice*. London: Sage Publications.

Unit III

Ellis , A (2008). Rational Emotive Behaviour Therapy. In R.J. Corsini and D. Wedding (Eds.) *Current Psychotherapies* (pp.187-221).). Belmont : Cole, CA. Thomson Brooks.

Weishaar , M.E & Beck, A.T. (2008), Cognitive Therapy. In R.J. Corsini and D. Wedding (Eds.) *Current Psychotherapies* (pp.263 -292). Belmont: Cole, CA. Thomson Brooks.

Unit IV

Berg-Cross, L. (2002). *Basic concepts in Family Therapy: An Introductory Text* (2nded.). New York: The Haworth Press.

Corsini, R. & Wedding, D.(2008).*Current Psychotherapies*. Belmont, USA: Brooks/Cole

Hanna, S. M., & Brown. J. H. (1995). *The Practice of Family Therapy: Key Elements Across Models*. USA: Brooks/Cole

Unit V

Connelly, J.E. (2005). *Narrative possibilities: Using mindfulness in clinical practice. Perspectives in Biology and Medicine*, 48(1), 84-94.

Morgan, A. (2000). *What is Narrative Therapy? An Easy-to-read Introduction*. Adelaide: Dulwich Centre Publications.

Unit VI

O'Connell, B. (2005) *Solution-Focused Therapy* (2nd ed.). London: Sage Publications Ltd.

Walter, J.L. & Peller, J.E. (1992). *Becoming Solution-Focused in Brief Therapy*, New York: Brunner/Mazel Publishers.

Unit VII

Siegel, A.V., Teasdale, J. D., & Williams, J.M.G. (2004). *Mindfulness-based cognitive therapy: Theoretical rationale and empirical status*. In S.C. Hayes, V.M. Follette, & M.M. Linehan (Eds), *Mindfulness and Acceptance: Expanding the Cognitive Behavioural Tradition* (pp.45-66). New York: The Guilford Press.

Wegela, K. K. (1994). Contemplative Counselling Psychology: A path of uncovering brilliant sanity. *Journal of Contemplative Counselling Psychology*, 9, 27-51.

Unit VIII

Brown, D. (2003). *Career information, career counselling, and career development* (8th ed.). Boston: Allyn & Bacon.

Tan. E. (Ed.)(2004). *Counselling in Schools: Theories, Processes and Techniques*. Singapore: Mcgra- Hill Education.

Date 20/04/2016

Module Code and Title: COU504 Counselling Process and Skills

Programme: Master of Arts in Contemplative Counselling Psychology
(originally approved as a part of Postgraduate Diploma in Guidance and Counselling)

Credit: 15

Module Tutors: Ms. Dechen Doma

Module Coordinator: Ms Dechen Doma

General objective of the module

This module aims to provide various parameters of counselling process, to relate the process of counselling theory, to illustrate the purposes of effective counselling and to highlight the major personal characteristics of effective counsellor. It also facilitates the students to become trained professional counselors, capable of providing help in a competent and trustworthy manner. The module also focuses on practical experience for students to develop their understanding of process and skills in counselling. Apart from enabling students in expanding and deepening their understanding of the ethical code of the profession, they will also develop communications and attending skills, appropriate in Bhutanese socio- cultural setting.

Learning outcomes

Upon completion of this module, students will be able to:

- demonstrate the major personal characteristic of effective counselor,
- demonstrate an understanding of different phases in a counselling process,
- explain the concept and types of reflective listening and demonstrate beginning skills with reflective skills,
- explain what it means to possess an attitude of respect and acceptance and become better at taking client perspective,
- facilitate a trusting therapeutic relationship,
- practice effective helping methods,
- attend and respond appropriately to cognitive, affective and behavioural components of client's problems,
- demonstrate culturally appropriate communication and attending skills,
- use counselling strategies and/or models appropriate to one's personal orientations and contexts,
- demonstrate an understanding and application of ethical codes of the profession,
- discuss the potential benefits and problems of counselor self disclosure,
- explain the role of non verbal communication from both the counselor's and clients perspective,
- facilitate clients' generating, exploring, and navigating options of communication or action
- relate the process to counselling theories, and skills for effective counselling.

Learning and teaching approach for full-time mode

Approach	Hours per week	Total credit hours
Lecture & demonstration of skills	2	30
Role plays, demonstration of skills, Counselling skills practice session	2	30
Small group discussion	1	15
Group presentation	1	15

Conferences with students	1	15
Independent study	3	45
Total		150

Learning and teaching approach for part-time mode

Approach	Hours per week	Total credit hours
Lecturer & Role plays	4	16
Small group discussion	3	9
Counselling skills practice session	4	16
Graded session & Conferences with students	4	16
Reflection Paper	2	6
Independent study(library)	2	8
Individual study (after RS)		79
Total		150

Assessment approach

Course work	70%
A. Reflective paper	10%
B. Skills demonstration and Reflection	30%
C. Critical Analysis	30%
Exam	30%

Assessment

A. Reflective Paper (10%)

One common counter transference reaction is to feel sorry for a client and try to help the client too much. Another is feeling strong romantic or sexual attraction for a client. Choose one of these countertransference reactions and reflect on how you would work with it. In two or three paragraphs, define countertransference and discuss how you would handle the situation personally and therapeutically. Include what you are learning about boundaries and discuss the potential harm that can be caused through not maintaining therapeutic boundary as a result of unexamined countertransference.

General assessment criteria:

Clarity of thought 4%

Demonstration of self-awareness 3%
 Conceptual understanding 3%

B. Skill Demonstration & Reflection (30%)

Each student will be divided into groups of three for the graded session. Each member of the group will get 20 minutes to take the role of a counselor, client and observer. Counselling will be graded based on the counselling skills (15%)

General assessment criteria:

Knowledge of Interventions 4%
 Appropriate use of basic skills 8%
 Demonstration of presence 3%

Students will write a two-page reflective paper on your experience of the skill demonstration role play. As the counsellor, what do you think you did well? What might you do differently? As the client, what felt helpful? What did not feel helpful? As the observer, which counselling skills that have been taught in class did you notice being used by the counsellor? Please also include what you noticed in your own body, feelings and thoughts in each role (15%)

General assessment criteria:

Critical analysis 4%
 Openness and simplicity 3%
 Insight 3%

C. Critical Analysis (30%)

You are required to submit a paper on the following questions:

What have you learned about the skills that you already possess to be a counsellor? What processes come naturally for you? Where are your growth edges and how can you develop these areas further? What have you discovered about your own judgments about yourself and others through your meditation practice?

General assessment criteria:

Accuracy and completeness 7%
 Depth of understanding 10%
 Discussion of meditation process 5%
 Demonstration of maitri 5%
 Referencing 3%
 References: 3 minimum

Word limit: 2500- 3000

Subject matter**Unit I. Overview of Counselling**

- What is Counselling & what is not Counselling
- Why Counselling
- Parameters of Counselling
- Counselling and Theory
- Counselling and Philosophy
- Counselling and Culture
- Counselling Conditions and their Effects

Unit II. Characteristics of Effective helpers

- Self awareness and understanding
- Good psychological health
- Sensitivity
- Open-mindedness
- Objectivity
- Competence
- Trustworthy
- Interpersonal attractiveness

Unit III. Listening and Attending Skills

- Reflective Listening
- Types of Reflection (simple, Amplifies, Double-sided)
- Barriers to listening
- Mindfulness: coming back to the present
- Minimal encouragers
- Affirming
- Summarizing

Unit IV. Relationship Building

- Characteristics of an effective Therapeutic Relationship
 - Genuineness
 - Positive Regard
 - Empathy
 - Recognizing and working with transference and countertransference
- Skills associated with conveying genuineness
 - Congruence
 - Openness and Self-Disclosure
 - Immediacy
 - Non-aggressively confronting
 - Complex reflections
- Skills associated with conveying positive regard

- Nonverbal behaviors associated
- Enhancing responses
- Skills associated with conveying empathy
 - Non verbal and verbal attentiveness
 - Paraphrasing and Reflecting Client messages
 - Reflecting Client feeling and implicit messages
 - Pacing the client Mode of Experiencing
 - Non verbal pacing & Pacing Client s Language
 - Working with exchange

Unit V. Assessment

- Components of Assessment
 - Intake or history interview
 - Problem Definition
 - Presenting Problems, both primary and Secondary
 - Client current life setting
 - Personal History
 - Sexual and marital history
 - Description of client during the interview
 - Summary and recommendations
- Skills associated with Assessment
 - Clarifying questions
 - Open-ended questions
 - Closed ended questions
 - Effects of Assessment on clients

Unit VI. Goal- Setting

- Developing Counselling Goals
 - Functions of Counselling Goals
 - Parameter of Goal setting
 - Process and outcomes Goals
 - Three Elements of good outcome Goals
 - Obstacles in developing specific Goals
- Skills associated with Goals setting
 - Confrontation
 - The Ability-Potential response
 - Effects of Goal setting in Clients
 - Client participation in Goal setting
 - Resistance to Goal Setting

Unit VII. Interventions

- Counselling Strategies and Selecting Interventions
 - Theoretical preference of the Counselor and Intervention Strategies

- World view and the working Alliance
- Presenting Problems and the working Alliance
- Time and the Working Alliance
- Character of the problem and intervention strategies
- Identifies Goals and the Treatment Plan
- Client Characteristics and Intervention strategies
- Categories of Counselling Intervention strategies
- Affective Interventions
 - Theories that stress the importance of feelings
 - Goal of Affective Interventions
 - Helping clients express affect
 - Nonverbal affect cues
 - Verbal –Affect Cues
 - Verbal cues of Aggressive? Defensive Mental Status
 - Verbal cues of Fear and Anxiety Mental States
 - Helping client sort out feelings
 - Emotional percentages chart/ emotions check list
- Cognitive Intervention Strategies
 - Theories that stress the importance of Cognitive Processes
 - Goal of Cognitive Interventions
 - Assessment of Cognitive problems
 - A-B-C-D Analysis
 - Case Illustration of A-B-C-D Analysis
 - Cognitive Disputation
 - Behavioral Disputation
- Behavioral Intervention Strategies
 - Theories that stress the importance of Behavior
 - Goal of Behavioral Interventions
 - Social modeling
 - Live modeling
 - Symbolic modeling
 - Covert modeling
 - Role Play and Behavioral Rehearsal

Unit VIII . Termination and Follow up

- Theoretical Determinants of Termination
 - Pragmatic Determinants of Termination
 - When client terminate
 - When the counselor terminates
 - Premature termination
 - The Termination Report
- Termination as a process
 - Assessing progress
 - Summarizing progress
 - Generalizing Change
 - Planning and follow up

- The Referral Process
 - The Need to Refer
 - Evaluating Potential Sources
 - Coordinating the Transfer
 - Preparing the Client
 - Communication with receiving professional
 - Block to Termination
 - Clients Resistance to Termination
 - Counselor Resistance to Termination

Unit IX. Ethics of Counselling

- Competence
 - Readiness & fitness to practice
 - Referral and termination
- Confidentiality
 - Client Protection
 - Professional mandatory disclosure
 - Informed consent
 - Clients records
 - Exceptions to confidentiality
- Client Autonomy
 - Dual relationships
 - Boundaries
- Ethical codes and Guidelines
 - Bonds Ethical problem-solving model
 - Corey Ethical decision-making model

Unit X . Writing Counselling Report

- Contemplative counselling: Body, Speech and Mind
- Process Recording/Notes/Case notes (SOAP or DAP)

Unit XI. Counselling Clients in Crises

- The Nature of Crises
- Definition of Crises
- Models of Crises Intervention
- Stages of Crises Intervention
- Counselor Interventions in Crises Counselling Stages

Reading List *Required Text*

Hackney, H.L. & Cormier, S. (2001). *The Professional Counselor: A process guide to helping*. Boston, MA: Allyn & Bacon

Essential reading

Unit I

Coomba, A.W. & Gonzalez, D.M. (1994). *Helping Relationships: Basic concepts for helping profession*, 4th ed. Boston: Allyn & Bacon.

Feltham, C. (Ed). (1999). *Understanding the counselling relationship*. London: Sage

Hackney, H.L. & Cormier, S. (2001). *The Professional Counselor: A process guide to helping*. (pp 2 – 10). Boston, MA: Allyn & Bacon.

Hanh, T. N. (1990). Buddhism and Counselling Psychology: Planting good seeds. *Journal of Contemplative Counselling Psychology*, 7, 97-107.

Kottler, J. A. (2000). *Nuts and bolts of helping*. Belmont, CA: Allyn & Bacon.

Unit II

Corey, M.S. & Corey, G. (1998). *Becoming a helper*, 3rd ed. Pacific Grove, CA: Brooks/Cole. Chapter 1, Are the helping profession for you?

Epstein, M. (1998). *Going to pieces without falling apart: A Buddhist perspective on wholeness*. (pp. 73-92). New York: Broadway Books

Hackney, H.L. & Cormier, S. (2001). *The Professional Counselor: A process guide to helping*. (pp 13 - 18). Boston, MA: Allyn & Bacon

Welfel, Elizabeth R. & Patterson, Lewis E. (2005). *The counselling process: A multi-theoretical integrative approach*. 6th ed. (pp 12-19) Belmont, CA: Thomson, Brooks/Cole

Unit III

Colorado Springs, CO: University of the Rockies Press.

Egan, G. (2010). *The skilled helper: A problem management and opportunity development approach to helping* (pp 30 – 63). Belmont, CA: Brooks/Cole.

Hackney, H.L. & Cormier, S. (2001). *The Professional Counselor: A process guide to helping*. (pp 2 – 10). Boston, MA: Allyn & Bacon.

Nelson-Jones, R. (2000). *Introduction to counselling skills: Text and activities*. London: Sage.

Patterson, C. H. (1959). Transference and counter transference. *In Counselling and Counselling Psychology: Theory and practice*. New York: Harper & Row

The Colombo Plan. (2012). *Basic Counselling Skills for Addiction Professionals*. The Colombo Plan Asian Centre for certification and education, of addiction Professionals Training Series.

Wegela, K.K. (2008). Listening beyond the words: Working with exchange. In F.J. Kaklauskas, S. Nimanheminda, L. Hoffman & M. Jack (Eds.), *Brilliant sanity: Buddhist approaches to psychotherapy*.

Welfel, Elizabeth R. & Patterson, Lewis E. (2005). *The counselling process: A multi-theoretical integrative approach*. 6th ed. (pp 47-51) Belmont, CA: Thomson, Brooks/Cole

Unit IV

Hackney, H.L. & Cormier, S. (2001). *The Professional Counselor: A process guide to helping*. (pp 45-68). Boston, MA: Allyn & Bacon

Kottler, J. A. (2000). *Nuts and bolts of helping*. Belmont, CA: Allyn & Bacon.

Wegela, K. (2014). *Contemplative psychotherapy essentials: Enriching your practice with Buddhist psychology* (pp. 64-80). New York, NY: W.W. Norton & Company.

Welfel, Elizabeth R. & Patterson, Lewis E. (2005). *The counselling process: A multi-theoretical integrative approach*. 6th ed. (pp 51-62) Belmont, CA: Thomson, Brooks/Cole

Unit V

Brammer, L.M., & MacDonald, G. (2003). *The helping relationship: Process and skills* (8th ed.). Boston, MA: Allyn & Bacon

Egan, G. (2002). *The Skilled Helper: A problem-management and opportunity-development approach to helping* (7th ed.). Pacific Grove, CA: Brooks/Cole

Egan, G. (2002). *The skilled helper: A problem-management and opportunity-development approach to helping* (7th ed.). Pacific Grove, CA: Brooks/Cole.

Hackney, H.L. & Cormier, S. (2001). *The Professional Counselor: A process guide to helping*. (pp 75-93). Boston, MA: Allyn & Bacon

Welfel, Elizabeth R. & Patterson, Lewis E. (2005). *The counselling process: A multi-theoretical integrative approach*. 6th ed. (pp 71-86) Belmont, CA: Thomson, Brooks/Cole

Unit VI

Cormier, S. & Hackney, H. (2005). *Counselling strategies and interventions* (6th ed.). Boston, MA: Allyn & Bacon

Egan, G. (2002). *The Skilled Helper: A problem-management and opportunity-development approach to helping* (7th ed.). Pacific Grove, CA: Brooks/Cole.

Hackney, H.L. & Cormier, S. (2001). *The Professional Counselor: A process guide to helping*. (pp 98-112). Boston, MA: Allyn & Bacon

Pedersen, P.B. & Carey, J. C. (2003). *Multicultural counselling in schools: A practical handbook* (2nd ed.). Boston, MA: Allyn & Bacon

Welfel, Elizabeth R. & Patterson, Lewis E. (2005). *The counselling process: A multi-theoretical integrative approach*. 6th ed. (pp 99- 109). Belmont, CA: Thomson, Brooks/Cole

Unit VII

Brammer, L.M., & MacDonald, G. (2003). *The helping relationship: Process and skills* (8th ed.). Boston, MA: Allyn & Bacon

Hackney, H.L. & Cormier, S. (2001). *The Professional Counselor: A process guide to helping*. (pp 119-138). Boston, MA: Allyn & Bacon.

Yeo, A. (1993). *Counselling: A problem-solving approach*. Armour Pub

Unit VIII

- Hackney,H.L. &Cormier,S. (2001). *The Professional Counselor: A process guide to helping*. (pp270-284).Boston, MA: Allyn & Bacon.
- Welfel, Elizabeth R. & Patterson, Lewis E. (2005). *The counselling process: A multi-theoretical integrative approach*.6th ed. (pp 119- 125) Belmont,CA:Thomson, Brooks/Cole

Unit IX

- Agee, M (2003). *Ethical issues in counselling*. In Hornby.H. Hall.C & Hall Eric (Eds). *Counselling pupils in schools:skill and strategies*. London; Routledge Falmer.
- Cohen, E.D. & Cohen, G.S. (1999). *The virtuous therapist: Ethical practice of counselling and Counselling Psychology*. Pacific Grove, CA: Brooks/ Cole.
- George,Rickey.&Cristiani,Theresi.(1981).*Theory,methods&processes of counselling & Psychotherapy*.(pp291-303).USA: Prentice Hall.
- Welfel, Elizabeth R. & Patterson, Lewis E. (2005). *The counselling process: A multi-theoretical integrative approach*.6th ed.(pp129-149). Belmont,CA:Thomson, Brooks/Cole.

Unit X

- Burnard, P. (2005). Problems and support in counselling. In P. Burnard, *Counselling skills for health professional* (4th ed.). UK: Nelson Thornes.
- Evans, D.R., Hearn, M.T., Uhlemann, M.& Ivey, A. (2004). *Essential interviewing: A programmed approach to effective communication* (6th ed). Belmont, CA: Thomson, Brooks/Cole
- Welfel, Elizabeth R. & Patterson, Lewis E. (2005). *The counselling process: A multi-theoretical integrative approach*.6th ed. (pp395-401). Belmont,CA:Thomson, Brooks/Cole

Unit XI

- Egan, G. (2002). *The Skilled Helper: A problem-management and opportunity-development approach to helping* (7thed.). Pacific Grove, CA: Brooks/Cole.
- Hackney,H.L. &Cormier,S. (2001). *The Professional Counselor: A process guide to helping*. (pp 287-307).Boston, MA: Allyn & Bacon.
- Kottler, J.A. & Kottler, E. (2000). *Counselling skills for teachers*. London: Corwin Press
- Norton. K., & McGauley.G. (1998). *Counselling Difficult Clients*. London: Sage Publications.
- Welfel, Elizabeth R. & Patterson, Lewis E. (2005). *The counselling process: A multi-theoretical integrative approach*.6th ed. (pp238-253). Belmont,CA:Thomson, Brooks/Cole

Date 20/4/2016

Module Code and Title: COU505 Career Development and Consultation

Programme: Master of Arts in Contemplative Counselling Psychology
(originally approved as a part of Postgraduate Diploma in Guidance and Counselling)

Credit: 15

Member Tutor: Mr. Wangchuk Dorji,

Module Coordinator: Mr. Wangchuk Dorji

General Objective

This module will provide students with theoretical knowledge and practical approaches to cater to the needs of career development issues globally and within the Bhutanese context. This would help the counsellor in assisting their students in making effective and informed educational and career choices and decisions. This module will also help the students to learn and conduct career classes in the schools. On the other hand, the module will provide students with theoretical knowledge and practical skills in school-based consultation that would empower children to receive the best possible education on their individual needs.

Learning outcomes

Upon successful completion of the module, students will be able to:

- demonstrate understanding of career development theories and decision-making models applicable for different grade levels,
- exhibit an understanding of the world of work, labour market information, and job trends,
- explain career counselling processes, techniques, resources, and tools,
- plan and conduct career education classes in the schools,
- assist students to understand the relationship between consistent effort in school and career success, and facilitate student development of career plans,
- collaborate with post-secondary institutions and potential employers to provide students with current information on entrance requirements, scholarship, and employment information,
- assist students to identify and understand their abilities, interests, problem-solving abilities, aptitudes, course selection alternatives, and goal-setting strategies,
- define consultation and outline the characteristics and stages of consulting relationships, including the communication and interpersonal skills involved,
- apply the knowledge of the principal models of consultation in school settings,
- basic competence of systematic interviewing strategies with students, teachers, parents and administrators, and
- design and implement strategies for school-based (preventive and remedial) interventions,
- provide career development consultation and resources to teachers for infusing career development activities into the curriculum,

Learning and teaching approach for full-time mode

Approach	Hours per week	Total credit hours
Lecture	3	45
Practical	2	30
Tutorial	1	15
Written assignment	2	30
Independent study	2	30
Total		150

Learning and teaching approach for part-time mode

Approach	Hours per week	Total credit hours
Lecture	4	16
Skill Practice	3	12
Group discussion	3	9
Reflection Journal	2	10
Graded Consultation Skill practice	4	16
Independent study(library)	2	10
Independent Study (RS)		77
Total		150

Assessment

A. Written Assignment 30%

Students are required to write an assignment between 2500-3000 words with at least 5 reference sources on the topic of “**Becoming a Counsellor**”. They could include following points:

- The factors that enable you to join the course.
- Your strengths and weaknesses.
- Any life experiences that has enabled you to join this course.
- The change in you after taking this course.
- Your attachment to the career development theories that was covered in the semester.
- How would this course help you in the field?
- Any challenges.

