EDU 449: Pre-practicum in Community Mental Health Counseling  
University of Rochester  
Warner Graduate School of Education and Human Development  
Department of Counseling and Human Development  
Fall 2011  
WELCOME!  

**Instructor:** Andre Marquis, Ph.D., LMHC, NCC  
Office: Dewey 1-306  
Phone: 275-5582  
Email: amarquis@its.rochester.edu  
Class Meeting Times: Monday 7:35 – 10:15 pm  
Class Location: Dewey 1-305

**Teaching Assistant:** Deborah Hudson, LCSW-R  
deborahdee1219@aol.com

**Course Description:**  
This course aims to introduce you to, as well as have you develop your skills in, intake procedures, biopsychosocial case conceptualization, mental health status examinations, treatment planning and the documentation/record keeping of such.

**Course Objectives:**  
1. To understand to principles, models and documentation formats of biopsychosocial case conceptualization and treatment planning (II.C.7).  
2. To learn how to document one’s assessments, conceptualizations, and treatment plans in accord with current record-keeping standards in the field of mental health counseling (II.D.7).  
3. To understand the principles from which different models of assessment derive as well as their role in creating appropriate counseling treatment plans (II.G.1).  
4. To learn principles of case conceptualization, from generic to biopsychosocial to integral (II.G.1).  
5. To understand the clinical importance of treatment plans  
6. To understand various models and approaches to clinical evaluation, including mental status examinations, symptom inventories, and progress notes (II.G.2).  
7. To demonstrate skills in conducting the following in order to plan treatments and manage caseloads (II.H. 2):  
   a. intake interviews  
   b. mental health examinations  
   c. biopsychosocial histories  
   d. mental health histories  
8. To understand the advantages and disadvantages of intensive assessment practices.  
9. To understand the benefits and limitations of traditional biopsychosocial models.  
10. To cultivate an appreciation for the ways that psychological, biological, developmental, cultural, and systemic/ecological factors interact and impact clients, their struggles and the counseling process.

**Pedagogical Methods:**  
This class will consist primarily of mini-lecture (including those from guest lecturers); small group and class discussion/critical thinking; observations of, and critical analyses of, experts in assessment conducting intake interviews, mental status examinations, etc.;
and considerable time practicing skills such as conducting intake interviews, mental status examinations, mental health histories, etc. Overall, these different teaching methods are designed to provide you with an opportunity for your own experiential learning and self-reflection. Instructor lectures are NOT the primary modality for learning in this course. Thus, you are expected to immerse yourself in the multiple opportunities for learning that will facilitate your developing assessment, conceptualization and documentation skills.

**Required Texts:**

**Attendance and Participation:**
The intensive nature of adult learning and graduate instructional methods necessitate your full and committed participation for the sake of your own learning as well as that of your fellow classmates. Because much of your learning will occur during classroom activities and discussions, attendance is mandatory. One excused absence is permissible but your grade will be reduced by ½ letter grade for each additional absence. Students should come to class having completed all required assignments and be fully prepared to participate in discussions and activities. Although there will be a brief lecture during class, the bulk of your time will be spent discussing and critiquing course content with peers, viewing video demonstrations by experts, and practicing different forms of assessment, conceptualization, treatment planning and documentation. *Actively participating* in class activities may involve some level of personal disclosure. It is important that confidentiality regarding classroom activities be maintained. Due to the interactive nature of this course, it is crucial that students conduct themselves professionally during activities that involve challenging peers and constructively critiquing one another. Additionally, out of respect for other students, *please be sure to turn off cell phones, beepers, and pagers before entering class.*

+++In all cases, page lengths refer to double-spaced, 12 font, with 1” margins.

**Weekly Reflection Notes:**
Each week, you are to bring to class a minimum of 3 discussion points (you are strongly encouraged to take more elaborate notes than merely 3