General assessment criteria:

- The writer's own input is evident. 8 %
- Good examples of efforts to apply the ideas under discussion are provided. The paper has overall unity in that the ideas are linked together appropriately.
- Research is evident. 8 %
- The student has reviewed literature that is relevant, current, and useful to understand the topic.
- The paper is characterized by clarity and simplicity. 8 %
- It can be easily read and understood by a colleague. The sources of information are acknowledged in an acceptable manner. The names of authors consulted are used in the text of the paper. It is not simply copied from some other source(s).
- The paper says something substantive and comprehensive about the topic. 6 %
- The writer has covered important aspects of the topic and has made effective use of the literature cited as well as own experiences of application.

B. Reflection Paper 2 x 10% = 20%

Students are required to write two pages of reflective papers on any of the two lectures presented during the class. Your presentations will be assessed using the following criteria:

- | | |
|---------------------------------|---|
| 1. Understanding of the concept | 4 |
| 2. Critical analysis | 4 |
| 3. Clarity | 2 |

C. Graded Consultation Skill practice 20 %

The class will be divided into groups to do group facilitation skills for the graded practice session on consultation skills under different tutors.

General assessment criteria:

- | | |
|--|----|
| Introduction (establishing rapport, identify concerns and gathering information) | 4% |
| Exploration (questioning, clarifying roles, interpreting data) | 6% |
| Implementation (mediating, negotiating, confronting, prioritizing, planning) | 6% |
| Evaluation (observing, documenting, assessing and summarizing) | 4% |

Overview of assessment approaches and weighting

Course work	70%
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Written Assignment Reflection Paper Graded Consultation Skill practice	30% 10% x 2 = 20% 20%
Written Exam	30%

Subject Matter

Unit I. Introduction to Career Development

- Historical Development of Career Guidance
- Historical Approaches to Career Development in Bhutan

Unit II. Theories of Career Development

- Overview of Major Theories of Career Development
 - Structural
 - Trait and Factor Theory
 - Holland's Theory of Vocational Choice
- Developmental
 - Super's Life-span Theory
 - Gottfredson's Theory of Circumscription and Compromise

III. Career Decision Making Models

- Structural Model of Career Decision Making
- Developmental Model of Career Decision Making

IV. Career Determinants

- Internal Factors
 - Self awareness
 - Right livelihood
 - Personal Interest
 - Aptitude and Abilities
 - Career portfolio
- External Factors
 - Family and societal Expectations
 - LMI
 - World of Work
 - Qualification
 - Socio-economic status
 - Socio-cultural norms

V. Job Search Process

- Interview skills
- Resume writing
- Job search skills
- Job application

- Online job portal
- Job shadowing
- Job fair

VI. Teaching of Career Education in the Schools

- Lesson Planning
- Introductory Procedures
- Organising Learning Activities and Giving Directions
- Stimulus and Interaction Variations
- Practice session

VII. Introduction to Consultation

- Defining consultation and consultation relationships
- Consultation models and stages: an integrated approach to school-based consultation
- Entry, contract negotiation, and problem identification stages
- Strategies for improving interpersonal communication
- Communication and resistance
- Ethical issues in consultation
- Consultation skill practice.

Essential Reading

Unit I.

Amundson, N.E. (1998). *Active engagement: Enhancing the career counselling process*. Richmond, B.C.: Ergon Communications.

Brown, D., & Brooks, L. (Eds). (1996). *Career choice and development: Applying contemporary theories to practice. (3rd ed.)*. San Francisco: JosseyBass.

Gysbers, N.C., Heppner, M.J., & Johnston, J.A. (2003). *Career counselling: Process, issues and techniques (2nd ed.)*. Boston: Allyn and Bacon

Lewin, R. & Regine, B. (2000). *Soul at work*. New York: Simon & Schuster.

Zunker, V.G. (2006). *Career counselling: A Holistic Approach (7th ed.)*. Singapore: Brooks/Cole.

Unit II.

Zunker, V.G. (2006). *Career counselling: A Holistic Approach (7th ed.)*. Singapore: Brooks/Cole

Brown, D., Pryzwansky, W. & Schutte, A.C. (2006) *Psychological consultation: Introduction to theory and practice (6th ed.)*. Boston, MA: Allyn & Bacon

Sharf, R.S. (2002). *Applying career development theory to counselling (3rd ed.)*. Pacific Grove, CA: Brooks/Cole.

Niles, S.G. & Harris-Bowlsbey, J. (2002). *Career development interventions in the 21st century*. Columbus, OH: Merrill Prentice Hall

Packer, T. (1994). What is right livelihood? In C. Whitmyer, *Mindfulness and meaningful work: Explorations in right livelihood* (pp. 57-59). Berkeley, CA: Parallax Press

Unit III.

Aitken, R.. (1994). Right livelihood for the western Buddhist. In C. Whitmyer, *Mindfulness and meaningful work: Explorations in right livelihood* (pp. 36-40). Berkeley, CA: Parallax Press.

Brown, D. (2003). . Boston: Allyn & Bacon

Lee, F.K. & Johnston, J.A. (2001). Innovations in career counselling. *Journal of Career Development* 27, 177-184.

Loori, J. D. (1994). The sacredness of work. In C. Whitmyer, *Mindfulness and meaningful work: Explorations in right livelihood* (pp. 31-35). Berkeley, CA: Parallax Press.

Zunker, V.G. (2006). *Career counselling: A Holistic Approach* (7th ed.). Singapore: Brooks/Cole

Unit IV.

American Educational Research Association, American Psychological Association, & National Council on Measurement in Education (1985, 1999). *Standards for Educational and Psychological Testing*. Washington, DC: Author.

Goodman, S. D. (1994). Transforming the causes of suffering. In C. Whitmyer, *Mindfulness and meaningful work: Explorations in right livelihood* (pp. 41-46). Berkeley, CA: Parallax Press.

Sheridan, S.M., Eagle, J.W., Cowan, R.J. & Mickelson, W. (2001) The effects of conjoint behavioural consultation: Results of a 4-year investigation. *Journal of School Psychology*, 39, 361-385

YGCD. (2002). *Career education vol. A Light on your career path III*. Thimphu, Bhutan.

YGCD. (2002). *Career portfolio*. Thimphu, Bhutan

Zunker, V.G. (2005) *Career counselling: Applied concepts of life planning* (7th ed.). Pacific Grove, CA: Brooks/Cole.

Unit V.

Gelatt, H.B. (1989). Positive uncertainty: A new decision-making framework for Counselling. *Journal of Counselling Psychology*, 33, 252-256.

Gutkin, T.B. (1999). The collaboration debate: Finding our way through the maze: Moving forward into the future: A response to Erchul (1999). *Journal of School Psychology*, 37, 229-241

Niles, S.G., Goodman, J. & Pope, M. (Eds.). (2002). *The career counselling casebook: A resource for practitioners, students, and counselor educators*. NCDA

Santorelli, S. F. (1994). Mindfulness and mastery. In C. Whitmyer, *Mindfulness and meaningful work: Explorations in right livelihood* (pp. 231-235). Berkeley, CA: Parallax Press.

Unit VI.

- Adelman, H. & Taylor, L. (2000) Shaping the future of mental health in schools. *Psychology in the Schools*, 37, 49-60
- Brown, D. (2003). . Boston: Allyn & Bacon.
- Erchul, W.P. (1999). Two steps forward, one step back: Collaboration in school-based consultation. *Journal of School Psychology*, 37, 191-203
- Gutkin, T.B. (1999). Collaborative versus directive/prescriptive/expert school-based consultation: Reviewing and resolving a false dichotomy. *Journal of School Psychology*, 37, 161-190
- Sineta, M. (1994). The psychology of right livelihood. In C. Whitmyer, *Mindfulness and meaningful work: Explorations in right livelihood* (pp. 214-221). Berkeley, CA: Parallax Press.

Unit VII.

- Bergan, J.R. & Kratochwill, T.R. (1990). *Behavioral Consultation and therapy*. New York: Plenum.
- Gutkin, T.G. & Curtis. M.J. (1999). School-based consultation: Theory, techniques and research. In C.R. Reynolds & T.B. Gutkin (Eds.), *Handbook of School Psychology* (pp.598-637) New York: Wiley.
- Harrison, T.C. (2004). *Consultation for Contemporary Helping Professionals*. Boston: Pearson Education, Inc.
- Ingraham, C.L. (2000) Consultation through a multicultural lens: Multicultural and cross-cultural consultation in schools. *School Psychology Review*, 29, 320-343
- Parsons, R.D. & Kahn, W.J. (2005). *The school counselor as consultant: An integrated model for school-based consultation*. Pacific grove, CA: Thomson, Brooks/Cole.
- Parsons. R.D., & Kahn. W.J. (2005). *The School Counsellor as Consultant: An Integrated Model for School-Based Consultation*. Belmont, CA: Thomson Brooks & Cole.

Sample Websites

- BC-based Career Development Information: www.workinfontet.bc.ca
- BC-based Labour Market and Occupational Information: workfutures.bc.ca
- Buros Center for Testing : <http://www.unl.edu/buros/>
- Educational Testing Service: <http://www.ets.org/testcoll/index.html>
- National Career Development Association (click on "Internet Resources"):
www.ncda.org
- National Occupational Classification (NOC) (Canadian)
- Online Occupational Classification System: <http://onlineoncenter.org/skills>
- Richard Bolles' (What Color is your Parachute?) Job Hunter's Site:
www.jobhuntersbible.com
- UNESCO "Embracing Diversity: Toolkit for Creating Inclusive. Learning Friendly Environments" at: www.unescobkk.org
- University of Waterloo's Online Career Development Manual: www.edm.uwaterloo.ca
- WHO Creating an environment for emotional and social well-being (Information series on school health Document 10) at: www.who.int/school-youth-health
www23.hrdc-drhc.gc.ca/2001/e/generic/welcome.shtml

Date 20/04/16.

Module Code and Title: COU601 Group Procedures in Counselling Psychology
Programme: Master of Arts in Contemplative Counselling Psychology
(originally approved as a part of Postgraduate Diploma in Guidance and Counselling)

Credit: 15

Member Tutor: Mr. Wangchuk Dorji, Ms. Dechen Wangmo,

Module Coordinator: Mr. Wangchuk Dorji

General Objective

The module will enable students to acquire theory, skills and then be able to develop a programme for group counselling for a variety of groups appropriate to their work setting. Students would also learn about group dynamics, facilitation skills, roles and responsibilities of a group leader that are essential in the group process. The students will be learning the application of ethical, legal, and clinical issues in group counselling. The module will introduce the practice of a here-and-now process group to enhance experiential learning.

Learning outcomes

Upon successful completion of the module, students will be able to:

- exhibit a clear understanding of the principles of group counselling processes, and theoretical models of the group process, including Contemplative approaches in group counselling,
- explain the differences in group dynamics for all developmental levels and for various purposes,
- explain the roles and responsibilities of a group leader,
- lead a group, facilitate, participate and observe group discussion depending on the therapeutic goals,
- demonstrate a sound application of group facilitating skills and judge when to use a particular technique, and
- use group facilitation skills and process to build and maintain strong relationships with students, parents, teachers, and others.
- develop a programme for group counselling depending upon the needs of the groups,
- demonstrate and understand the application of ethical, legal, and clinical issues in group counselling,
- track and articulate their thoughts and feelings in the present moment and discuss the benefits of this capacity for counselling.

Learning and teaching approach in full-time mode

Approach	Hours per week	Total credit hours
Lecture	4	60
Practical	2	30
Tutorial	1	15
Written assignment	1	15
Independent study	2	30
Total		150

Learning and teaching approach in part-time mode

Approach	Hours per week	Total credit hours
Lecture	4	16
Small group discussion	4	16
Group Facilitation & skills practice	4	16
Graded session & group Conference	4	16
Independent study(library)	2	10
Independent Study (After RS)		76
Total		150

Assessment

A. Graded group facilitation skills practice: 20%

The class will be divided into groups for the graded practice session on group facilitation skills under different tutors.

General assessment criteria:

Opening (leader/members' introduction, ground rules, expectations)	5%
Co/Leadership Skills (Listening, reflecting, connecting, supporting)	10%
Closing (summary, follow-up, debriefing)	5%

B. Written Assignment 30%

Students are required to design a group for counselling applicable to meet the needs of group.

General assessment criteria:

The writer's own input is evident. 8 %

- Good examples of efforts to apply the ideas under discussion are provided. The paper has overall unity in that the ideas are linked together appropriately.

Research is evident. 8 %

- The student has reviewed literature that is relevant, current, and useful to understand the topic.

The paper is characterized by clarity and simplicity. 8 %

- It can be easily read and understood by a colleague. The sources of information are acknowledged in an acceptable manner. The names of authors consulted are used in the text of the paper. It is not simply copied from some other source(s).

The paper says something substantive and comprehensive about the topic. 6 %

- The writer has covered important aspects of the topic and has made effective use of the literature cited as well as own experiences of application.

C. Reflective Journal: 10%

Students are required to write a reflective paper of two pages on any lecture session of the module during the semester. The report should emphasize on the learning in terms of knowledge and skills that they have acquired through this module which could be helpful in their profession as a counsellor.

General assessment criteria:

Ability to reflect	2%
Clarity and comprehensiveness	2%
Implications on you	4%
Logical presentation	2%

Course work	60%
A. Graded group facilitation skills practice	20%
B. Written Assignment	30%
C. Reflective Journal	10%

Exam	40%
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Subject Matter

Unit I. Group Theory

- Working in the Here-and-Now
- Cognitive Behavioural counselling
- Family systems approach to counselling

Unit II. Leadership skills and theoretical positions.

- Leadership intervention strategies for a variety of groups
- Self-knowledge of leadership style, personal strengths, and limitations.
- The Garland, Jones, and Kolodny Model
- Preaffiliation/Power and Control/Intimacy/Differentiation/Separation

Unit III. Group Dynamics

- Group Cohesion
- Subgrouping
- Scapegoating
- Resistance

Unit IV. Tuckman's Model

- Forming
- Storming
- Norming
- Performing
- Adjourning

V. Approaches to Leadership

- Trait Approach
- Position Approach
- Style Approach
- Coleadership Model
 - Alternate- Leading
 - Shared - Leadership
 - The Apprenticeship
 - Principles of Coleadership Model
 - Advantage and disadvantage of Coleadership Model
- Leadership Roles
 - Group Maintenance roles
 - Problems and Issues Facing Beginning Group Leaders
 - Personal Characteristics of the Effective Group Leader
 - Therapeutic Factors
 - Group formation
 - Developing a Proposal

- Questions for Screening of Potential Members
- Practical Considerations in Forming a Group
- Designing and planning a session

VI. Group Types

- Task groups
- Psychoeducational group
- Group counselling
- Group Counselling Psychology
- Brief group therapy
- Support Groups
- Different types of groups
 - Voluntary groups
 - Mandated groups

VII. Ethical, Legal, and Clinical Issues

- Ethical issue
- Legal issue
- Clinical issue
- Informed Consent
- Involuntary Membership
- Confidentiality
- Other Issues
 - Psychological Risks of Group Participation
 - The Role of Group Leader Values

Essential Readings

Required Text.

Corey (2008). *Theory and Practice of Group Counselling* (7th ed.). Pacific Grove, CA: Brooks/Cole.

Unit I

Corey (1997). Introduction : Basic Issues in Group work. In Corey Gerald. *Groups Process and Practice* (5th ed. (pp. 3 – 24). Brooks /Cole Publishing Company Monterey , California.

Kaklauskas, F. J. And Olson, E.A. (2008). *Large group process: Grounding Buddhist and psychological theory in personal experience*. In F. J. Kaklauskas, S. Nimanheminda, L. Hoffman, and M.S. Jack, (Eds). *Brilliant sanity: Buddhist approaches to Counselling Psychology* (pp. 133-160). Colorado Springs, CO: University of the Rockies Press.

Nimanheminda, S. (2008). *Group as a mindfulness practice*. In F. J. Kaklauskas, S. Nimanheminda, L. Hoffman, and M. S. Jack, (Eds). *Brilliant sanity: Buddhist approaches to Counselling Psychology* (pp. 133-160). Colorado Springs, CO: University of the Rockies Press.

Unit II

Kellerman, H., & Plutchik, R. (1977). *The meaning of tension in group therapy*. In L. Wolberg (Ed.), *Group therapy: An overview*. (pp. 82-93). New York: Stratton Intercontinental Medical Books.

Unit III

Gemmill, G. (1989). *The dynamics of scapegoating in small groups*. *Small Group Behavior*, 20(4), 406-418.

Unit IV

Gershenfeld, N. (2004). *Groups: Theory and experience*. Boston, MA: Houghton Mifflin Co.

Unit V

Corey (1997). *Introduction: Basic Issues in Group work*. In C. Gerald. *Groups Process and Practice* (5th ed) (pp. 38– 42). Monterey, CA: Brooks /Cole.

Zastrow, C. (2001). *Types of groups: Their nature and development*. In *Social work with groups: Using the class as group leadership laboratory* (5ed.), (p. 2-26). Pacific Grove, CA: Brooks/Cole.

Unit VI

Corey (1997). *Introduction : Basic Issues in Group work*. In Corey Gerald. *Groups Process and Practice* (5th ed.) (Chapter 9,10 11 and 12). Brooks /Cole Publishing Company Monetary , California.

Kellerman, H. (1981). *The deep structures of group cohesion*. In H. Kellerman (Ed.), *Group Cohesion -Theoretical and Clinical Perspectives*. (pp. 3-21). New York: Grune and Stratton.

Zastrow, C. (2001). *Types of groups: Their nature and development*. In *Social work with groups: Using the class as group leadership laboratory* (5ed.), (p. 2-26). Pacific Grove, CA: Brooks/Cole.

Unit VII

Corey (1997). *Introduction : Basic Issues in Group work*. In Corey Gerald. *Groups Process and Practice* (5th ed) (pp. 29– 38) Brooks /Cole Publishing Company Monetary , California.

Corey S. Marianne , Corey Gerald and Corey Cindy (2010), *Introduction : Ethical Issues in Group Memberships*.in Marianne Schneider Corey, Gerald Corey and Cindy Corey. *Groups Process and Practice* (8th Edition) (pp.70 -90).

Date 20/04/16

Module Code and Title: COU602 The Science of Addiction and Prevention

Programme: Master of Arts in Contemplative Counselling Psychology

Credit: 15

Module Tutor: Karma Gayphel

Module Coordinator: Karma Gayphel

General Objective:

The module will offer students with an excellent introduction to the scope of addiction studies, along with evidenced based prevention approaches and basic intervention strategies. It is not entirely a practice based module, although skills development practice will be enhanced, and therefore, it is carefully designed to provide students with a comprehensive understanding of addiction related issues which will facilitate the design and implementation of effective prevention programmes at various levels. Nonetheless, it will equip students with adequate knowledge and skills relating to addiction counselling to meet the needs of alcohol and drug problems that are an issue in their own professional practice setting.

Learning outcomes

- Discover the range of historical influences on addiction and theoretical approaches including contemplative view that seek to explain why and how we experience addiction
- Analyse different models of addiction; Biochemical Models, Reward Models and Social Learning Models in relation to the Susceptibility Model and the Exposure Model
- Provide a basic description of how different categories of psychoactive substances affect the brain, its functions and their relative effects on mood, thoughts and behaviour
- Critically analyze biological, psychological, social, familial & spiritual impacts of addiction
- Design and implement prevention programmes based on the philosophies and practice frameworks of prevention from a variety of research-based theories on substance use and misuse
- Identify common addiction recovery crisis to formulate appropriate prevention and intervention strategies
- Discuss mindfulness based approaches to addiction and integrate into their practice of working with clients

- Equip with basic motivational interviewing skills to help clients with addiction related issues
- Develop relapse prevention programmes based on relapse prevention models and strategies

Learning and teaching approach:

The Residential School duration will be of four weeks- Three weeks of module delivery and a week of mindfulness practice retreat.

Residential School	Approach	Hours per week	Total credit hours
	Interactive Lecture	10 X3weeks + 2 hr. one Saturday	32
	Skills Practice/Role-plays	2hr./week	6
	Readings and Reaction papers	4 hrs/week X 3 reactions	12
After RS Written assignment + Experiential learning	Reflective Report	1hr. x15 weeks/semester	15
	Designing and Implementing Prevention programmes*	3 hrs x15	45
	Independent study	Spread across 15 weeks	37
	Total		147

Assessment Details

A: Reaction Papers (15%)

Each student will be expected to prepare three (1-page) reaction papers consisting of a reaction to any of the assigned readings from different units of their choice. Even though these are very short papers, rather than summarizing the content of the readings, these papers should exhibit a level of reflective thinking and writing expected of Post-graduate level education. Unless other arrangements are made, students should submit their three reactions to those readings during the RS on identified dates. These papers should be in 12 point font. The maximum grade for each reaction paper is 5 points and will account for 15% of the final grade. In order to receive the maximum points, it must be exemplary and without writing errors.

B: Prevention Programmes (10%)

Students will design Addiction Prevention Programmes along with comprehensive plan of action that they think would best meet the vulnerabilities and risks associated with addiction at various levels. It will be accounted for 10% of the final grade. Specific details of the project will be discussed in the work plan.

C: Reflective Report: 25%

Students will write a reflective report on the prevention programmes implemented, of about 2000 words, critically evaluating their own actions and progress and demonstrating an ability to link their personal experience with theoretical knowledge. In general, students' reflective must address the following points:

1. What were the project goals and how did you attempt to achieve them? Describe your project plan and how it addressed the requirements of the assignment and the broader area of practice.
2. What did you learn? Connect theoretical knowledge from your course to the practical work you undertook. Discuss how particular actions reflect major theories/literature in the field.
3. What was the outcome? Critically assess the success or failure of your practical work. Point out the ways that it benefited target groups.
4. What were your personal strengths and weaknesses that were revealed? What have you learned about your own professional development from this project? What skill areas do you still need to develop?
5. What would you do differently next time?

Although, in general, Reflective Reports require a less formal style of writing, but students will be reminded that this is still an academic assignment and that all the normal standards of presentation would apply. Therefore, it will be assessed based on the following:

Critical evaluation/analyzed outcomes	8 %
Integrated reflection of personal experience with literature	8 %
Implications/insight	5 %
Overall effectiveness of writing style with APA format	4%

Overview of Assessment approaches and weighting

Course Work	50%
a. Reaction Papers	15%
b. Design (Prevention programmes)	10%

c. Reflective Report	25%
Examination	50%

Subject Matter

Unit I. Historical Influences on Addiction Counselling

- Addiction Research
- Managed Care Organizations
- The Disease Models of Addiction
- Substance Misuse and Dependence: A Global Problem
- Theories of Addiction-An Overview
 - Moral Model
 - Psychological Models
 - Sociocultural Models
 - Medical Model
- Biopsychosocial Model
- Harm Reduction Model
- The Realm of Addiction- A Contemplative View

Unit II. The Science of Addiction

- Exploring Addiction: Substance Use and Abuse
 - Dependence, Tolerance and Withdrawal
- Models of Addiction
 - Biochemical Models: Addiction as Disease
 - Reward Models: Addiction as Pleasure Seeking
 - Social Learning Models: Addiction as Behaviour
- Genetic Origins of Addiction: The Susceptibility Model
- Addiction and Brain Communication: The Exposure Model

Unit III. Psychoactive Substance: Effects, Risks and the Law

- Psychoactive Substances and Pharmacology
 - Classification of Psychoactive substances
 - Methods/routes of Administration
 - Characteristics, Effects and Health Consequences
- Progression of substance use (Vulnerability and Risks)
- The law relating to Drugs
- Substance Use and Crime

Unit IV. Addiction- A Family and Social System Affair

- Family System and Elements of Families

- Functional families
- Dysfunctional families
- Substance Use Disorders in the family system
 - Codependency Roles
- The Social and Cultural Foundations
 - Sociological Functions of Substance Abuse
 - Social Facilitation
 - Social Boundaries
 - Intelligence contained within Neurosis of Addiction
 - Social Stigma

Unit V. Addiction and Prevention Programmes

- The Significance of Age of Onset: The Gateway Hypothesis
- Identifying People at Risk
- Environmental conditions that puts people at high risks
- Prevention – Methods and Principles
- Types of Prevention Programmes and Strategies
 - Universal Prevention Programmes
 - Selective Prevention Programmes
 - Indicated Prevention Programmes
- Evidenced-Based Prevention Programmes
 - Life Skills Training
 - Guiding Good Choices/Preparing for Drug-Free Years
 - Project Towards No Drug Abuse
 - Community-Based Prevention for Youth
- Forming a Prevention Team: A Collaborative Approach
 - Community Coalition Building

Unit VI. Crisis Prevention and Interventions

- What constitutes a crisis? - Causes and categories of crisis
- Crisis prevention and Intervention.
- Common Addiction Recovery Crisis (Suicidal and Homicidal Tendencies)
- Suicide and Homicidal prevention and intervention
- Counsellor's Self care – avoiding stress and burnout

Unit VII. Mindfulness Based Approaches to Addiction

- Realm of Hungry Ghosts
- Transmuting 'Ratna' Neurosis into Wisdom of Equanimity
- Pleasure is Pain vs. Peace (Fourth Mark of Existence)
- Urge Surfing

- Harm Reduction Approaches

Unit VIII. Motivational Approaches to Addiction Counselling

- Paradoxical Theory of Change- A Contemplative View of Change
- Trans-theoretical Model of Stages of Change
- Motivational Enhancement Therapy
- Motivational Interviewing and Skills Practice

Unit IX. Relapse and Relapse Prevention

- Counsellor Approaches
 - Facilitation and Enabling Behavior
 - Creating a Trustworthy Atmosphere
- Counselling Techniques
 - Relapse Prevention Models (Marlatt and Gordon's Relapse Prevention Model)
 - Coping with Stressful Situations- Relapse Prevention Strategies
- Implications of *Maitri* to Relapse Prevention

Essential Readings

Unit I

Mate, G. (2010). Hungry Ghosts: The Realm of Addiction. In G.Mate, *The Realm of Hungry Ghosts: Close Encounters with Addiction* (pp. 10-12). Toronto: Vintage Canada.

Miller, G. (2005). Introduction. In G. Miller, *Learning the language of Addiction Counselling* (2nd ed.) (pp. 1-15). New Jersey: John Wiley & Sons, Inc.

Thombs, D. (2006). The Multiple Conceptions of Addictive Behaviour and Professional Practice Today. In D. Thombs, *Introduction to Addictive Behaviors* (3rd .ed) (pp. 1-17). New York: The Guildford Press.

Unit II

Squeglia, L.M., Jacobus, B.A., & Tapert, S.F., (2009) The Influence of Substance Use on Adolescent Brain Development. *Clinical EEG Neuroscience*, 40(1) 31-38 (Retrieved from: <http://escholarship.org/uc/item/3tm6s556#page-1> on 7th April 2015).

Thombs, D. (2006). The Disease Models. In D. Thombs, *Introduction to Addictive Behaviors* (3rd .ed) (pp. 18-52). New York: The Guildford Press.

Unit III

Brooks, F. and McHenry, B. (2015). Types of Drugs and Their Effects: In F, Brooks and B. McHenry, *A Contemporary Approach to Substance Use Disorders and Addiction Counselling* (2nd ed.) (pp.43-78). USA: American Counselling Association.

Browne, M. (2010). Patterns of Progression into Problem Addiction Situation. In M. Brown, *Rewiring Yourself to Break Addictions and Habits: Overcoming Problem Patterns* (pp. 97-101). California: ABC-CLIO, LCC.

Unit IV

Browne, M.A. (2010). Addiction- as a Family and Social System Affair. In M.A. Browne, *Rewiring Your Self to Break Addictions and Habits: Overcoming Problem Patterns* (pp. 183-195), California: ABC-CLIO, LLC.

Thombs, D.L., (2006). Social and Cultural Foundations. In D.Thombs, *Introduction to Addictive Behaviors* (3rd. ed) (pp.230-252). New York: The Guildford Press.

Thombs, D.L., (2006). The Family System: In D. Thombs, *Introduction to Addictive Behaviors* (3rd. ed) (pp.230-252). New York: The Guildford Press.

Unit V

Thombs, D.L., (2006). Public Health and Prevention Approaches. In D. Thombs, *Introduction to Addictive Behaviors* (3rd. ed.) (pp.54-99). New York: The Guildford Press.

U.S. National Institute on Drug Abuse. (2003) Planning for Drug Abuse Prevention in the Community. In NIDA, *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders* (2nd ed.) (pp. 12-17). Bethesda, MD: U.S. Department of Health and Human Services.

U.S. National Institute on Drug Abuse. (2003). Applying Prevention Principles to Drug Abuse Prevention Programs. In NIDA, *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders* (2nd ed.) (pp. 18-25). Bethesda, MD: U.S. Department of Health and Human Services.

Unit VI

Miller, G. (2005). The Treatment Process for Addictions: In G. Miller, *Learning the Language of Addiction Counselling* (2nd ed.) (pp 76-82). New Jersey: John Wiley & Sons, Inc.

Unit VII

Browne, M.A. (2010). Problem States of Mind: Addictive Materialism and Addictive Inadequacy: In M.A. Browne, *Rewiring Your Self to Break Addictions and Habits: Overcoming Problem Patterns* (Pg. 23-25). California: ABC-CLIO, LLC.

Mate, G. (2010). The Keys of Paradise: Addiction as a Flight from Distress. In G. Mate, *The Realm of Hungry Ghosts: Close Encounters with Addiction* (pp. 32-40) Toronto: Vintage Canada.

White, W. & Laudet, A. (2006). Spirituality, science and addiction counselling. *Counselor Magazine*, 7(1), 56-59.

Unit VIII

Miller, G. (2005). Current and Evolving Therapy Approaches and Techniques: In G. Miller, *Learning the Language of Addiction Counselling* (2nd ed.) (pp 204-226). New Jersey: John Wiley & Sons, Inc.

Thombs, D.L. (2006). Conditions That Facilitate and Inhibit Change in Addictive Behaviour: In D, Thombs, *Introduction to Addictive Behaviors* (3rd ed.) (pp.253-266). New York: The Guildford Press.

Unit IX

Brooks, F. and McHenry, B. (2015). Relapse Prevention and Recovery: In F. Brooks & B. McHenry, *A Contemporary Approach to Substance Use Disorders and Addiction Counselling* (2nd ed.) (pp.225-246). USA: American Counselling Association. (Retrieved from <http://bookzz.org/dl/827613/e963f7Use> on 27th March 2016).

Browne, M.A. (2010). Dictionary of Triggers: In M.A. Browne, *Rewiring Your Self to Break Addictions and Habits: Overcoming Problem Patterns* (Pp. 151-157). California: ABC-CLIO, LLC.

Miller, G. (2005). Relapse Prevention: In G. Miller, *Learning the Language of Addiction Counselling* (2nd ed.) (pp 150 169). New Jersey: John Wiley & Sons, Inc.

Additional Readings

(Retrieved from: <https://www.psychologytoday.com/articles/199409/addiction-whole-new-view> on 8th Oct 2015)

Brooks, F. and McHenry, B. (2015). Family and Addiction: In F, Brooks & B. McHenry, *A Contemporary Approach to Substance Use Disorders and Addiction Counselling* (2nd ed.) (pp.171-182). USA: American Counselling Association. (Retrieved from: <http://bookzz.org/dl/827613/e963f7Use> on 27th March 2015).

Capuzzi, D. & Stauffer, M. D. *Foundations of Addiction Counselling* (2nd Edition) (Merrill Counselling)

Ellison, R.J. (2011). *Addiction: A Whole New View*. published on September 1, 1994 - last reviewed on October 17, 2011.

Miller, W. R. & Carroll, K.M. (Eds). (2010) *Rethinking Substance Abuse. What the science shows, and what we should do about it*. New York, NY: The Guilford Press.

Straub, R. (2007). Substance Abuse. In R. Straub, *Health Psychology: A Biopsychosocial Approach* (pp. 226-265). New York: Worth Publishers.

U.S. National Institute on Drug Abuse. (2003) Examples of Research-Based Drug Abuse Prevention Programs. In NIDA, *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders* (2nd ed.) (pp. 26-31). Bethesda, MD: U.S. Department of Health and Human Services.

U.S. National Institute on Drug Abuse. (2003) *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders* (2nd ed.). Bethesda, MD: U.S. Department of Health and Human Services.

U.S. National Institute on Drug Abuse. (2014). *Drugs, Brain, and Behavior: The Science of Addiction*. National Institute of Health. Pub No. 14-5605 (retrieved from:

- https://www.drugabuse.gov/sites/default/files/soa_2014.pdf on 23 rd March 2016)
- U.S. National Institute on Drug Abuse. (2015). *Research Report Series: Substance Use in Women*. Department of Health and Human Services I National Institutes of Health. (Retrieved from: https://www.drugabuse.gov/sites/default/files/substanceuseinwomen_final_02182016.pdf on 7th April 2016).
- United Nations Office of Drugs and Crime. (2009). *Guide to Implementing Family Skills Training Programmes for Drug Abuse Prevention*. New York: United Nations. Retrieved from: <http://www.unodc.org/documents/prevention/family-guidelines-E.pdf> on 27th March 2015).
- United Nations Office of Drugs and crime. (2015). *International Standards on Drug Use Prevention*. Vienna: United Nations. (Retrieved from: https://www.unodc.org/documents/prevention/UNODC_2013_2015_international_standards_on_drug_use_prevention_E.pdf on 7th April 2016).
- Date:** 20/04/2016.

Module Code and Title: COU603 Psychology of Human Development

Programme: Master of Arts in Contemplative Counselling Psychology (originally approved as a part of Postgraduate Diploma in Guidance and Counselling)

Credit: 15

Module Tutor: Mr. Karma Gayphel, Mr. Chechey

Module Coordinator: Mr. Karma Gayphel

General objective of the module

The module aims to provide a greater insight into how children and adolescents behave, think, learn and feel as they develop. Students will be able to gain a clear understanding of different stages of human development, increasing an ability to understand their clients better and provide effective services. A deeper knowledge of different theories of human development will also help students gain a greater insight into their own development history through self exploration. Most importantly, this module will prepare students' capability to see possible signs of at risk youth as early as possible to intervene and provide necessary help and support on time.

Learning outcomes

Upon completion of this module, students will be able to:

- generate examples of interconnected domains of development and discuss implications for counselling.

- exhibit an understanding of different human developmental theories and critically examine application in counselling
- compare and contrast the view of the self from scientific western psychology and old age eastern philosophy.
- demonstrate an in-depth understanding of human beings as co-existence of self and body and its influence on human development.
- explain how heredity, cultural, economic and environment work together to influence overall human behavior and development.
- evaluate the relevancy of different developmental theories in the cultural context of Bhutan.

Learning and teaching approach for full-time mode

Approach	Hours per week	Total credit hours
Lecture	3	45
Practice/Role-plays	1	15
Group discussion	2	30
Written assignment	1	15
Independent study	3	45
Total		150

Learning and teaching approach for part-time mode

Approach	Hours per week	Total credit hours
Lecture	4	16
Written assignment	2	10
Group discussion	3	9
Written assignment	2	10
Independent study(Library	2	10
Individual study (after RS)		95
Total		150

Assessment

A. Choose one of the following:

(Literature review/analysis versus a warrior's exam) - 30%

- Literature Review/Critical Analysis of theories

Students will write a literature review of not less than 2500 words in length. The specific topics/questions will be made available upon confirmation of the choice of course work.

ii. Warrior's Exam

About twenty open-ended questions covering the entire subject matter will be made available two weeks prior to the warrior's exam. Students are expected to prepare for the exam by formulating their own answers to all the twenty questions and study/discuss these answers within the two weeks.

Same assessment criteria may be followed for both the assessment.

General assessment criteria:

Content (Understanding and accuracy of information)	10%
Critical evaluation and Substantive argument	10%
Clarity and relevancy of personal anecdotes	5%
Overall effectiveness of writing style/spoken language	5%

B. Autobiographical Reflection (20%)

Each student is required to critically reflect on his/her own history of growth and development highlighting major life events. Drawing connections to the theories of human development, a student will analyze how one's current life is reflection of these (events) learning/assumptions/experiences.

General assessment criteria

Critical Reflection (personalization of concepts, topics and overall experiences) 10%

Structure (clear, concise, well organized; thoughts are coherent and logical)
10%

Course work	50%
a. Literature review/critical analysis of theories/warrior's exam	30%
b. Autobiographical reflection drawing connections to human development theories	20%
Written Tests/ Examination	50%

Subject Matter

Unit I. Introduction to Child and Adolescent Development

- Definition of Child /Adolescent Development
- The nature of Child/Adolescent development
- The three domains of development
- Cultural and spiritual perspectives of development

Unit II. Theories of Human Development and the Implications of each for Counselling

- Freud's Theory of Psychosexual Development.
- Erikson's Theory of Psychosocial Development
- Cognitive Theory: Piaget's stages of cognitive development, information-processing
- Vygotsky's Socio-cultural Theory
- Urie Bronfenbrenner's Ecological systems theory
- Mary Ainsworth's Attachment Theory
- Lawrence Kohlberg and Carol Gilligan's Moral Development

Unit III. Theories of Self

- Freud's Ego vs. Contemplative Ego
 - Five Skandhas
 - Three poisons
- The Self of Psychotherapy and the Self of Mindfulness
- Kohut's Theory of the Developing Self
 - Self Object needs
- The Process of Individuation
 - Need for dependence vs. autonomy

Unit IV. Theory of Interdependence

- Heredity and Environment
 - Influence on development
 - Implications for guidance and counselling
- Dependent Origination
 - Twelve Nidanas
- Context of Bhutan

Reading List

Essential Reading

Berger, K.S. (2005). *The developing person through the lifespan* (6th ed). New York: Worth Publishing Inc.

Unit I:

Adams, G. R. (2005) *Adolescent development* (pp.1-17) in Gullotta, T. P., Adams, G. R., & Ramos, J. M. (2005). *Handbook of adolescent behavioral problems: Evidence-based approaches to prevention and treatment*. New York, NY: Springer.

Kail, R. V., & Cavanaugh, J. C. (2007). *Human development: A life-span view* (5th Eds.) (pp. 3-38). Australia: Thomson/Wadsworth.

Unit II:

- Kail, R. V., & Cavanaugh, J. C. (2007). *Human development: A life-span view (5th Eds.)* (pp. 15-17). Australia: Thomson/Wadsworth.
- Marvin, R. S., Davidson, F. W., Davidson, J. M., Ainsworth, M. D. S., & Davidson Films. (2005). *Mary Ainsworth: Attachment and the growth of love*. San Luis Obispo, CA: Davidson Films.
- Watson, M. W., & Teaching Company. (2002). *Theories of human development*. Chantilly, VA: Teaching Co. (Twenty four 30 minute lectures on human development. Discusses various schools of thought in developmental psychology, including those of Freud, Erickson, Bandura, Ainsworth, Piaget, and Vygotsky.)

Unit III:

- Germer, C. K., Siegel, R. D., & Fulton, P. R. (2005). *Mindfulness and psychotherapy* (Chapter 1, pp. 3-27). New York: Guilford Press.
- Germer, C. K., Siegel, R. D., & Fulton, P. R. (2005). *Mindfulness and psychotherapy* (Chapter 1, pp. 248-261). New York: Guilford Press.
- Kahn, M. D. (1991). *Between therapist and client: The new relationship (pp. 91-123)*. New York: W.H. Freeman.
- Kroger, J. (2004). *Identity in adolescence: The balance between self and other (pp. 1-20)*. London: Routledge.
- Preece, R. (2006). *The wisdom of imperfection: The challenge of individuation in Buddhist life*. Ithaca, NY: Snow Lion.
- Ray, R. (2002). Deconstructing the “self”. *Shambhala Sun, Jan., 17-22*.
- Ray, R. (2003). Who me? *Shambhala Sun, May, 19-22*.
- Ray, R.(2003).Why me? *Shambhala Sun, July,17-19*.
- Trungpa, C., & Gimian, C. R. (2005). *The sanity we are born with: A Buddhist approach to psychology (pp. 63-68; pp. 78-83; pp. 84-93)*. Boston: Shambhala.
- Wegela, K. K. (2014). *Contemplative Psychotherapy Essentials: Enreching Your Practice with Buddhist Psychology (pp. 124-141)*. New York: W.W. North & Company, Inc.

Unit IV:

- Kail, R. V., & Cavanaugh, J. C. (2007). *Human development: A life-span view (5th Eds.)* (pp. 41-69). Australia: Thomson/Wadsworth.
- Simmer-Brown, J. (1987). Dependent origination of suffering as the key to liberation. *Journal of Contemplative Psychotherapy* , 4, 15-32.
- Thrangu, . (2001). *The twelve links of interdependent origination*. Auckland, N.Z: Zhyisil Chokyi Ghatsal Publications.
- Date** 20/04/2016.

Module Code and Title: FLD604 Field Placement: Practicum

Programme: Master of Arts in Contemplative Counselling Psychology
(originally approved as a part of Postgraduate Diploma in Guidance and Counselling)

Credit: 15

Module tutor: Ms Dechen Doma , Mr. Wangchuk Dorji, Mr. Karma Gayphel, Ms. Dechen Wangmo, Mr. Chechey

Module coordinator: Ms Dechen Doma

General objective of the module

This module is designed to provide opportunity for students to demonstrate the counselling skills in the real setting. It also provides opportunity for the students to engage in supervised practice of individual and group counselling. The students will also develop a better understanding of the importance of recording and maintaining counselling files. This module will provide practical experience for students to develop the various methods to teach career and guidance classes.

Learning outcomes

Upon completion of this module, students will be able to:

1. apply their knowledge and skills in guidance and counselling in real work settings,
2. show the ability to engage in ethical school counselling practice,
3. facilitate helping relationship such that healing occurs,
4. identify clinical issues and appropriate interventions,
5. demonstrate curiosity and nondefensiveness regarding issues of countertransference,
6. demonstrate effective use of individual and group counselling approaches and
7. reflect on their practice/ internship experiences to identify their personal counselling style, strengths and challenges.

Assessment

A. Two case write ups: 30% x 2 = 60%

Each write ups will include:

- Case covering at least 4 sessions.
- Self analysis & critique.
- Description of client and referring issue
- Description of each session.
- Changes in the client
What facilitated changes in the client

Internal reactions of the counsellor
 Relate the progress of the sessions to one or more theoretical orientations
 Identify tentative personal counselling style
 Counselling session of at least 15 minutes must be video taped

General assessment criteria

Language Content (Understanding and accuracy of information) 10%
 Critical evaluation and Substantive argument 10%
 Clarity and relevancy of personal anecdotes 5%
 Overall effectiveness of writing style 5%
 Referencing

B. One hour case presentation, built around the taped session: 20%

General assessment criteria

Introduction to the client story and referring issue 5%
 Counsellor experiences and intentions 10%
 Areas of success, areas for improvement, learning for future 5%

C. Analysis report of group counselling sessions 20%

Identify the need for the group
 Identification of potential group members and solicitation
 Group composition and meeting schedules
 Challenges and successes

General assessment criteria

Appropriateness of identification and formation of group 5%
 Application and integration of theories learned in the programme 5%
 Reflection of personal experience leading the group 5%
 Critical self-evaluation (strengths, weaknesses, areas for growth) 5%

Overview of the assessment approaches and weighting:

Course work	100%
Two case write ups (part-time) one turned in at the beginning of Winter RS 2 one towards the end of Semester Three (30% each)	60%
One case write up (full-time) turned in mid-semester 2	50%
One case presentation of 1 hour, built around the taped session (part-time)	20%
	30%

One case presentation of 1 hour, built around the taped session (full-time)	
Analysis report of group counselling sessions	20%

Subject matter of the module

Part-time: Candidates will conduct counselling in their field placements. They will do two case write-ups and a group analysis report. In semester 2, candidates will be required to write one case write-up based on at least four sessions (15 minutes each) with video recording of at least one session. The first case write-up will be turned in at the beginning of semester 3 where they will also make a presentation based on this case. During residential school in semester 3, two hours each day will be presentation and one hour will be supervision.

While in the field during semester 3, candidates will implement a school-based group counselling programmes and submit an analysis of the group sessions. Candidates will also submit the second case write-up towards the end of the semester Four.

Candidates will receive biweekly supervision through telephone/internet on their field work during semesters 2, 3&4. Further, they will also receive a minimum of two face-to-face supervisions in each semester.

Full-time: Candidates will conduct counselling in their work settings for six weeks during the second semester. They will do a case write-up and a group analysis report. During the field placement, candidates will be required to write one case write-up based on at least two sessions (15 minutes each) with video recording of at least one session. The case write-up should be turned in after a week upon their arrival from the field placement where they will also make a presentation based on this case. While in the field candidates will implement group-based counselling programmes and submit an analysis of the group sessions. Candidates will receive supervision through telephone/internet on their field work. Further, they will also receive a minimum of two face-to-face supervisions in their field placement.

Field practice will consist of approximately 150 hours as specified below:

Activities	Total hours
Individual counselling (minimum of 30 client contact/ interview hours, 40 case recording, supervision/consultation hours)	70 hours
Group counselling (minimum of 20 sessions of 1 hour each plus approx.25hrs for preparation, case recording and supervision/consultation)	45 hours
Teaching guidance curriculum (minimum of 15 hours of delivery + 20 hours of preparation & consultation/supervision)	35 hours
Total	150 hours

** The details on approaches and strategies of learner engagement, learning and delivery systems, learner support and other assessment details will be provided separately when the module is offered.*

CASE RECORDING FORM

Referral Source: _____ Type of Client: _____
 Opening Date: _____ Closing Date: _____
 Individual/Group: _____ No. of sessions: _____

<i>Presenting Problem</i>	
<i>Assessment</i>	
<i>Plan of action</i>	
<i>Follow up</i>	

Practicing Counsellor

Case Supervisor

Field Supervision Form (No.)	
Name of practicing Counsellor:	School:
Date:	Time:
Name of the Supervisor:	Supervisor's Signature:

1. Implementation of a comprehensive and developmental guidance curriculum in the school.
2. Provision of responsive services such as individual/group counselling.
3. Provision of individual planning, monitoring, managing students personal and career development.
4. Maintaining a support mechanism to sustain the programme in the school.
5. Issues and concerns of the supervisee.
6. Comments from the Supervisor:

Essential Reading

Russell-Chapin, L. & Ivey, A.E. (2004). *Your supervised practicum and internship: Field resources for turning theory into action*. Pacific Grove, CA: Brooks/Cole

Additional Reading

Borders, L. D. & Brown, L.L. (2005). *The New Handbook of Counselling Supervision*. ACES

Cohen, E.D. & Cohen, G.S. (1999). *The virtuous therapist: Ethical practice of counselling and Counselling Psychology*. Pacific Grove, CA: Brooks/ Cole.

Cohen, R.I. (2004). *Clinical Supervision: What to Do and How to Do It*. Pacific Grove, CA: Brooks/Cole

Faiver, C.M. & Eisengart, S.P. (2004). *The counselor intern's handbook (3rd ed.)*. Pacific Grove, CA: Brooks/Cole

Hackney, H. (2000). *Practice issues for the beginning counselor*. Boston: Allyn & Bacon

Horne.A.M., & Kiselica. M.S. (1999). *Handbook of Counselling Boys and Adolescent Males: A Practitioner's guide*. Sage Publications.

Date 20/4/2016

Module Code and Title: COU701 Advanced Clinical Process, Skills and Supervision

Programme: Master of Arts in Contemplative Counselling Psychology

Credit: 15

Module tutors: Ms. Dechen Doma, Mr. Karma Gayphel, Mr. Wangchuk Dorji, Ms. Dechen Wangmo, Mr. Chechey

Module Coordinator: Naropa faculty shadowed by module tutors

General objective of the module

Students will be able to gain understanding of various counselling theories and approaches, and integrate them to develop their personal theoretical orientation for practice. The module will provide opportunities for students to practice counselling sessions, receive feedback, and gain practical experience and familiarity with developing the therapeutic alliance. Students will learn the six paramitas, or qualities supporting the counselor to engage skillfully with suffering in themselves and others. Students will also learn to consider ethical issues as they apply to counselling, and be able to engage in ethical decision making.

Learning outcomes

Upon completion of this module, students will be able to:

- discuss the contributions of contemplative psychology to helping,
- associate bodhisattva aspirations to counselling theories,
- develop mindfulness-in-action while practicing counselling,
- demonstrate knowledge and experiential understanding of the six perfections, or paramitas
- describe the counselling process and therapeutic alliance and how they form the foundation for effective practice,
- cultivate and attend to the counselling relationship and therapeutic process with clients,
- evaluate the relevance of different counselling process and skills in the context of Bhutan,
- examine the ethical issues involved in counselling practice,
- engage in ethical decision making in counselling practice,

- describe approaches to supervision in counselling,
- integrate counselling approaches for application.

Learning and teaching approach

Approach	Hours per week	Total credit hours
Lecture, Guest Lecture	4	16
Case study analysis, Group activities and presentations etc	3	9
Group Discussion	3	9
Video Documentation and Reflection	2	6
Library research, Project work, Report writing	4	16
Skill demonstration and practice, Mock consultation exercise	2	6
Independent study (after RS) including field based interviews and research in community		88
Total		150

Assessment

A. Active Participation/Presentations

General Assessment Criteria:

Outstanding performance: Student participates actively in most classes, showing respect and attention regarding the contributions of classmates and instructor. Student's participation is insightful, reflecting completion of the reading and contemplation of the major themes. Student's participation advances the discussion and reflects personal engagement with the material. Feedback given to classmates is skillful and compassionate.

Very good performance : Student participates often and is respectful and attentive regarding the contributions of classmates and instructor. Student's participation is insightful, reflecting completion of the reading and contemplation of the major themes. Student's participation reflects personal engagement with the material. Feedback given to classmates is skillful and compassionate.

Good performance : Student participates periodically and with respect and attention regarding the contributions of classmates and instructor. Student's participation indicates that s/he usually completes the reading. Student's participation may be unbalanced in favor of either personal experience or academic material. Feedback given to classmates is mostly skillful and compassionate.

Satisfactory performance): Student rarely participates in class discussions (less than 1/3 of classes) or not at all, student's participation often does not appear to be in dialogue

with others or the material, or his/her participation is lacking in respect for other students or instructor. Student's participation often indicates that s/he has not done the assigned reading. Feedback given to classmates is aggressive, irrelevant or self-serving.

B. Case Study Assignment (30%, 5-8 pages)

Students will present to the class and in written form a case study. This case study will include 1 page of background on the client (family history, attachment history, history of symptoms and impairments, etc.), as well as application of course material to the case. This can include actual descriptions of counselling that has occurred or is occurring, or description of how you might work with it if the client were to engage with counselling now. This can include:

- emotional avoidance and how therapy might or did address this
- Application of DBT skills
- description of the therapeutic alliance and its development
- description of any rupture and repair that occurred in the therapy

Alternatively, students can present themselves as a case study, with a similar one page background, and descriptions of current personal, professional, and self care, including a paragraph on each paramita as it applies the student, which areas are stronger and weaker and plans of action for increasing one's own growth and development.

General Assessment Criteria:

Clarity, thoroughness, and organization of presentation	10%
Clarity, thoroughness, and objectivity of background	5%
Relevance and sophisticated of course material application	5%
Specificity and skill of interventions	10%

C. Consultation Skills Demonstration (20%)

Students will demonstrate therapeutic skills through a 10 minute practice session (50% of grade) with a classmate. Students will demonstrate appropriate use of questions, emotional contact and empathy, intervention, and ending of the session. Students will then have an opportunity to reflect on and talk about the session for five minutes. This reflection (50% of grade) will demonstrate mindfulness of the session, self awareness and personal countertransference responses within the session, and ability to note clinical decisions made within the session and any client responses to interventions. The point is not to get everything perfect, but rather to demonstrate self awareness with kindness and precision, awareness of client dynamics and therapeutic alliance, and possible interventions that might be useful for this practice client.

General Assessment Criteria:

Demonstration of mindfulness-in-action	5%
Appropriate use of process and skills	5%

Demonstrate awareness of self, client, and therapeutic alliance 5%

Demonstrate kindness and precision 5%

Overview of assessment approaches and weighting

Active participation in discussions, group activities, presentation	20%
Case Study including a written report	30%
Consultation skills demonstration	20%
Examination/ written test (item breakdown: 60% Counselling Process, 40% Ethics, and 20% supervision)	30%

Subject Matter**Unit I: Introduction to Counselling Process**

- Attachment theory and the counselling relationship
- Experiential acceptance in counsellor and client
- Cultivating compassion in counsellor and client

Unit II: Theories of Relational Counselling and the Therapeutic Alliance

- Overview of Therapeutic Alliance
 - Neurobiology and empathy
 - Social Nature of our Brain
 - Soothing effects of being understood
 - Inter-personally
 - Intra-personally
- Highlighting the relationship
 - Inviting conversation about Transference
 - Willingness to explore rupture in process of repair
- Experiential Therapy and Mindfulness
 - Commonness of avoidance of negative experience
 - Radical Acceptance and learning to tolerate experience without judgment
- Benefits of non-reactive acceptance of emotion
 - Learning from the wisdom of emotions without creating the “poison” of emotions
 - Release struggle and avoidance
- Resourcing skills from Dialectical Behavior Therapy (DBT)
 - Self soothing
 - Distress tolerance
 - Distraction
- IMPROVE the moment acronym for set of skills:
 - Imagery (create an imaginary “safe place”)

- find Meaning in the crisis
- Prayer
- Relaxation
- One thing at a time
- Vacation (take some time out)
- Encouragement (talk to self in an encouraging way)

Unit III. Suicide and the Counselor

- Suicide Assessment
- Conversations about despair and hopelessness
 - Why do people commit suicide?
 - Seeking Relief from pain
 - Role of disinhibiting substances like alcohol and drugs
 - Perceived Narrowness of Field of Possibilities
- Asking questions:
 - Will it work?
 - Is it the right thing to do?
- Explore protective factors
 - Spiritual Beliefs, including those regarding suicide
 - Family and loved ones
 - Goals for the future
- Ethics and responsibilities of counselor
 - Code of ethics
 - Legal responsibilities
 - Coordination with others
 - family
 - teachers
 - school administration
 - hospital

Unit IV. Ethics and the Counselor

- Ethical Codes
 - Bhutan Board of certified Counselors (yet to be written)
 - American Counselling Association
 - Others
- Ethical Decisionmaking
 - Balancing conflicting ethical principles
 - Consultation with supervisor and colleagues
 - Documenting
 - Models of Ethical Decision-making

Unit V. Growth and development of the Counselor

- Personal growth
 - Contemplative practice
 - Personal Counselling Psychology for the Counselor
 - Overcoming personal stigma regarding one's therapy

- Supervision
- Paramitas and personal development
 - Dāna pāramitā: generosity
 - Śīla pāramitā : virtue, morality, discipline, proper conduct
 - Kṣānti pāramitā : patience, tolerance, forbearance, acceptance, endurance
 - Vīrya pāramitā : energy, diligence, vigor, effort
 - Dhyāna pāramitā : one-pointed concentration, contemplation
 - Prajñā pāramitā : wisdom, insight
- Professional Growth
 - Lifelong Learner
 - Ongoing training with workshops etc.
 - Supervision, consultation, and collegial relationships
 - Professional reading
- Self Care
 - Preventing Burnout
 - Nurturing the Nurturer
 - Modeling for our clients
 - Domains
 - Emotional Health
 - Cultivating compassion and letting ourselves care about clients
 - Letting go of our clients' problems
 - Be aware of Secondary Trauma
 - Determining sustainable boundaries with clients
 - Physical Health
 - Exercise
 - Nutrition
 - Relational Health
 - Spiritual Health

Unit VI. Stages of Counselling

- Initial sessions
 - Set up physical environment before session starts
 - Listening
 - Warmth
 - Reflection back to client and check for misunderstandings
- Formulation
 - Must incorporate “point of urgency” for client, and be relevant to client’s interests
 - incorporates referral issue (may or may not be same as client’s point of urgency)
 - implies goals for the therapy
 - guides treatment plan
- Intervention

- helping clients to establish new patterns, experience the changes, and take satisfaction in achievement
- identify obstacles to therapeutic goals and how to overcome them
- provide resources, reasonable expectations, and encouragement
- for relational therapy, explore examples of Core Conflictual Relational Theme and check against direct experience, providing new interpretation
- encouraging contact with direct experience rather than “Storyline”
- Termination
 - Reviewing progress
 - Help client take responsibility for changes in therapy
 - Generalization of therapeutic changes to new domains
 - .Anticipating new challenges without therapy
 - Review Resources and supports for client
 - Identify under what circumstances client resumes therapy, and how to initiate

Unit VII. Supervision and Consultation

- How
 - Individual Supervision
 - Group Supervision
 - Peer Consultation
 - Confidentiality and supervision: Maintaining anonymity of client
 - Methods
 - Case presentation, reflection, and discussion
 - Giving background of client
 - Giving brief history of sessions to date
 - Giving current presenting information
 - Reflect on important emotions, avoided emotions, and feelings brought up in the therapist
- Reflect on model of causation of suffering for client (formulation), client’s stage of change (Prochaska and DiClemente), and client’s “point of urgency”
- Derive intervention plan for reducing suffering (treatment plan)
- Review progress toward goals
- Review obstacles to goals, and re-evaluate
- When
 - Regularly: Weekly, Bi-Weekly minimum
 - In crisis situations
 - Peer Consultation on the spot
- Why
 - To help explore and contain feelings brought up by clients
 - To help to understand formulations of the Client
 - The help set appropriate treatment goals
 - To Learn Interventions which will help Counselor and Client reach the goals
 - To help Counselor avoid acting out of frustration, anger, or anxiety
 - To help in suicide, crisis, or high complexity situation

- Difference between Supervision and Counselling
 - Both focus on benefitting the client
 - Supervision can be evaluative, especially in context of training program
 - exploring countertransference is in the service of the clinical work, rather than solely for the Counsellor

** The details on approaches and strategies of learner engagement, learning and delivery systems, learner support and other assessment details will be provided separately when the module is offered.*

Essential Reading

Unit I

- Almaas, A. H. (2003). Listening through the holes. In M. Brady, Ed., *The wisdom of listening* (pp. 25-33). Boston: Wisdom Publications
- Barrett, M. J. (2002). The crush: Challenging our culture of avoidance. *Counselling Psychology Networker*: March/April, 41-58.
- Surrey, J. (2005). Relational Counselling Psychology, relational mindfulness. In C. K. Germer, R. D. Siegel, & P. R. Fulton, Eds., *Mindfulness and Counselling Psychology* (pp. 91-110). New York: Guilford.
- Wallace, B. A. (2012). *Meditations of a Buddhist skeptic*. (pp. 34-60). New York, NY: Columbia University Press.

Unit II

- Kassaw, K. & Gabbard, G. (2002). Creating a psychodynamic formulation from a clinical evaluation. *American journal of Psychiatry* 159 (5), 721-726.
- Rowan, S. (2002). The slippery slope: Violating the ultimate therapeutic taboo. *Counselling Psychology Networker*: March/April, 39-73.
- Safran, J. D. & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford.
- Shainberg, D. (1985). Teaching therapists how to be with their clients. In J. Welwood, Ed., *Awakening the heart: East /west approaches to Counselling Psychology and the healing relationship* (pp. 140-147). Shambhala: Boston.
- Sue & Sue, (2008). Non-western indigenous methods of healing: Implications for counselling and therapy. In D.W. Sue & D. Sue, Ed., *Counselling the culturally diverse: Theory and practice* (pp. 209-232). Hoboken, NJ: John Wiley & Sons

Unit III

- Haley, J. (1987). *Problem solving therapy*. San Francisco, CA: Jossey-Bass.
- Heckler, R. (1985). Entering into the place of conflict. In J. Welwood, Ed., *Awakening the heart: East /west approaches to Counselling Psychology and the healing relationship* (pp. 176-182). Boston: Shambhala.
- Lewis, T., Amini, F. & Lannon, R. (2000). *A general theory of love*. New York: Vintage

Siegel, D. (2007). *The mindful brain: Reflection and attunement in the cultivation of well-being.* (pp. 288-320). New York: Norton and Company.

Unit IV

American Counselling Association. (2005). *Code of ethics and standards of practice.* Alexandria, VA: American Counselling Association.

Corey, G., Corey, M., and Callanan, P. (1998). *Issues and ethics in the helping professions.* Pacific Grove, CA: Brooks/Cole.

Unit V

Fischer, N., Drolma, P., & Olendzki, A. (2010). Sex, lies and Buddhism: Exploring the spirit, subtleties, and relevance of Buddhist ethics. *Buddhadharma: Summer*, 54-61.

Fish, L. S. (2002). Nightmare on aisle 6: a therapist is caught in the act of being herself. *Counselling Psychology Networker: March/April*, 36-37.

Speeth, K. R. (2003). On therapeutic attention. In M. Brady, Ed., *The wisdom of listening* (pp. 83-107). Boston: Wisdom Publications

Welwood, J. (1996). *Journey of the heart.* New York, NY: Harper Perrenial.

Unit VI

Brandon, D. (1985). Nowness in the helping relationship. In J. Welwood, Ed., *Awakening the heart: East /west approaches to Counselling Psychology and the healing relationship* (pp. 140-147). Boston:Shambhala.

Kurtz, R. (1990). *Body centered Counselling Psychology: The Hakomi method.* Life Rhythm: Mendocino.

Moursund, J. & Kenny, M. (2002). *The process of counselling and therapy: Fourth Edition.* New Jersey: Prentice Hall.

Rowe, N. M. (2003). Listening through the body. In M. Brady, Ed., *The wisdom of listening* (pp. 157-166). Boston: Wisdom Publications.

Sue & Sue, (2008). Barriers to multicultural counselling and therapy. In D.W. Sue & D. Sue, Ed., *Counselling the culturally diverse: Theory and practice* (pp. 133-156). Hoboken, NJ: John Wiley & Sons.

Unit VII

Bridges, N. (1999). The role of supervision in managing intense affect and constructing boundaries in therapeutic relationships. *Journal of Sex Education and Therapy*, 24(4), 218-225.

McWilliams, N. (1999). *Psychoanalytic case formulation.* The Guilford Press: New York.

Sue & Sue, (2008). Culturally appropriate intervention strategies. In D.W. Sue & D. Sue, Ed., *Counselling the culturally diverse: Theory and practice* (pp. 157-182). Hoboken, NJ: John Wiley & Sons.

Walsh, J. (2007). *Endings in clinical practice: Effective endings in diverse settings.* Chicago: Lyceum

Date 20/04/16

Module Code and Title: COU702 Assessment and Treatment Planning
Programme: Master of Arts in Contemplative Counselling Psychology
Credit: 15

Module Tutor(s): Ms. Dechen Doma, Mr. Karma Gayphell, Mr. Wangchuk Dorji, Ms. Dechen Wangmo, Mr. Chechey

Module Coordinator: Naropa faculty shadowed by module tutors

General objective of the module

Students will be able to identify appropriate methods for collecting assessment information to assist the counselling process, administer these instruments, and analyze the information. Through this module, students will also learn to listen for and identify the pure true nature as well as the obstructions, disorders, and behaviors from a contemplative perspective. Students will also gain the ability to discuss diagnostic categories, assessment results, and their implications for treatment planning and case management with school, medical, and family representatives, as appropriate, in addition to clients themselves.

Learning outcomes

Upon completion of this module, students will be able to:

- Demonstrate an understanding of appraisal methods including norm and criterion referenced tests, behavioral observations, clinical interviewing, performance assessment, individual and group testing and informal assessment procedures.
- Demonstrate an understanding of contemplative assessment models of health and obscuration, including the five wisdom energies, the six realms, two obscurations, and the five poisons
- Be familiar with commonly utilized psychometric instruments for cognitive, behavioral, and personality assessment.
- Demonstrate knowledge and understanding of social and cultural influences and factors as they relate to the administering and interpretation of assessment tools with individuals, groups and special populations.
- Use DSM-V assessment measures.
- Utilize formal assessment report practices.
- To integrate appraisal practices into the overall perspective of contemplative psychology.
- Understand the merits and limitations of psychological testing in the field of counselling.
- Apply understanding of professional ethics and potential legal concerns when conducting assessments.
- Skillfully administer counselling assessment instruments, apply interpretive judgment, and implementing directed treatment planning.

Learning and teaching approach

Approach	Hours per week	Total credit hours
Lecture, Guest Lecture	4	16
Case study analysis, Group activities and presentations etc	3	9
Group Discussion	3	9
Video Documentation and Reflection	3	12
Library research, Project work, Report writing	4	16
Skill demonstration and practice, Mock assessment exercise	2	6
Independent Study (including Field based interviews and research in the community)		82
Total		150

Assessment

A. Written report of Test Results on Self: 20 %

Students will prepare a formal written report on oneself. This report will present a write-up of your psychological test results including an objective behavioral observation, MMSE, Background/history, BDI-II, BAI, and MBTI.

General assessment criteria:

Accurate application of assessment tool 10%

Clarity, thoroughness, thoughtfulness of write-up 10%

B. Written Report of Test Result on Test Subject: 60 %

Students will need to find an individual willing to take tests to facilitate their learning without knowing the results. Students will choose someone they do not know very well but who is open to providing information about themselves for instruction and learning purposes. They will have an initial interview, determine what instruments would be most appropriate for them given life circumstances, administer and interpret the tests, prepare a written formal test report including a brief treatment plan.

General assessment criteria:

Appropriate selection and accurate application of assessment tool 10%

Clarity, thoroughness, thoughtfulness of write-up and treatment plan 10%

C. Group Presentation of Assessment Method: 20 %

Students will research and present in group format on an assessment instrument, including background of its development, any validity and reliability data, method of

administration, method of scoring and interpretation, and its use in treatment planning. The presentations will take 15-20 minutes each.

General assessment criteria:

Precision and thoroughness of presentation 10%

Collaboration and sharing of work among group members is evident 5%

Research is evident 5%

Overall assessment approach and weighting:

Written report of Test Results on Self	20%
Written Report of Test Result on Test Subject	30%
Group Presentation of Assessment Method	20%

Subject Matter of the Module

Unit I. Assessment and contemplative views on self and suffering

- History and basic overview of assessment field
 - Purpose of assessment
 - Uses of assessment
 - Misuse of assessment
- What are we assessing?
 - Contemplative view of our nature
 - Interdependent/empty
 - Clarity
 - Warm/compassionate
 - Radiant and intelligent
- Contemplative views of obscuration and obstruction
 - 2nd noble truth- clinging to separate, solid self as root poison
 - Five poison model
 - Desire
 - Aggression
 - Ignorance- (of the true nature of reality, emptiness of self and emptiness of phenomena)
 - Pride
 - Jealousy
 - Three poison model
 - Pride: combination of ignorance and desire
 - Jealousy: combination of desire and aggression
 - Two obscurations
 - Emotional
 - Essence- opposite of six paramitas
 - Cause- grasping at personal ego
 - Function- prevents liberation from samsara
 - Cognitive

- Essence- thoughts that involves three conceptual spheres: self, object, action
- Cause- grasping at phenomena as truly existent: self of phenomenae
- Function- prevent complete enlightenment
- Shenpa - getting hooked
- First dart/second dart, true suffering/false suffering
 - Primary suffering- first dart-true suffering
 - Dukkha
 - Impermanence
 - birth, old age, sickness, and death
 - Secondary suffering- second dart
 - Includes all the efforts we make to avoid suffering, to deny reality, to use the five poisons to attempt to protect ourselves
- Six Realms as assessment tools
 - Hell
 - Animal
 - Human
 - Hungry Ghost
 - Jealous Gods
 - Gods
- Contemplative View of 5 Wisdom Energies
 - Mandala of five wisdom energies
 - Buddha
 - Wisdom: spaciousness
 - Obstructed pattern: spaced out, dullness
 - Antidote: wisdom
 - Vajra
 - Wisdom: mirror-like wisdom, precision
 - Obstructed Pattern: Anger
 - Antidote: Patience
 - Ratna
 - Wisdom: equality, equanimity
 - Obstructed Pattern: poverty, pride
 - Antidote: generosity, abundance
 - Padma
 - Wisdom: discriminating wisdom, investigation
 - Obstructed Pattern: desire, manipulation
 - Antidote: compassion
 - Karma
 - Wisdom: all accomplishing wisdom
 - Obstructed Pattern: envy, doubt, restlessness
 - Antidote: perseverance, confidence
 - Integrated, interdependent nature of the five wisdom energies

Unit II. Gathering Clinical Information

- Gathering more than just “the story”
- Cultural background, placing client in context
- Affects (emotions):
 - predominant emotions
 - Rejected emotions
 - Fears
- Conflicts: ways the client is in a bind as result of two or more conflicting impulses
- Development:
 - Non-mastery of stages
 - Primary attachment relationships and core relational themes
 - Attachment style
- CBT:
 - Automatic thoughts
 - Distortions
 - Patterns of avoidance
 - Treatment implications:
 - Disputes
 - possible antidotes
 - exposure
- Health, sanity, intelligence, resources
 - “what are you especially good at?”
 - “what might you or others describe as your strengths?”
 - Look for strengths and resources, particularly in individuals who are struggling

Unit III. Diagnosis, Case Conceptualization, and treatment planning

- Overview of Diagnosis
 - Diagnostic and Statistical Manual, Fifth edition (DSM-V)
 - Main categories of information in DSM V
 - List of mental disorders: Diagnostic Classification
 - Criteria for diagnosis: Diagnostic criteria sets
 - Descriptive text, including
 - Diagnostic Features
 - Associated Features Supporting Diagnosis
 - Subtypes and/or Specifiers
 - Prevalence
 - Development and Course
 - Risk and Prognostic Factors
 - Diagnostic Measures
 - Functional Consequences
 - Culture-Related Diagnostic Issues
 - Gender-Related Diagnostic Issues
 - Differential Diagnosis

- Recording Procedures
- Areas of future research
- International Classification of Diagnosis (ICD-10)
- Person-centric diagnosis
 - Client is person with a disorder, client is not a diagnosis
- Examples of Formal Assessment Instruments
 - Myers Briggs Type Indicator (MBTI)
 - Mini Mental Status Exam (MMSE)
 - Beck Depression Inventory (BDI)
 - Beck Anxiety Inventory (BAI)
 - Projective tests
 - House Tree Person
 - Draw a Person
 - Sentence completion
 - Genogram family background
- Case conceptualization
- Treatment planning
- Suicide Assessment
 - Assessing Ideation, Intention, Plan, and Action
 - Assessing with specificity
 - Myths about suicide assessment “giving client ideas”, “safety contract”, etc.

* *The details on approaches and strategies of learner engagement, learning and delivery systems, learner support and other assessment details will be provided separately when the module is offered.*

Essential Reading

Unit I.

Epstein, M. (2003). *Thoughts without a thinker*. New York: Basic Books.

Lebow, J. (2006). Learning to love assessment: Today's research tools to assess progress can make you be a better therapist. In *Research for the psychotherapist: From science to practice*. NY: Routledge, pp. 211-219.

Unit II

Almaas, A. H. (2003). Listening through the holes. In M. Brady, Ed., *The wisdom of listening* (pp. 25-33). Boston Wisdom Publications.

Drummond, R.J. and Jones, K.D. (2015). *Assessment procedures for counselors and helping professionals (8th ed.)*. NJ.: Pearson.

Finn, S., Fischer, C., Handler, L. (2012) *Collaborative/Therapeutic Assessment: Basic Concepts, History, and Research*. In *Collaborative/Therapeutic Assessment: a casebook and guide*. New York: Wiley.

Kassaw, K. & Gabbard, G. (2002). Creating a psychodynamic formulation from a clinical evaluation. *American journal of Psychiatry* 159 (5), 721-726.

- Parker, I (Ed.). (1995). Deconstructing psychopathology. UK: Sage, chap. 3: Whose symptom, of what?
- Rowe, N. M. (2003). Listening through the body. In M. Brady, Ed., *The wisdom of listening* (pp. 157-166). Boston: Wisdom Publications.

Unit III.

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Bertoloni, B. & O'Hanlon, B. (2002). Collaborative, Competency-based Counselling and Therapy. Boston: Allyn and Bacon. Chapter 2.
- Betan, E.J. & Binder, J.L. (2010). Clinical expertise in Counselling Psychology: How expert therapists use theory in generating case conceptualizations and interventions. *Journal of Contemporary Counselling Psychology*. 40. 141-152.
- Eells, T.D. (2007). History and current status of Counselling Psychology case formulation in Eells, T. D. (Ed.). *Handbook of Counselling Psychology case formulation*. 2nd ed. NY: Guilford Press, pp. 3-32. Electronic resource
- Erikson, K. & Kress, V.E. (2006). The DSM and professional counselor identity: Bridging the gap. *Journal of mental health counselling*. 28:3, pp. 202-217.
- Johnson, S.L. (2004). *Therapist's guide to clinical intervention: The 1-2-3's of treatment planning* (2nd ed.). CA: Academic Press.
- McWilliams, N. (1999). *Psychoanalytic case formulation*. New York: Guilford Press.
- McWilliams, N. (2011). *Psychoanalytic diagnosis, 2nd edition: Understanding personality structure in the clinical process*. New York: Guilford Press.
- Othmer, E. & Othmer, S. (1994). The clinical interview using DSM. Washington DC: American Psychiatric Press. Chapter 2.

Date 20/04/16

Module Code and Title: COU710 Addictions and Counselling Practices

Programme: Master of Arts in Contemplative Counselling Psychology

Credit value: 15

Module Tutor: Mr. Karma Gayphel

Module Coordinator: Mr. Karma Gayphel

General objective of the module

A master's degree in contemplative counselling with a concentration in addiction counselling will help place students into a growing field. This module will provide students with a specialist understanding of complex addiction and co-existing mental health disorders, developing the knowledge and skills of treatment planning and implementation of individualized treatment for psychoactive substance use disorders. Students will critically analyze the various modalities of substance use disorder treatment along with the efficacy and indications of each modality, becoming accomplished in the assessment, intervention, management and treatment of addiction disorders.

Learning Outcomes:

- Analyze the general theories of counselling to facilitate the development of one's own theoretical framework of addiction counselling
- Explain the relationship between addictive behavior, addictions, mental and emotional disorders
- Discuss co-morbidity and some approaches for a counsellor to help clients with co-occurring disorders
- administer screening tools and other psychometric instruments (ASI)
- Discuss a general chemical dependency approach and the complexity that concurrent psychiatric illness creates in the assessment and treatment of an addictive disorder (dual diagnosis.)
- Review different theoretical models to provide a more accurate differential assessment for appropriate treatment and/or referral to the appropriate level of care.
- Design and implement a treatment plan that is individualized to the client's specific needs considering the multi dimensionality of substance abuse and addiction issues
- Practice counselling skills to provide substance abuse treatment to diverse populations based on current evidence based practices
- Develop a clear awareness of one's own attitudes and perceptions about addiction, and how this can affect counselling relationship with clients, and hence the success of the process.
- Discuss ethical principles and ethical decision making models for addiction professionals.

Learning and teaching approach:

The Residential School duration will be of four weeks- Three weeks of module delivery and a week of mindfulness practice retreat.

Residential School	Approach	Hours per week	Total credit hours
	Interactive Lecture	8 X3weeks + 2 hr. one Saturday	26
	Skills Practice/Role-plays	2x3 (class) +2hr./week	12
	Readings	3 hrs/week	9
After RS Written assignment + Experiential learning	Readings and online postings every week	2 x15 weeks/semester	30
	Case Study	4 hrs x13 (Submission 14 th week)	52

	Independent study	Spread across 15 weeks	21
	Total		150

Assessment

A: Online Posting on Readings (20%)

Two to three readings, depending on the content, will be assigned every week throughout the semester, where students will be required to post their reflection on the forum created in the VLE every Monday. This is an opportunity for students to choose reflection questions or reflection themes that address their current learning edge, challenges and discoveries and help them integrate their professional experience with their academic study in a meaningful way. Every posting will be graded out of 10 marks, a total of which will be aggregated to final 20%.

General Assessment criteria:

Critical Reflection 4%

Integration of Experience 3%

Implications drawn from readings 3%

B. Case Study: (30%)

Students will select the issue of their interest and carry out a case study to present current statistics and knowledge of the subject and how this is an issue for the Bhutanese society as well as globally. Paper will include methods and intervention strategies that have proven effective in relating to their topic. Students will also include their experiences working with this issue personally and professionally. They should include Contemplative practices and theories that have supported their work. **APA** format is required. This is an opportunity to develop their research competency for the final research paper.

General Assessment Criteria:

Content 10%

Methodology 8%

Intervention strategies 7%

Personal experience working with the issue (Contemplative practices and other theories) 5%

Overview of the Assessment approaches and weighting

Course Work	50%
a. Online postings (Reflections)	20%

b. Case study (Addiction issues)	30%
Semester-end Examination	50%

Subject matter of the module

Unit I. Counselling Theories and Addiction

- Theoretical Framework for Addiction Counselling
- Dangers in Developing a Theoretical Framework and Recommendations
- Theoretical Choice
- General Counselling Theories and Addiction- An Overview
 - Psychoanalytic/Adlerian and a Case Study
 - Existential/Person-Centred/Gestalt and a Case Study
 - Control Theory/Reality Therapy and a Case Study
 - Behaviour Therapy and a Case Study
 - Cognitive-Behaviour Therapy and a Case Study

Unit II. Understanding Co –morbidity

- Co-occurring Disorders- history and impact
- Exploring co-occurring vulnerabilities
- Levels of Comorbidity across Patterns of Substance Dependence
- Comorbidity among Adolescents
- Explanatory Model (Comorbidity Models)
- Problem Behaviour Theory: A Social-Psychological Framework for Explaining Comorbidity
- Common Co-occurring medical disorders
- Specific mental disorders and common issues
- Substance-induced mental disorders
- Prominently Co-occurring Issues (Eg. DV, Sexual Issues, etc)
- Counselling Clients with Co-occurring Disorders - Some approaches for counsellors

Unit III. Intake, screening, and brief intervention (Brooks & McHenry)

- Welcoming environment-treatment engagement and retention
- Intake, Screening and brief intervention
- Screening process and tools (CAGE, DAST, AUDIT and ASSIST, etc.)
- Administering Screening Tools (Practice)

Unit IV. Assessment and Addiction

- Purpose, domains and competencies of assessment
- Interviews
 - Interviewing Clients
 - Interviewing Significant Others

- Behavioural Observations
- Physiological Instruments
- Psychometric Instruments
 - Addiction Severity Index (ASI)
 - Administering ASI (Practice session)
- Assessment of Dual Disorders
 - Historical Struggles between the Fields
 - General Guidelines
 - Problems with Diagnosing
 - Problems in Different Settings

Unit V. Treatment: The Continuum of Care

- Overview of treatment- Ways of looking at treatment
- Principles of Effective Treatment
- Components of Treatment: The Continuum of Care
 - Pretreatment
 - Primary treatment
 - Case Management (Principles, Functions and Models of Case Management)
 - Continuing care (Recovery Management, Recovery Capital and Factors affecting Recovery)
- Treatment Planning and documentation
 - Components and processes
 - Developing the narrative summary
 - Developing person-centered treatment plan

Unit VI. Evidence-based Approaches and Techniques

- Positive Psychology
- Client Resilience
- Stages of Change Model
- Motivational approaches (MI and MET)
- Cognitive-behaviour therapy
- Brief Therapy
- Family-based approaches
- Group based approaches (Treatment engagement groups and Relapse prevention groups)
- Therapeutic community
- Contingency Management

Unit VII. Special Population Considerations in Addiction Counselling

- Counselling Diverse Populations
- Counselling Adolescents
- Counselling Older Adults
- Counselling Women
- Counselling Cultural Minorities

Unit VII. The Counsellor Self-Care and Ethics for Addiction Professionals

- Self-Care
 - Guidelines of to Realistic Self-Care
 - The importance of Commitment to Self-Care
 - Supervision
- Foundation for ethical thinking
 - Models for Ethical Decision Making
 - NAADAC Ethical Principles

Essential Readings:

Unit I

Miller, G. (2005). Theories of addiction related to addiction treatment . In G. Miller, *Learning the Language of Addiction (2nd ed.)* (pp. 16-28). New Jersey: John Wiley & Sons, Inc.

Unit II

Thombs, D.L., (2006). Toward an Understanding of Comorbidity: In D.L. Thombs, *Introduction to Addictive Behaviors (3rd ed.)* (pp.101-118). New York: The Guildford Press.

U.S. National Institute on Drug Abuse. (2010). *Research Report series: Comorbidity-Addiction and other mental illness*. Bethesda, MD: National Institutes of Health. Retrieved from: <https://www.drugabuse.gov/sites/default/files/rrcomorbidity.pdf> on 7th April, 2016.

Unit III

Miller, G. (2005). Assessment and Diagnosis of Addiction: In G. Miller, *Learning the Language of Addiction Counselling (2nd ed.)* (pp 32-55). New Jersey: John Wiley & Sons, Inc.

Unit IV

Brooks, F. & McHenry, B. (2015). Assessment, Diagnosis, and Interviewing Techniques: In F. Brooks and B. McHenry, *A Contemporary Approach to Substance Use Disorders and Addiction Counselling (2nd ed.)*. (pp. 79-114). USA: American Counselling Association.

Miller, G. (2005). Assessment and Diagnosis of Addiction: In G. Miller, *Learning the Language of Addiction Counselling (2nd ed.)* (pp 32-55). New Jersey: John Wiley & Sons, Inc.

Miller, G. (2005). Assessment and Diagnosis of Dual Disorders: In G. Miller, *Learning the Language of Addiction Counselling* (2nd ed.) (pp 57-74). New Jersey: John Wiley & Sons, Inc.

Unit V

Browne M.A. (2010). Rethinking Recovery as Discovery: In M. Browne, *Rewiring Your Self to Break Addictions and Habits: Overcoming Problem Patterns* (Pp. 215-219). California: ABC-CLIO, LLC.

National Institute of Drug Abuse. (2012) *Principles of Drug Addiction Treatment: A Research-Based Guide* (3rd ed.), U.S. Department of Health and Human Services, National Institute of Health. (Retrieved from: https://www.drugabuse.gov/sites/default/files/podat_1.pdf 6th April, 2016).

United Nations Office on Drugs and Crime. (2009). *Principles of Drug Dependence Treatment: Discussion Paper*. New York, United Nations. (Retrieved from: https://www.unodc.org/docs/treatment/Principles_of_Drug_Dependence_Treatment_and_Care.pdf on 7th April 2016).

Unit VI

Miller, G. (2005). Current and Evolving Therapy Approaches and Techniques: In G. Miller, *Learning the Language of Addiction Counselling* (2nd ed.) (pp 204-225). New Jersey: John Wiley & Sons, Inc.

Thombs, D.L., (2006). Conditioning Models and Approaches to Contingency Management. In D.L. Thombs, *Introduction to Addictive Behaviors* (3rd ed) (pp.135-157). New York: The Guildford Press.

U.S. National Institute on Drug Abuse. (2015). *Research Report series: Therapeutic Communities-How are Therapeutic Communities integrated into Justice Systems?* National Institutes of Health. Retrieved from: https://www.drugabuse.gov/sites/default/files/therapeuticcomm_rrs_0723.pdf on 7th April, 2016).

Unit VII

Brooks, F. & McHenry, B. (2015). Diversity Issues in Substance Abuse Treatment: In F. Brooks and F. McHenry, *A Contemporary Approach to Substance Use Disorders and Addiction Counselling* (2nd ed.). (pp. 13-42) USA: American Counselling Association.

Miller, G. (2005). Treatment of Addiction: Special Issues: In G. Miller, *Learning the Language of Addiction Counselling* (2nd ed.) (pp. 227-269). New Jersey: John Wiley & Sons, Inc.

Unit VIII

Brooks, F. & McHenry, B. (2015). Addictions Training, Certification, and Ethics: In F. Brooks and B. McHenry, *A Contemporary Approach to Substance Use Disorders and Addiction Counselling* (2nd ed.) (pp. 261-280) USA: American Counselling Association.

Brooks, F. & McHenry, B. (2015). The Importance of Counselor Self-Care: In F. Brooks and B. McHenry, *A Contemporary Approach to Substance Use Disorders and Addiction Counselling* (2nd ed.) (pp. 281-288). USA: American Counselling Association.

Miller, G. (2005). Personal and Professional Development of the Counselor: In G. Miller, *Learning the Language of Addiction Counselling* (2nd ed.) (pp.271-292). New Jersey: John Wiley & Sons, Inc.

Additional Readings:

Allione, T. (2008). *Feeding Your Demons: Ancient Wisdom for Resolving Inner Conflict*. New York: Little, Brown and Company.

Brown, R & MacKay, L. (2016). *Addiction is the Symptom, Not the Problem: Reworking the Twelve Steps to address the underlying issues in addiction*, Date:10th Mach. (Retrieved from: <https://www.thefix.com/addiction-symptom-not-problem> on 8th April 2016).

Brooks, F. & McHenry, B. (2015). Treatment and Treatment Settings: In F. Brooks and B. McHenry, *A Contemporary Approach to Substance Use Disorders and Addiction Counselling* (2nd ed.) (pp. 137-152). USA: American Counselling Association.

Brooks, F. & McHenry, B. (2015). Group Counselling and Addictions: In F. Brooks and B. McHenry, *A Contemporary Approach to Substance Use Disorders and Addiction Counselling* (2nd ed.). (pp. 193-224). USA: American Counselling Association.

Miller, G. (2005). Treatment Related Issues: In G. Miller, *Learning the Language of Addiction Counselling* (2nd ed.) (pp 110-147). New Jersey: John Wiley & Sons, Inc.

U.S. United Nations Office of Drugs and Crime. (2012) *TREATNET: Quality Standards for Drug Dependence Treatment and Care Services*. New York: United Nations. (Retrieved from: https://www.unodc.org/docs/treatment/treatnet_quality_standards.pdf on 7th April 2016).

Date 20/04/2016.

Module Code and Title: COU711 Advanced Topics Seminar: School Guidance and Counselling

Programme: Master of Arts in Contemplative Counselling Psychology

Credit: 15

Modules Tutors: Mr. Wangchuk Dorji, Ms. Dechen Wangmo

Module Coordinator: Wangchuk Dorji

General objective of the module

The module will enable students to learn techniques to keep harmony in the family and the society. It would also enable them to understand conflict resolution and necessary skills that are essential in maintaining psychological health of the school. Similarly, they would learn techniques and process to train peer mediators in the school which would

create positive learning environment that will foster better learning. Besides, restorative justice practice would equip them with the knowledge to conduct and implement restorative justice in the school setting. Lastly, it would prepare students to apply school level bully prevention and intervention policies.

Learning outcomes

- Develop an understanding of harmony in the family and society
- Articulate conflict resolution and its types
- Demonstrate understanding of conflict resolution programme approach to be applied in the school setting.
- Able to teach and implement various effective conflict resolution programmes in the school.
- In-depth understanding of peer mediation, training of peer mediators and implement successful peer mediation services in the school.
- Explain restorative justice practices that are being applied in the school setting.
- Develop and implement Restorative Justice pilot programs to meet particular needs in the school.
- Exhibit deeper understanding of bullying, explain social basis of bullying its effect.
- Apply school level bully prevention and intervention policies.

Learning and teaching approach

The Residential School duration will be of four weeks- Three weeks of module delivery and a week of mindfulness practice retreat.

Approach	Hours per week	Total credit hours
Interactive Lecture and Skills Practice	10 X3weeks	30
Practice/Role-plays	1/week	3
Critical Reflection Paper	2 hrs/week X 3 reactions	6
Written assignments	2 hrs	30
Design and Implementation of various programmes in the school	3 hrs	45
Independent study	Spread across 15 weeks	36
Total		150

Assessment

A. Critical Reflection Papers (10%)

Each student will be expected to prepare two critical reflection papers about two pages consisting of a critical reflection to any of the assigned readings from five different units of their choice. Even though these are very short papers, rather than summarizing the content of the readings, these papers should exhibit a level of reflective thinking and writing expected of Post-graduate level education. Unless other arrangements are made, students should submit their two reactions to those readings during the Residential School on identified dates. These papers should be in 12 point font with New Times Roman. The maximum grade for each critical reflection paper is 5 marks and will account for 10% of the final grade. In order to receive the maximum points, it must be exemplary and without writing errors.

B. Prevention Programme 1 (15%)

Design Conflict Resolution Programmes for school along with comprehensive plan of action. It will be accounted for 15% of the final grade. Specific details of the project will be discussed in the work plan.

Prevention Programme 2 (15%)

Design Peer Mediation Programmes for school along with comprehensive plan of action. It will be accounted for 15% of the final grade. Specific details of the project will be discussed in the work plan.

Prevention Programme 3 (15%)

Design Restorative Justice Programmes for school along with comprehensive plan of action. It will be accounted for 15% of the final grade. Specific details of the project will be discussed in the work plan.

Prevention Programme 4 (15%)

Design Anti Bullying Programmes for school along with comprehensive plan of action. It will be accounted for 15% of the final grade. Specific details of the project will be discussed in the work plan.

C. Literature Review: In-depth study of any one of the major topic in the module (30%)

General assessment criteria

- Content (Understanding and accuracy of information)
- Critical evaluation and substantive argument
- Clarity and relevancy of personal anecdotes
- Referencing is followed using APA
- Overall effectiveness of writing style

Overview of assessment approach and weighting

Course Work	100%
a. Critical Reflection Papers	10%

b. Prevention programmes	60%
c. Literature review	30%

Subject matter of the module

Unit 1. Harmony in the family and society

- Understanding harmony in the family- the basic unit of human interaction
- Understanding values in human-human relationships and programme for its fulfillment to ensure trust and respect as the foundational values of relationship
- Understand the harmony in the society (an extension of the family)
- Visualizing a universal harmonious order in society-undivided society, universal order- from family to world family.

Unit II. Conflict Resolution

- Concepts and constructs
- Understanding conflict
- Types of conflict

Unit III. Conflict resolution programme approach

- Process curriculum approach
- Mediation Programme Approach
- Peaceable Classroom Approach
- Peaceable School approach
- Aggression and working with anger

Unit IV. Effective Conflict Resolution Programmes

- Teaching students to be peacemakers
- Problem solving through mediation
- The conflict zoo
- Programme for young negotiators

Unit V. Peer Mediation

- Advantage of Peer Mediation
- Recruitment
- Selection
- Training
- Successful Peer Mediation services
 - Student empowerment
 - Whole-school approach
 - Resources

- Support
- Choice, rewards and incentives
- Skills training

Unit VI. Restorative Practice in the Schools

- Understanding Restorative Justice
- Punitive and Restorative Approach to crime/conflict
- Benefit of Restorative Justice in Schools
- Restorative language

Unit VII. Develop and implement Restorative Justice pilot programs to meet particular needs

- Positive classroom learning environment/culture
- Accountability alternative to exclusionary suspension/exclusion
- Reduce school violence and bullying
- Student support and accountability alternative to truancy
- Reintegration support after suspension/detention
- Develop Youth/peer leadership and facilitation

Unit VIII. Stages of Implementation of Restorative Justice

- Gaining commitment
- Information and training
- Developing a shared vision
- Developing responsive and effective practice
- Developing a whole school approach
- Professional relationships – Walking the talk

Unit IX. Bullying

- Understanding Bullying
 - Types of bullying
 - Direct Bullying
 - Indirect Bullying
 - Who is Bully, Victim and Bystander and its effect?
 - The emergence of bullying
 - The social basis of bullying
 - How much bullying? Assessment and measurement
- Towards effective intervention
 - Managing the anti-bullying project in school
 - Preventing and responding to bullying behaviour
- Formulating effective anti-bullying policy in schools
- Formulating effective anti-bullying strategies in schools

Essential Reading

Required Text

Erford, B.T. (2013). *Transforming the School Counselling Profession*. New Jersey: Pearson Education Ltd.

Unit I

Gaur, R.R., Sangal, R., & Bagaria, G.p. (2009). *A foundation course in Human Values and professional ethics*. New Delhi: Excel Books.

Tripathy, A.N. (2003). *Human values*. New Age International

URA, K., Alkire, S., Zangmo, T., & Wangdi, K. (2012). *A short guide to Gross National Happiness Index*. Thimphu: The Centre for Bhutan Studies.

Unit II

Erford, B.T. (2013). *Transforming the School Counselling Profession (Chapter 4)*. New Jersey: Pearson Education Ltd.

Unit III

Erford, B.T. (2013). *Transforming the School Counselling Profession (Chapter 4)*. New Jersey: Pearson Education Ltd.

Unit IV

Erford, B.T. (2013). *Transforming the School Counselling Profession (Chapter 4)*. New Jersey: Pearson Education Ltd.

Unit V

Cremin, H. (2007). *Peer Mediation*. Open University Press, England.

Unit VI

Sumner, M. D., Silverman, C.J., & Frampton, M. L. (2010). School-based restorative justice as an alternative to zero-tolerance policies: Lessons from West Oakland (pp.1-36). University of California, Berkeley: Thelton E Henderson Center for Social Justice.

Unit VII

Sumner, M. D., Silverman, C.J., & Frampton, M. L. (2010). School-based restorative justice as an alternative to zero-tolerance policies: Lessons from West Oakland (pp.1-36). University of California, Berkeley: Thelton E Henderson Center for Social Justice.

Unit VIII

Sumner, M. D., Silverman, C.J., & Frampton, M. L. (2010). School-based restorative justice as an alternative to zero-tolerance policies: Lessons from West Oakland (pp.1-36). University of California, Berkeley: Thelton E Henderson Center for Social Justice.

Unit IX

Ahmed, E., & Braithwaite, V. (2012). 'Learning to Manage Shame in School Bullying: Lessons For Restorative Justice Interventions'. *Critical Criminology*, 20(1), 79-97.

Ahmed, E., & Braithwaite, V. (2006). Forgiveness, Reconciliation, and Shame: Three key variables in reducing school bullying. *Journal of Social Issues*, 62(2), 347-370.
doi:10.1111/j.1540---4560.2006.00454.x

Swearer, S.M., Espelage, D.L., & Napolitano, S. A. (2009). *Bullying Prevention & Intervention: Realistic Strategies for Schools*. The Guildford Press, Canada

Date 20/4/2016

Module Code and Title: COU712 Advanced Topics Seminar: Clinical Mental Health
Programme: Master of Arts in Contemplative Counselling Psychology
Credit: 15

Module Tutor(s): Mr. Chechey

Module Coordinator: Naropa faculty shadowed by module tutors

General Objective:

To provide students with theoretical knowledge and practical approaches to mental health counselling in medical settings so that they can assist clients with a variety of diagnoses and with a variety of approaches; to provide students with theoretical knowledge of interpersonal neurobiology and the practical skills for the application of mindfulness-based approaches to mental health based on neuroscientific understanding.

Learning outcomes

Upon successful completion of the module, students will be able to:

- demonstrate understanding of behavioral medicine historically, in a global perspective, and as it applies to the medical system and society of Bhutan,
- exhibit an understanding of the medical conditions for which counselling interventions may be beneficial,
- explain mental health counselling processes, techniques, resources, and tools, to patients, medical staff, and families,

- practice counselling with clients in a medical setting
- integrate behavioural and biomedical sciences in promoting health and treating diseases
- explain how health and other behaviours are determined by the interaction of biological mechanism, psychological processes, and social influences.
- explain how psychosocial factors are linked to enhanced immunity in response to stress

Learning and teaching approach

Approach	Hours per week	Total credit hours
Lecture	4	16
Practice/Role Plays	3	9
Group Discussion	3	9
Written Assignments	2	6
Independent Study (after RS)		90
Total		150

Assessment

A. Active Participation/Presentations (20%)

General Assessment Criteria:

Outstanding performance : Student participates actively in most classes, showing respect and attention regarding the contributions of classmates and instructor. Student's participation is insightful, reflecting completion of the reading and contemplation of the major themes. Student's participation advances the discussion and reflects personal engagement with the material. Feedback given to classmates is skillful and compassionate.

Very good performance : Student participates often and is respectful and attentive regarding the contributions of classmates and instructor. Student's participation is insightful, reflecting completion of the reading and contemplation of the major themes. Student's participation reflects personal engagement with the material. Feedback given to classmates is skillful and compassionate.

Good performance : Student participates periodically and with respect and attention regarding the contributions of classmates and instructor. Student's participation indicates that s/he usually completes the reading. Student's participation may be unbalanced in favor of either personal experience or academic material. Feedback given to classmates is mostly skillful and compassionate.

Satisfactory performance : Student rarely participates in class discussions (less than 1/3 of classes) or not at all, student's participation often does not appear to be in dialogue with others or the material, or his/her participation is lacking in respect for other students or instructor. Student's participation often indicates that s/he has not done the assigned reading. Feedback given to classmates is aggressive, irrelevant or self-serving.

B. Topical Paper (30%, 5-7 pages)

Students will choose a topic from the list below and write a paper identifying the clinical condition and the effectiveness of behavioral intervention.

- choose one of the listed physical conditions from the course material
- choose one of the interventions from the course material (Motivational Interviewing, Acceptance and Commitment Therapy, Rick Hanson or Daniel Seigel's interventions, etc.)
- show how this intervention can be helpful to individuals with this condition

General assessment criteria:

Clarity and refinement of writing 5%
 Research depth is evident 10%
 Identification of clinical condition 5%
 Application of behavioral intervention and sophistication of discussion 10%

C. Consultation Skills Demonstration (20%)

Students will present on two of Prochaska and Diclemente's stages of change, and give a sample of how a counselor might work with this stage of change. Presentation will run 15 minutes long, and include at least 5 minutes of demonstration of consultation skills.

General assessment criteria:

Articulation of stages of change 5%
 Manifestation of consultation skills 10%

Overview of assessment and weighting:

Active participation in discussions, group activities, presentation	20%
Case Study including a written report	30%
Consultation skills demonstration	20%
Examination/ written test (item breakdown: 60% Career Guidance, 40% Consultation, and 20% Assessment)	30%

Subject Matter of the Module

Unit I. Introduction to Behavioral Medicine in Bhutan

- History of Behavioral Medicine
- Mindfulness and Behavioral Medicine

Unit II. Medical Conditions and Behavioral Intervention

- Physical Conditions
 - Insomnia
 - Obesity
 - Diabetes
 - Chronic pain
 - Cancer and Terminal Illness
 - Addiction and Malnutrition
 - Asthma and pulmonary conditions
- Interventions
 - Mindfulness
 - Acceptance and Commitment Therapy
 - Integrative Medicine and Team-Based Approaches
 - Counseling
 - Motivational Interviewing
- Psychological Issues seen in Medical Environments
 - Anxiety and Panic
 - Depression
 - Grief and Loss
 - Domestic Violence
 - Dissociation
 - Substance abuse

Unit III. Introduction to Neurobiology

- Basics of Neuroanatomy
 - Nervous system
 - Neuron
 - Sympathetic and Parasympathetic systems
 - Polyvagal theory and implications
- Major Neural Systems of the Brain
 - Limbic system
 - Attentional system
 - Memory system
 - Reward system
 - Fear system and inhibition
- Pharmacological intervention for emotional conditions
 - Depression
 - SSRI
 - NSRI
 - MAOI
 - Tricyclics, tetracyclics
 - Anxiety
 - SSRI
 - SNRI
 - MAOI
 - Benzodiazapines

- Beta Blockers
 - Bipolar Disorder
 - Mood Stabilizers
 - Antidepressants
 - Atypical Antipsychotics
 - Psychosis
 - Antipsychotics, atypical antipsychotics
- Main Neural systems

Unit IV. Interpersonal Neurobiology

- Attachment
 - Trust and Attachment
 - Mindfulness and Attachment
 - Attachment and the therapeutic alliance
- Trust, trauma, and relational rupture

Unit V. Working in a medical environment

- Hospital hierarchies and systems
- Working as a team in collaboration
- Embedding in the larger system: families and community

Unit VI. Somatic approaches

- History of Somatic Psychology
- Stress, Trauma, and Resiliency

Unit VII. Introduction to Health Promotion and Disease Prevention Models of Health Behavior Change

- Prochaska and DiClemente's stages of change
 - Precontemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
 - Relapse Prevention
- Principles of Motivational Interviewing
 - Principle 1: Express Empathy
 - Expressing empathy towards a participant shows acceptance and increases the chance of the counselor and participant developing a rapport.
 - Acceptance enhances self-esteem and facilitates change.
 - Skillful reflective listening is fundamental.
 - Participant ambivalence is normal.
 - Principle 2: Develop Discrepancy
 - Developing discrepancy enables the participant to see that her present situation does not necessarily fit into her values and what she would like in the future.

- A participant rather than the counselor should present the arguments for change.
- Change is motivated by a perceived discrepancy between present behavior and important personal goals and values.
- Principle 3: Roll with Resistance
 - Rolling with resistance prevents a breakdown in communication between participant and counselor and allows the participant to explore her views.
 - Avoid arguing for change.
 - Do not directly oppose resistance.
 - New perspectives are offered but not imposed.
 - The participant is a primary resource in finding answers and solutions.
 - Resistance is a signal for the counselor to respond differently.
- Principle 4: Support Self-efficacy
 - Self-efficacy is a crucial component to facilitating change. If a participant believes that she has the ability to change, the likelihood of change occurring is greatly increased.
 - A person's belief in the possibility of change is an important motivator.
 - The participant, not the counselor, is responsible for choosing and carrying out change.
 - The counselor's own belief in the participant's ability to change becomes a self-fulfilling prophecy.
- General Health topics for health promotion and disease prevention
 - Addictions
 - Nutrition
 - Exercise and lifestyle change
 - Medication and treatment adherence

Unit VIII. Non-Communicable Disease in Bhutan and Behavioral Intervention/Focus of Five year Multisectorial plan in Bhutan

- Cardiovascular Disease
- Cancer
- Chronic Respiratory Disease
- Diabetes
- Tobacco use
- Insufficient physical activity

Unit IX. Neuroscience of happiness, contentment, and change

- Rick Hanson's work
- Dan Siegel's work
- Peter Levine's work

* *The details on approaches and strategies of learner engagement, learning and delivery systems, learner support and other assessment details will be provided separately when the module is offered.*

Essential Reading

Unit I.

McCracken, L. (2011). *Mindfulness and Acceptance in Behavioral Medicine: Current Theory and Practice*. Oakland, CA: Context Press.

Schirmer, J.M. & Montegut, A.J. (2009). *Behavioral Medicine in Primary Care: A Global Perspective*. Oxon: United Kingdom.

Unit II

Schirmer, J.M. & Montegut, A.J. (2009). *Behavioral medicine in primary care: A global perspective*. Oxon: United Kingdom

Unit III.

Straub, R. O. (2007). *Health psychology: A biopsychosocial approach*. New York, NY: Worth Publishers.

Unit IV.

Siegel, D. J. (2010). *The Mindful Therapist: A Clinician's Guide to Mindsight and Neural Integration*. WW Norton: New York.

Unit V.

Smith-Acuna, S. (2011). *Systems theory in action*. Hoboken, NJ: Wiley.

Unit VI.

Levine, P. (2010). *In an unspoken voice: How the body releases trauma and restores goodness*. Berkeley, CA: North Atlantic Book.

Unit VII.

Substance Abuse (marijuana): Motivational Interviewing OARS skills Case Presentation
<https://www.youtube.com/watch?v=X5QIKVXy5bA>

Unit VIII.

Pelden, S. (2015, October 15). Action starts to tackle NCDs. *Kuensel*. Retrieved from <http://www.kuenselonline.com/action-starts-to-tackle-ncds/>

Straub, R. O. (2007). *Health psychology: A biopsychosocial approach*. New York, NY: Worth Publishers.

Unit IX.

Hanson, R. & Mendius, R. (2009). *Buddha's brain: The practical neuroscience of happiness, love, and wisdom*. New Harbinger: Oakland, CA.

Siegel, D. J. (2010). *The Mindful Therapist: A Clinician's Guide to Mindsight and Neural Integration*. WW Norton: New York.

Date 20/04/16

Module Title and Code: RES801 Research and Master's Paper
Programme: Master of Arts in Contemplative Counselling Psychology

Credit value: 15

Module tutors: Ms. Dechen Doma, Mr. Karma Gayphel, Mr. Wangchuk Dorji, Ms. Dechen Wangmo, Mr. Chechey, Guest faculty

Module Coordinator: Ms. Dechen Doma

General objective of the module

This course spans the two semesters of the final year in the program and facilitates students' deep inquiry into a particular topic of interest related to Contemplative Counselling Psychology. In many ways, this inquiry will be the culmination of their study and practice in the program, the completion of which will serve as the demarcation of the transition from student to professional counsellor. Students conduct comprehensive scholarly research (either practical or theoretical in nature) and apply this theoretical knowledge to their concurrent experiences in their internship work with clients. Students will write a Master's level thesis that synthesizes their learning of various approaches to the art of practicing contemplative counselling, the implications of mindfulness meditation practice for the field of counselling, and their personal journey as a developing clinician. Master's papers will be written according to APA formatting standards to be eligible for submission to and publication in professional journals.

Learning outcomes

Upon completion of this module, students will be able to:

- Articulate orally and in writing their emerging individual style, approach, and formulation of counselling
- Exhibit an experiential and conceptual knowledge of theories and methods of counselling
- Identify and apply relevant theories to particular case examples in their clinical work
- Demonstrate mastery over APA formatting in his or her scholarly writing
- Demonstrate proficiency at researching, identifying, and incorporating reference sources
- Discuss the implications of mindfulness practice for the field of counselling psychology
- Demonstrate confidence in one's own and others' brilliant sanity and intrinsic health
- Demonstrate the ability to integrate and their understanding of contemplative counselling psychology with other counselling and psychology approaches
- Skillfully interweave academic content with personal process in their writing
- Respond to any questions raised about the ideas presented in their thesis with spaciousness and nonaggression

- Give, seek out, receive and make use of peer and tutor feedback
- Examine their strengths as well as areas for further development with precision
- Demonstrate professional decorum and readiness to enter the field of counselling

Learning and teaching approach

Approach	Hours per week	Total credit hours
Pre- and Post-Presentations	<1	5
Reader Review	1-2	25
Independent Research and Writing	3	90
Mindfulness Retreat (25 hours of practice along with teachings and 5 hours of small group brainstorming)	30	30
Total		150

Reader Review

Tutor Reader: Each student will be assigned to one tutor in the program who will read each assignment and provide written feedback. The tutor will be available for consultation throughout the research and writing process over email or Skype.

Peer Reader: Students will each be paired with a peer reader and will exchange writing as frequently as they choose, making a minimum of one hour of contact monthly to discuss their progression in the research and writing process. Peer readers will submit each assignment to one another and provide written feedback.

Selected Reader: Students will each choose one reader who has a PhD credential to be their selected reader. This person must be available to meet for a one hour consultation during or shortly after Winter RS and agree to read two drafts of the paper: the first complete draft and one other draft during the writing process at the student's discretion. This reader will serve as a mentor and guide through the process of research methodology and will attend the final presentation.

Assessment

Assessments will be carried out on a continuous basis through the following assignments:

A. Abstract Presentations and Submissions for approval 5% (during Winter RS 4)

Each student will present for 15 minutes on their chosen clinical issue and their current thinking about how they will approach the paper. Each presentation will be followed by 10 minutes of question or comments from peers and tutors. These presentations are informal and are meant to support the student's brainstorming

process as he or she begins this journey. Each student will submit an outline (no more than one page) to tutors for approval including a definition of the *clinical issue* to be researched, at least two theoretical approaches to counselling and two sources that the student intends to include.

General assessment criteria:

Planning is evident 3%
Ability to listen to feedback and respond to questions 2%

B. Annotated Bibliography: 5%

Annotated bibliography of at least 12 sources that the student intends to use in the paper. Each source should be listed in APA citation format and have a short corresponding paragraph summarizing the main points of the source, a list of keywords, and the author's commentary on the themes, implications, contributions, etc of the source. The purpose of the literature review is to identify what is already known about the subject of interest.

General assessment criteria:

Summaries include critical thinking 3%
Research and effort is evident 2%

C & D. Clinical/Theory Drafts: 10% x 2 = 20%

These two assignments have some flexibility based on how the student feels more comfortable in their writing process. The elements of these two assignments are: the Contemplative and Western psychology theoretical underpinnings of their chosen topic, and two detailed case examples/clinical vignettes from their internship experience with clients. Students may choose to order and organize these two assignments in one of three ways:

- C. Theory; D. Clinical
- C. Clinical; D. Theory
- C. First clinical case, theory interwoven; D. Second case, theory interwoven

General assessment criteria:

Student expresses personal style and formulation of counselling in cases 10%
Theory is adequately and appropriately supported with references 10%

E. First Complete Draft: 10%

This draft should include any revisions and incorporate any feedback given by readers on the previous segments. This draft should be in APA format and include a complete list of references along with the following additional segments:

- Abstract: Concise description of the paper to entice the reader. Keywords.
- Introduction: Clear map for the reader about what you will be exploring in this paper: what will you say and how will you go about saying it? This is a place you might include your personal voice and investment in the topic as well as introducing the context of your research and work (field placement). What is the main thrust (thesis) of your paper? What are the main supports? Why is this topic important? What is your special interest in the topic?
- Discussion: The discussion is a place for the author to comment explicitly on what he or she has presented, sewing together all the elements to tell a cohesive story in the larger context. This section might include the implications of what has been said, main take away lessons, questions and curiosities the author still has, limitations of the research and/or view (personal biases, etc.) presented and future recommendations for research and action steps in the field of counselling. Why should readers care about this issue and this paper?
- Conclusion: The conclusion is a place to succinctly restate the broad points of the paper and might refer back to elements raised in the introduction. What do you want to leave your readers with?

General assessment criteria:

Each element of the paper is included 4%
 Student has incorporated feedback 6%

E. Final Draft: 50%

A polished final draft in both Word and PDF formats should be emailed to selected reader, peer reader, and all programme tutors. Minimum of 12 sources. Page length should be no less than 30 and no more than 45. Students will sign an agreement granting editing and publication rights to Samtse College of Education.z

General assessment criteria:

Contemplation, critical thinking, and creativity is evident 10%
 Case examples are detailed and support ideas 10%
 Writing clarity, grammar, organization 10%
 Integration/balance of theory and personal voice 10%
 Use of in-text citations 5%
 Follow APA formatting 5%

F. Final Presentation: 20%

Students will prepare a 40 minute presentation of the Master's paper to share with their classmates, tutors, and anyone else the student wishes to invite. 20 minutes of Q&A from the panel will follow the presentation. This is an opportunity to take one's seat as a clinician, speaking on a topic with some conviction that is backed not only by research but by thoroughly investigated inner personal experiences. This presentation will include a discussion of their work with at least two clients and how they worked with these clients in the context of their clinical issue. Students are encouraged to speak from the heart, preparing well enough to allow skillful spontaneity to arise, demonstrating a trust in their own mind and their basic nature of openness, clarity, and warmth. Students are encouraged to listen deeply for what wants to be expressed, using this presentation as a time to explore who they are as emerging counsellors.

General assessment criteria:

Demonstrates professionalism and readiness to enter the field 5%
 Clear articulation of ideas supported by case examples 10%
 Mindfulness and presence is evident 5%

Overview of the assessment approaches and weighting

A. Pre-Presentation	5%
B. Annotated Bibliography	5%
C. Theory/Clinical Draft	10%
D. Clinical/Theory Draft	10%
E. Final Paper	50%
F. Final Presentation	20%

Subject Matter of the Module

Unit I: Introduction to the Writing Process & Module (during first phase of Winter RS 4)

- Master's paper format
 - Getting started
 - Theoretical research design
 - Timeline of assignments
 - Literature review
 - Use of personal voice
 - APA guidelines
- Brainstorming Sessions
 - Describe your own life experiences and personal process, which shape your view and practice of Counselling Psychology
 - Reflect on how your experiences on retreats have informed your goals for writing this paper and performing the work of a counsellor

- Discuss how your experiences in meditation inform your understanding of suffering and happiness
- Reflect on your fears or anticipations, as well as support you would like to have, around writing this paper and/or entering the field as a certified counsellor
- Writing as contemplative practice
- Giving and receiving feedback
- Selection of peer readers
- Presentations of topics and submission for approval

Elements of the Paper

- Abstract
- Table of Contents
- Introduction
- Theoretical Underpinnings
- Case Examples
- Discussion
- Conclusion
- References

Potential Topics (not exhaustive)

- Suicide assessment & intervention
- Divorce & stepfamily issues
- Family violence issues
 - Spousal abuse
 - Child abuse
 - Child neglect
- Violent & aggressive behavioral issues
 - Bullying
 - Anger management
 - Sexual harassment/assault/rape
 - Gang violence
- Addictions/substance abuse
- Crisis management issues
- Grief counselling
- Anxiety and Stress management
- Depression
- Teenage pregnancy
- Conflict mediation
- Trauma
- Truancy
- Learning disabilities
- Attention Deficit Hyperactivity Disorder
- Obsessive Compulsive Disorder

- Autism
- Eating disorder
- Sexuality problems
- Resilience
- Unintended pregnancy and abortion
- HIV

* *The details on approaches and strategies of learner engagement, learning and delivery systems, learner support and other assessment details will be provided separately when the module is offered.*

Essential Reading

Required Text

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

Unit I

Elbow, P. (1998). *Writing with power, techniques for mastering the writing process*. New York: Oxford University Press.

Lamott, A. (1995). *Shitty drafts*. In *Bird by bird: Some instructions on writing and life*. NY, NY: Anchor Books.

Additional Reading

Davidson, R. J., & Harrington, A. (2002). *Visions of compassion: Western scientists and Tibetan Buddhists examine human nature*. NY, NY: Oxford University Press, Inc.

Epstein, M. (2004). *Thoughts without a thinker: Counselling Psychology from a Buddhist perspective*. NY, NY: Basic Books.

Epstein, M. (2008). *Counselling Psychology without the self: A Buddhist perspective*. New Haven, CT: Yale University Press.

Geller, S. M., & Greenberg, L. S. (2012). *Therapeutic presence: A mindful approach to effective therapy*. Washington, DC: APA.

Germer, C. K., & Siegel, R. D. (2012). *Wisdom and compassion in Counselling Psychology: Deepening mindfulness in clinical practice*. NY, NY: The Guilford Press.

Glaser, A. (2005). *A call to compassion: Bringing Buddhist practices of the heart into the soul of psychology*. Lake Worth, FL: Nicholas-Hayes.

Kornfield, J. (2009). *The wise heart: A guide to the universal teachings of Buddhist psychology*. NY, NY: Bantam.

Safran, J. D. (2003). *Psychoanalysis and Buddhism: An unfolding dialogue*. Somerville, MA: Wisdom Publications.

Safran, J. D. & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford.

- Unno, M. (2006). *Buddhism and Counselling Psychology across cultures: essays on theories and practices*. Somerville, MA: Wisdom Publications.
- Walsh, R. (2014). Contemplative psychotherapies. In Corsini, R. J., & Wedding, D. (Eds.). *Current psychotherapies* (pp.411-460).Belmont, CA; Brooks/Cole.
- Wegela, K. (2014). *Contemplative Counselling Psychology essentials: Enriching your practice with Buddhist psychology*. New York, NY: W.W. Norton & Company.

Recommended Online Sources

EBSCO Host (PsycInfo, PsycArticles)

JSTOR Online Journal

owl.english.purdue.edu

Date 12/04/ 2016

Module Code and Title: FLD802 Field Placement: Internship

Programme: Masters in Contemplative Counselling Psychology

Credit: 60

Member of staff: Ms. Dechen Doma, Mr. Karma Gayphel, Mr. Wangchuk Dorji, Ms. Dechen Wangmo, Mr. Chechey

Module Coordinator: Ms. Dechen Doma

General objective of the module

This course spans three semesters (6, 7, 8) and facilitates students' completion of 600 hours of counselling and related work at a field placement site as an intern counsellor. This hands-on experience will give students the opportunity to put their learning of the art of practicing contemplative counselling into practice. Students will be working directly with clients under supervision. Students will gain a more experiential understanding of what it means to take the counsellor's seat and discover both their strengths and opportunities for growth. Students will practice how to effectively present clinical cases in order to effectively receive and make use of feedback in supervision.

Learning outcomes

Upon completion of this module, students will be able to:

- Demonstrate basic counselling skills: listening, following, asking skillful questions, forming hypotheses, evaluating and making referrals,
- articulate main themes that arise in sessions as well as major themes in the population with whom they are working ,
- make informed recommendations about the future of infrastructure and delivery of counselling in Bhutan and advocate on behalf of their profession,
- demonstrate multicultural competency and recognize multicultural issues in their work,
- demonstrate the ability to form attuned relationships,

- evaluate the effectiveness of their clinical interventions,
- recognize their own feelings and work effectively with countertransference issues,
- maintain good clinical records including creating and implementing treatment plans,
- demonstrate the ability to apply their understanding of the integration of Buddhist and other psychological approaches in their clinical work,
- recognize ethical issues in their work with clients, evaluate those issues and seek appropriate consultation,
- demonstrate an understanding of the role of the professional counselor and the professional credentialing process in Bhutan,
- demonstrate discipline in relating with clients, peers, superiors and other relevant parties, such that healing relationships occur,
- articulate orally and in writing their emerging individual style, approach, and formulation of counselling,
- examine their strengths as well as areas for further development with precision,
- and demonstrate professional decorum and readiness to enter the field of counselling.

Learning and teaching approach

Approach	Hours per week	Total credit hours
Application of Counselling (direct and indirect)	~8	230
Individual or Group Supervision & Consultation	1	30
Coursework	5	150
Independent study/research in the community	5	150
Implementing Professional Development	<1	40
<i>On-Site Training, if available (included in indirect hours)</i>		
Total		600

Assessment

Completion of 600 field hours (Pass/Fail)

These 600 hours must include a minimum of 230 direct contact hours and 30 hours of supervision. Hours are to be logged and signed by supervisor or on-site coordinator. This is assessed on a pass/fail basis where failure to meet this criterion will not allow the candidate to pass the module and progress to fulfillment of award. To be signed by site coordinator.

A. Progress Notes: 10%

Students will keep short progress notes of each session with their clients and groups following the **SOAP** format (one or two sentences for each section). The progress notes will be shared with and reviewed by supervisors. Assessed on a pass/fail basis and informal feedback about quality of note-writing and content of clinical work will be given when necessary.

Subjective: How is the client describing their issues? Reporting on how the client is experiencing their world (e.g. direct quotations from client)

Objective: What did you observe directly in session? Factual and descriptive rather than evaluative (e.g. client was tearful, client did not make eye contact)

Assessment: What do you think? Counsellor impressions based on clinical knowledge (e.g. client appears to struggle with low self-esteem)

Plan: What will happen next? Details of intended ongoing treatment (e.g. homework given, issues to be brought to supervision, interventions to be applied, follow ups to be made, next scheduled session, etc.)

B. Process Notes: 3 sets, 10% each

Students will turn in three sets of process notes to programme tutors throughout the module at his or her discretion (the first must be completed no later than April, the second no later than September). Process Notes will comprise three columns. One column will include a verbatim transcript of the session (what was said by counsellor and client) to the best of the student's recollection. This will of course be imperfect and working with this edge is part of the learning/practice. The second column will track the Body, Speech, and Mind (as has been taught in previous modules) of the counsellor as the session was happening. The third column will include any relevant theories that the counsellor drew upon to make his or her intervention. At the end of the notes, students will write a short paragraph reflecting on the session (what they did well/what did not work or they would change).

General assessment criteria:

Displays sophisticated tracking of inner experience 3%

Demonstrates actual or aspiring expression of *maitri* toward client & self 3%

The interventions used in the session are appropriate and well-applied 4%

C. Treatment Plan: 30%

Students will write one comprehensive treatment plan and report, detailing their work with a client that they have seen for a minimum of 6 sessions. This report will contain three sections: 1. the treatment plan; 2. an evaluation of how it was carried out and an assessment of its effectiveness; 3. a personal *reflection on the experience* of applying a diagnosis, attempting to achieve specific and measurable objectives, and implementing goal-oriented treatment planning and how this process is compatible (or not) with the contemplative approach.

Treatment plans should include:

1. Diagnosis according to DSM-5 criteria
2. Symptoms supporting diagnosis
3. Presenting problem

4. Safety concerns
5. Therapeutic Problems
 - a. Therapeutic Goals
 - i. Therapeutic Objectives
 1. Therapeutic Interventions

General assessment criteria:

Diagnosis is sufficiently supported and differentials were considered	2%
Goals and objectives are specific and measurable	5%
Formatting and presentation is mindful and organized	3%
Interventions are appropriate to the problems identified and, where inappropriate or ineffective, the counsellor demonstrates awareness of this in his or her evaluation	5%
Reflection demonstrates thoughtful introspection and self-awareness; and a thorough understanding of the contemplative approach	10% 5%

D. Effective use of supervision: 30%

Students will be required to have supervision as per the requirements of BBCC standards. If students have an on-site supervisor, these meetings will take place face-to-face. If students are at a placement with no suitable supervisor, these will take place over Skype or phone with a supervisor from Naropa University or tutors from the programme and students will have an on-site contact person with whom this external supervisor will communicate as detailed below. On-site supervisors will be responsible for turning in this assessment (rubric included below) to the programme tutors.

Overview of the assessment approaches and weighting

A. Progress Notes	10%
B. Process Notes	10% each x 3 = 30%
C. Treatment Plan	30%
D. Effective use of supervision	30%

Pre-requisites: All modules in MACCP (with RES801 being taken concurrently)

Subject Matter of the Module

Students will complete 600 hours of counselling-related work. Within these 600 hours, students will conduct a minimum of 230 direct client contact hours of individual and group counselling, and obtain weekly supervision either on-site or over telephone/Skype (minimum of 30 hours total). They will support their field work with continuing self-study based on the issues arising in sessions with clients and feedback given in supervision. They will keep progress notes for all direct contact hours; submit 3 sets of process notes and one comprehensive treatment plan; and implement a professional development programme to be offered on-site once during the year.

Students will develop and implement a professional development programme (approximately 12 hours of direct implementation) on a topic of their choice that they believe will be beneficial to their site in encouraging a culture of compassion and mindfulness.

Field practice will consist of 600 hours as specified below:

Activities	Total hours
Individual & Group Counselling (face-to-face contact/interview hours with clients)	230 hours
Supervision and Consultation	30 hours
Indirect Counselling-Related Work (including note writing, on-site training, case recording, treatment planning, independent study, professional development implementation, any other placement-related activities approved by the supervisor)	340 hours
Total	600 hours

* *The details on approaches and strategies of learner engagement, learning and delivery systems, learner support and other assessment details will be provided separately when the module is offered.*

Essential Reading

- American Counselling Association. (2005). Code of ethics and standards of practice. Alexandria, VA: American Counselling Association.
- Faiver, C.M. & Eisengart, S.P. (2004). *The counselor intern's handbook (3rd ed.)*. Pacific Grove, CA: Brooks/Cole
- Walker, R. (2008). A discipline of inquisitiveness: The “Body-Speech-Mind approach to contemplative supervision. In F. Kaklauskas, S. Nimmanheminda, L. Hoffman & M. Jack, (Eds.) *Brilliant sanity: Buddhist approaches to Counselling Psychology* (pp. 175-195). Colorado Springs, CO: University of the Rockies Press.

Additional Reading

- Borders, L. D. & Brown, L.L. (2005). *The New Handbook of Counselling Supervision*. ACES.
- Cohen, E.D. & Cohen, G.S. (1999). *The virtuous therapist: Ethical practice of counselling and Counselling Psychology*. Pacific Grove, CA: Brooks/ Cole.
- Cohen, R.I. (2004). *Clinical Supervision: What to Do and How to Do It*. Pacific Grove, CA: Brooks/Cole
- McWilliams, N. (1999). *Psychoanalytic case formulation*. The Guilford Press: New York.
- Russell-Chapin, L. & Ivey, A.E. (2004). *Your supervised practicum and internship: Field resources for turning theory into action*. Pacific Grove, CA: Brooks/Cole.
- Safran, J. D. & Muran, J. C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford.

Date: 12/04/2016.

**FLD801 Field Placement: Internship
Assessment**

Effective Use of Supervision

Assessment of effective use of supervision will be based on the following criteria:

Criterion	Score (1-4 or 5*)	Remarks
Does the student communicate well about appointment times and keep them with punctuality?		
Does the student demonstrate professionalism in his or her interactions?		
Does the student show curiosity around issues of exchange and countertransference?		
Does the student demonstrate the capacity to work with feedback nondefensively?		
Does the student demonstrate that s/he has incorporated the feedback given in supervision into work with the client?		
Can the student articulate what interventions have been used and why they were chosen?*		
Does the student demonstrate self-awareness and the ability to track on their own thoughts and feelings during session?*		

Total points: ____/30

Signature of Supervisor _____

Date _____

**FLD801 Field Placement: Internship
Review**

Mid- and End-of-Year

Name of practicing Counsellor:	Site:
Counsellor's Signature:	
Name of the Supervisor:	
Supervisor's Signature:	
Date:	Time:

1. What are the strengths of the counsellor?

2. What are some areas for growth?

3. Issues and concerns of the supervisee.

4. Comments on the level of preparation for working at this site given by the program

5. Comments from the Supervisor:

Appendix I: Supervision Procedures

Each student will be assigned a *clinical supervisor*. This person will be qualified to give supervision as per the BBCC standards. For students who are placed at internship sites that have a staff member who meets these criteria, or are placed at internship sites within a reasonable travel distance for such in-country staff, this supervision will take place face-to-face. For other students, this supervision will take place over video sessions with faculty from Naropa University, USA. This supervisor will be responsible for assessing the students' effective use of supervision as well as completing the mid- and end-of-year review collaboratively with the student and emailing these to the programme tutors. Supervisors from Naropa University should have at least one phone conversation with a site coordinator.

Each internship site will also have an affiliated *site coordinator* (who may be the same as the clinical supervisor, where appropriate) who will be the point-of-contact for the programme tutors. This person will be responsible for signing hour logs

(which should show the breakdown between direct, indirect, and supervision hours). If the student has an off-site supervisor, the site coordinator should have at least one phone conversation with this supervisor to set up contact.

Where geographically possible, intern students should meet regularly to receive supervision and consultation in a group format (comprising peer supervision and led by one qualified clinical supervisor). This group supervision can involve formal case presentations in the body, speech, and mind discipline taught by the programme or informal discussion.

Appendix A: Curriculum Vitae of the Members of the Teaching Staff for the Programme

Curriculum Vitae

Personal Details

Dechen Doma

Lecturer, Samtse College of education

Contact No: (+975) 17397040

Email: ddoma.sce@rub.edu.bt

Education

2010 Master of Counselling, Health Sciences, Curtin University. 2011.

2008 Bachelor of Education, Samtse College of Education, Samtse Bhutan

2006 Diploma in Guidance & Counselling, National Council of Education Research and Training, New Delhi, India

1990 Primary Teacher's Training Certificate, National Institute of Education, Samtse, Bhutan

Professional Experiences

2012 - Present - Teach and train counselors: Counselling Theories, Counselling Process and Skills, Psychology of Human Development in both part time mode and full time PgDGC.

Teach Child Development, Professional subjects Teach Life skills Education (Teaching Skills & Teaching Strategies) in PgDE, B.ED

2011-2012 - Counsellor, Metropolitan Migrant Resource Centre Inc. Mirrabooka WA 6941.

2000-2008- Counsellor, Samtse Higher Secondary School

2006 – 2008 - Vice Principal, Samtse Higher Secondary School

1999-1991 - Teacher Samste Junior High School

Other Professional Experiences:

2012- Present: Programme Leader for the Post Graduate Diploma in Guidance and Counselling

Co-ordinate and organize programme related activities with highest level of efficiency and competence. Maintain program records and submit program reports to the concerned authorities.

Liaise and maintain regular linkages with relevant organization within and outside Bhutan, for effective operations of the program development.

Co-ordinate programme development workshops and assisted in the development of the MACCP programme in collaboration with faculties from Naropa University, USA.

Workshops/Trainings/Seminars attended:

Jan 14th - Jan 26th . Training Programme on Community Radio, organized by the Department of Information and Media in collaboration with UNESCO's International programme for the development of Communication and the UNESCO Chair on Community Media. CST, Phuntsholing.

Jan 10th – Feb 2015 Dathun, Shambhala Red Feather Lake, Boulder, Colorado, USA.

August 19th – Jan 2015 Visiting scholar to Naropa University, Boulder, Co. USA to learn how Contemplative Psychotherapy is used in the field of counselling - as part of faculty exchange programme between Naropa University and Royal University of Bhutan.

- Oct 6th -17th Oct 2015. Meditation on Loving and Kindness, Shambhala Red Feather Lake, Boulder, Colorado, USA.
- Sept 9th – 11th Sept 2013. Training on Addiction Counselling, Group Counselling and Clinical Supervision conducted by the NBBC International, USA at Thimphu
- Sept 12th – 13th Sept 2013. Second National Bhutan Counselling Conference, Thimphu, Bhutan conducted in collaboration with RENEW and professionals from National Board of Certified Counsellors (NBCC), USA
- 22nd – 27th July 2013 . Training on Life Skills Based Comprehensive Sexuality Education conducted by the UNFPA CO, Bhutan in collaboration with the Royal University of Bhutan at Gaedu College of Business Studies
- 29th July- August 9th 2013. Attended Participatory Action Research on Gender, CNR, Lobesa.
- 2011 First Bi-annual Counselling Conference conducted in collaboration with RENEW and Professionals from National Board of Certified Counsellors (NBCC), USA at Thimphu.
- 2007 Intensive Workshop on Promotion of Volunteerism in Rural Community Development, Samtse College of Education, Bhutan
- 2007 Vipassana (10 days), Dhamma Centre, New Delhi. India
- 2005 Vipassana (10 days) ,Samtse College of Education
- 2003 Workshop on Family Planning / Teenage Pregnancy - Yangon, Myanmar.
- 2002 Workshop based on HIV/AIDS from South Asia Regional Forum for Young People, Kathmandu, Nepal.
- 2002 Advanced Training on Career and Counselling, Punakha HSS
- 2001 Training of Trainers in Guidance and Counselling, Punakha HSS
- 2000 Basic Training in Guidance and Counselling, Punakha HSS

Workshop/s resourced

- August 2013 Facilitated Life skills Education Workshop for SCE faculty and graduating students funded by the UNFPA CO, Bhutan.
- 2015 Facilitated Media Information and Literacy Workshop for SCE graduating student funded by MOIF

Currently, my responsibilities include:

- Programme Leader for the Post Graduate Diploma in Guidance and Counselling PgDGC (both Part time and Fulltime)– coordinate Programme Committee meetings and various workshops for the programme development.
- Facilitated the development of the master curriculum in collaboration with faculty from Naropa University.
- Co-ordinated linkage between The Colombo Plan and Samtse College for Certification and Education of Addiction Professionals.
- Facilitated the review of the PgDGC curriculum.

- Liaised and maintained linkages with relevant organization both within and outside the country for quality Programme development.
- Teaching all Counselling modules in PgDGC (both Part time and Fulltime) such as Counselling Theories, School Guidance and Counselling, Counselling process and Skills, Special Topics, Group Procedures in Guidance and Counselling and Career Education
- Teaching unaccredited modules across the programme: Life Skills Based Comprehensive Sexuality Education and Optional Module Counselling and Career Education (PDE502)
- Advisory roles: Supervise PgDGC students on Counselling Field Practice
- Class Advisor for PgDGC : Provide pastoral care, monitor student progress and supervise SUPW
- Organize and coordinate all PgDGC (both part-time and fulltime) activities and monitoring student progress.
- Leading group meditation for PgDGC once a week.
- Providing Counselling /Group Counselling Services to Trainee teachers in College.
- Developing Tracer questionnaire for PgDGC program offered at the Samste College of Education.

Last Updated: 12th April 2016

Time: 11.00pm

Curriculum Vitae

Karma Gayphel
 Associate Lecturer, Samtse College of Education
 Contact No: (+975) 1767 6344
 e-mail: kgayphel.sce@rub.edu.bt

1. Education:

- 1.1 M.A. (Human Services Counselling)
 Curtin University of Technology, Perth, Western Australia (2006)
- 1.2 Bachelor of Education (Secondary)
 National Institute of Education, Samtse (2002)
- 1.3 ISC (Class XII) Arts
 Jigme Sherubling Higher Secondary School, Khaling (1999)
- 1.4 ICSE (Class X)
 Chukha High School, Chukha (1996)

2. Teaching Experiences

- 2.1. Lecturer, Samtse College of Education (January 2007- Present)
 - 2.1.1 Teach and train counselors: Counselling Theories, Counselling Process and Skills, Psychology of Human Development in both part-time mode and full time PgDGC. (2011-Present)
 - 2.1.2 Teach Child Development, Learning Process, School Guidance and Counselling and Professional subjects (Teaching Skills & Teaching Strategies) in PgDE, B.ED and in-service B.ED Primary. (2007–Present)
- 2.2 Teacher, Ugyen Dorji Higher Secondary School (2002-2005)
 Taught English, Geography and Career Education classes for classes VII - XII.

3. Other Professional Experiences:

- 3.1 Lead Researcher: Conducted a Research Project on '*Spiritual Greenery in Five Schools of Samtse – An Enquiry*' funded by the UNFPA, Bhutan in 2013.
- 3.2 Programme Leader for the Post Graduate Diploma in Guidance and Counselling (PgDGC) (2009 –2012)
 - 3.2.1 Co-ordinated all programme related activities with the highest level of efficiency and competence to provide the academic and organizational leadership for the Programme.

3.2.2 Liaised and maintained proper linkages with relevant organizations both within and outside the country for the effective operation and quality programme development.

3.3.3 Co-ordinated programme development workshops and assisted in the review of the PgDGC curriculum in collaboration with faculties from Naropa University, USA.

3.3 Visiting scholar to Naropa University, Boulder, CO, USA to learn how Contemplative

Psychotherapy is used in the field of counselling - as part of faculty exchange programme between Naropa University and Royal University of Bhutan (Aug. - Dec. 2011).

3.4 Head of Department for Educational Psychology and Counselling Department (2007-2010)

Coordinated Departmental activities including; ensuring fair moderation and assessment practices, teaching-learning, leadership and management in the day to day operation of the Department.

3.5 Scout Master in Ugyen Dorji Higher Secondary School, Haa (2004-2005)
Coordinated all scout related activities in the school.

3.6 Teacher Counsellor in Ugyen Dorji Higher Secondary School, Haa (2003- 2005).

Initiated preventive, developmental and remedial programmes related to Career Education and Counselling in the school.

4. Workshops/Trainings/Seminars attended:

4.1 Training of Trainers for Addiction Professionals conducted by the Colombo Plan: Asian Centre for Certification and Education of Addiction Professionals at Dhaka, Bangladesh (2nd – 11th Dec 2014)

4.2 Universal Human Value Workshop Level I from 19th – 26th April, 2014 at Gaeddu College of Business Studies, Gaeddu.

4.3 Training on Addiction Counselling, Group Counselling and Clinical Supervision conducted by the NBBC International, USA at Thimphu (9th – 11th Sept 2013).

4.4 Second Bi-annual Counselling Conference, Thimphu, Bhutan conducted in collaboration with RENEW and professionals from National Board of Certified Counsellors (NBCC), USA (12- 13th Sept 2013).

- 4.5 Training of Trainers for Addiction Professionals conducted by the Colombo Plan: Asian Centre for Certification and Education of Addiction Professionals at Colombo, Sri Lanka (23 – 30th April 2013)
- 4.6 Training on Life Skills Based Comprehensive Sexuality Education conducted by the UNFPA
CO, Bhutan in collaboration with the Royal University of Bhutan at Gaedu College of Business Studies (22nd – 27th July 2013).
- 4.7 Training of Trainers for Addiction Professionals conducted by the Colombo Plan: Asian Centre for Certification and Education of Addiction Professionals at Paro (21st – 30th May 2012).
- 4.8 Orientation workshop on NDPSSA Act 2005 and other controlled substances and basics of drugs, organized by Bhutan Narcotic Control Agency in Phuntsholing (27– 30 January 2011)
- 4.9 First Bi-annual Counselling Conference conducted in collaboration with RENEW and professionals from National Board of Certified Counsellors (NBCC), USA (7 Feb. 2011).
- 4.10 Lifeskills Education Workshop conducted by IL&FS Education and Technology Services
Limited at Hyderabad, India (20th – 24th July 2010)
- 4.11 Training of Trainers in teaching/learning and curriculum writing, conducted by the Hogeschool, University of Applied Sciences, Leiden, - NFP tailor-made training, in the Netherlands. (11 – 24 January 2009).
- 4.12 Training on Group Facilitation skills - conducted by Holyoake, the Australian Institute for alcohol and drug Addiction Resolutions, Perth, Western Australia (10 – 17 February 2006).
- 4.13 Training of Trainers' workshop on the use of Life Skills Education manual for Scoutmasters
conducted at Khuruthang LSS, Punakha (22nd – 26th Jan 2004).
- 4.14 Basic Unit Leaders Training Course conducted by the Ministry of Education at Drugyel Higher Secondary School, Paro (14th – 20th July 2003).
- 4.15 Workshop on Basic Career and Guidance Counselling Program – conducted by the YGCD,
Khuruthang Lower Secondary School, Punakha (January 2003)

5. Workshop/s resourced:

- 5.1 Facilitated Colombo Plan Asian Centre for Certification and Education for Addiction Professional (CP ACCE) Workshop for Peer Counsellors and Mental Health Professionals from 3rd -12th Feb 2014 at YDF, Phuentsholong, organized by Bhutan Narcotics Control Agency.
- 5.2 Facilitated Colombo Plan Asian Centre for Certification and Education for Addiction Professional (CP ACCE) Workshop for School Counsellors from 23rd Dec 2013– 1st Jan 2014 at Bajothang, Wangdue, organized by Bhutan Narcotics Control Agency in collaboration with the DYS, Ministry of Education.
- 5.3 Facilitated Lifeskills Education Workshop for SCE faculty and graduating students (August 2010, Dec 2010, Dec 2013 funded by the UNFPA CO, Bhutan.
- 5.4 Facilitated *Guidance and Counselling Workshops for in-service Teachers* conducted by the DYCS, Ministry of Education, to promote Career Education and Counselling programmes in schools (Jan 2008).

6. Seminars/Conferences and Publication

Presented a paper on ‘Spiritual Greenery in Five Schools of Samtse – An Enquiry’ in the 3rd International Creative University Network (ICUN) Conference on ‘Creative Economy, Creative University, and Creative Development’ held in Thimphu from 14-16 April 2014. An abstract of the paper is published in the conference book of abstracts, 2014.

7. Currently, my responsibilities include:

- 7.1 Teaching and training:
Following are some modules I am involved in teaching and training for different programmes:
- 7.1.1 PgDE: Educational Psychology (EDU501)
Counselling and Career Education (PDE502)
- 7.1.2 B.Ed (Both Part time and Fulltime):
Introduction to School Guidance and Counselling (EDN412-B.Ed. (S) and (EDN419 - B.Ed. (P)
- 7.1.3 PgDGCP (Both Part time and Fulltime): Career Development and Consultation CDC602, Psychology of Human Development PSY 504, Counselling Theories CTH 502, and other modules in the programme.

7.1.4 Unaccredited modules across the programme: Life Skills Based Comprehensive Sexuality Education and Universal Human Values

7.2 Advisory roles:

Supervise PgDGC students on Counselling Field Practice, B.Ed and PgDE students on Teaching Practice in the Autumn Semester.

7.3 Service:

Provide Counselling Service to students and others through the Student Counselling Service set up in the College.

7.4 Research and Programme Development:

7.4.1 Assist in the development of Masters Programme in Counselling in collaboration with Naropa University, USA.

7.4.2 Carry out timely curriculum review of the modules for B.Ed, PgDE and PgDGC.

7.4.3 Design and develop short courses in the area of Counselling and Educational Psychology for the specified target groups.

Last updated: Friday 28th August 2015

Time : 12.30 pm

Curriculum Vitae

Wangchuk Dorji

Lecturer, Samtse College of Education

e-mail: wangdor97@yahoo.com

1. EDUCATION

- 1.1. M.A (in Human Services Counselling), Curtin University of Technology, Perth, Western Australia (2007-2008).
- 1.2. PGCE (Post Graduate in Certificate Education), National Institute of Education, Samtse Bhutan (2002).
- 1.3. B. A. (Honours) Geography, Sherubtse College, Kanglung Bhutan (1998-2001).

2. Short Courses undergone:

- 2.1. Attended First Annual Counselling Conference (Feb. 2011), Thimphu, Bhutan conducted by professionals from National Board of Certified Counsellors (NBCC), USA.
- 2.2. Vipassana (10 days at Dhamma Ganga Kolkata, India Feb. 2010)
- 2.3. Mental Health First Aid training at Holyoake (Drug and Alcohol Institute of WA) 2008.
- 2.4. Facilitator Training at Holyoake (Drug and Alcohol Institute of WA) 2008.
- 2.5. Advanced Counselling Skills Workshop, Punakha (Jan. 2004)

3. PROFESSIONAL EXPERIENCE

- 3.1. Lecturer, Samtse College of Education (2009 -)
- 3.2. Teacher, Tashitse MSS (2003-June 2007)

4. Workshops resourced:

- 4.1. Facilitated five days Provosts Workshop to establish counselling services in different colleges under Royal University of Bhutan, Gaeddug College of Business Studies (April 2010).

5. Currently, my responsibilities include:

- 5.1. Officiate Programme Leader for the Post Graduate Diploma in Guidance and Counselling (PgDGC) – coordinate Programme Committee meetings and various workshops for the programme development (Aug.-Dec. 2011).
- 5.2. Head of Department for Educational Psychology and Counselling Department – coordinate teaching-learning, assessment, research, leadership and management, etc. (2011...)
- 5.3. Teaching professional modules such as Guidance and Counselling, Educational Psychology, Teaching Skills and strategies.
- 5.4. Providing counselling services to trainee teachers in the college.

Last updated: Friday 28th August 2015.

Time: 3.00. PM

Appendix B: Statistics for Critical Self-Appraisal of PgDGC

Enrolment

Enrolment Part-time

Year	No of candidates	Employment
2012	20	10 full time counselors 2 career education Counselling Division senior counselors 1 UNICEF 7 teacher counselors
2013	20	6 fulltime counselors 14 teacher counselors
2014	21	1 resident tutor Sherubtse 5 fulltime counselors 15 teacher counselors
2016	22	1 RTC Thimphu 1 Kelki HSS 20 teacher counsellors

Full time PgDGC

Year	No of candidates	Employment
2013	29	28fulltime counselors 1 failed
2014	26	17 full time counselors 2 repeat 7 private candidates <ul style="list-style-type: none"> • 1 Private school • 2 YDF walk in centre • 2 Bangkok teaching • 1 Bussiness • 1 unemployed
2015	16	9 fulltime counselors

		1 failed 1 incomplete 5 private candidates 1. Reldri HSS 4. could not contact
2016	13	2 Private candidates 3 10 RCSC

2013 external examiner report

NAME OF EXTERNAL EXAMINER.....Naina Kala Gurung

ACADEMIC YEAR.....2013 (Spring Semester)

PROGRAMME TITLE:Postgraduate Diploma in Guidance and Counselling

AREAS OF RESPONSIBILITY:Moderation of Question Papers and assessment of assignments for the following modules

1. Introduction to Guidance & Counselling (IGC 501)
2. Counselling Theories (CTH 502)
3. Counselling Process & Skills (CPS 503)
4. Group Procedures in Guidance & Counselling (GPC 601)

5. Career Development & Counselling (CDC 602)

Background

This task was carried out at the invitation of the Director General, Samtse College of Education, with regard to the guidelines from the Director, Academic Affairs, Royal University of Bhutan which states that the primary purpose of the external examiners is to assure quality and enhance University's programs and awards and students' learning experiences by ensuring that:

- assessment methods are appropriate and measure student achievements against the intended outcomes of the programs;
- assessment operates in line with the university regulations;
- academic standards are set and maintained at an appropriate level;
- standards are comparable with similar awards conferred by other universities.

The Samtse College of Education (SCE) had invited me for any one of the following events;

1. Moderation of Question Papers
2. Semester End Examinations

3. Moderation of Course Work and Answer Scripts
4. PBE Meeting

I choose to visit the SCE during the **Moderation of Question Papers**.

Procedures

The following procedures were carried out to gather information and evidence to give a fair knowledge on the standards and practices in the teaching of the programme titled **Postgraduate Diploma in Guidance and Counselling (PgDGC)** and in particular the standards of the question papers of the five modules for the Spring Semester End Examinations and the assignments given to the students during the first semester.

1. Interviewed the 27 full time students, twice (on 16th and 17th May 2013).
 2. Meetings with the three internal examiners, individually and in group.
 3. Went through the question papers, set for the Spring Semester End Examination, individually with each concerned tutor/internal examiner and provided suggestions, which were marked on the question papers and the remarks were ticked on the *Checklist on the Examination Paper Moderation Form* (provided by the Examination Committee).
 4. Went through the assignments guidelines and provided suggestions.
 5. Went through the seven numbers of student assignments, which were reflective journals.
 6. Interacted with relevant faculty members.
1. **ASSESSMENT/AWARDS**
 - 1.1 Please circle [Y= yes; N= no; N A = not available]

1.1.1 Have you had adequate opportunity to see student work which had been assessed? **Yes** Y / N / NA

1.1.2 Were you given a suitable variety of student work which had been assessed? For example, examination scripts, essays, project work etc? Y / N / NA

*No. I got only 7 assessed assignments (Reflective Papers) from the module **Career Development and Consultation**. Examination scripts were not available as examinations are in June.*

1.1.3 Were you given adequate opportunities to speak with internal examiners? **Yes** Y / N / NA

1.1.4 Were you given the opportunity to meet other externals involved on the program in private? Y / N / NA

NA

1.1.5 Did you need to speak to students? Y / N / NA

Yes

1.1.6 Were you given the opportunity to speak to them? Y / N / NA

Yes

1.1.7 Was the meeting of the Program Board of Examiners properly conducted? Y / N / NA

NA

1.1.8 Was assessment properly conducted in your view? Y / N / NA

NA

1.1.9 Did you receive assessed work in sufficient time? Y / N / NA

Yes

1.1.10 Were you given the opportunity to comment on the assessment and the examination questions? Y / N / NA

Yes

1.1.11 Did you find it necessary to recommend significant alterations? Y / N / NA

Yes

1.1.12 Were these recommendations acted upon? Y / N / NA

Yes

Please indicate below any shortcomings or positive features in any of these matters.

1.2 Comments on the operation and conduct of the Program Board of Examiners.

1.3 Comments on the overall performance of the students in relation to that of comparable levels of work in other institutions.

1.4 Comments on the strengths and weaknesses of the students in general with respect to knowledge, conceptual grasp and application of skills.

Most of the students have very good grasp of the knowledge and concept. Most seemed very interested in the program. They demonstrated a lot of contemplative views and practices, which they had learnt from their five day retreat. Many of them expressed that they were in better control over their thoughts and emotions after the practices they had. Many of them asked very pertinent and appropriate questions. However, some of them need to brush up their English Language skills so that they can put across their thoughts correctly for the listeners to make sense of them.

1.5 Comments on the structure, design, organization and marking of assessments, including your views on the quality of feedback to students.

*In this semester the students had written five reflective papers on the learning from the four modules and the retreat, worked on two big assignments (research based) and are presently enacting role plays for their skill developments. I found these assignments well structured and organized. However, the assignments are marked on three areas only: **Concept, Analysis and Clarity**. I recommend that **presentation** (the layout of the work, paragraphing, neatness and arrangement) and **language** also be assessed.*

The students expressed that they were comfortable with the assignments. The only challenge was the insufficient reference resources. The internet is slow and available only in the computer lab and that the reference books are not enough.

1.6 Comments on the **student** assessment load.

The students expressed that they are able to do the assessments given, on time and that they are given appropriate guidance in doing their assignments. They were not stressed as such.

- 1.7 Does student work demonstrate that the program is supporting the development of the students' subject skills and their personal and professional capabilities?

Yes. The assessments (reflective paper, research paper and the role plays) and the question papers were all directed to testing the remembering, understanding, applying, analyzing, creating and evaluating of the subject content. The assessed assignments that I studied and the interaction that I had with the students confirmed that the programme is supporting the development of the students' subject skills and their personal and professional capabilities

- 1.8 In your opinion are there any matters of serious concern arising from the assessments which put at risk the standard of the award?

For counsellors, it is so very essential to have very good communication skills (understanding and responding), both written and spoken.

I interacted with the students twice and read through in detail the assessed students' work. I observed that the students have pretty good grasp of the knowledge and concepts of the program but their spoken and written language could have been better; befitting the graduates who have been taught and learning in English medium since PP. English is not our mother tongue, but simple correct sentences are expected of the graduates, more so in this profession. Moreover, they will be working in schools with young students.

The tutors are encouraging them in various ways (like reading books). I recommend that some appropriate points be awarded for putting ideas and thoughts correctly with proper sentence structures. In the role plays that the students carry out, as part of their skill development practice, their spoken language could be assessed along with the counselling micro skills and knowledge. These graduates already have fair command of English language so they just need to brush up further and be mindful about all the English language rules.

2. CURRICULUM DESIGN AND DELIVERY

- 2.1 Comments on the curriculum design, in general.

The curriculum is appropriate for the program and the outcome expectation of the students. The retreat, in my personal view, is an excellent and appropriate practice in their personal and professional growth.

- 2.2 Comments on the quality and general presentation of program material; particularly that designed to support learners.

There are quite a good number of excellent books on counselling in the college library. The college also has access to some very good online magazines and other materials. There are enough computers and photocopiers. The display boards also had appropriate materials for the students to read and learn from. It could be better if the internet speed could be increased and also made available in the hostels.

3. **LEARNING ENVIRONMENT/STUDENT EXPERIENCE**

- 3.1 Comments on the learning environment and general resources available to students.

The college campus is green, spacious and peaceful. The classrooms are spacious and airy. The sporting facilities, auditorium, the prayer hall, the library, the hostels and all the other structures are good. Most of the basic facilities are in place and working. They also have their own catering provisions besides the canteen. The campus is clean and has a pleasant psychosocial ambience. The environment is conducive to learning.

4. **COURSE MANAGEMENT**

- 4.1 Comments on the action, if any, taken in response to comments in your last visit's Report. (This does not apply if you are examining for the first time.)
- 4.2 Comments on the overall management of the program.

The three faculty members work in collaboration. The program leader coordinates all the activities in consultation with the other two members and the other concerned faculty members. The management of the program is good. The students are happy. The program is taking off well.

5. **OTHER ISSUES/MAIN ISSUES**

- 5.1 Especially if you are a retiring External Examiner, are there any other issues, including the main issues arising from your experience of the operation of the program or more generally which you wish the Program Committee to address?

Signed: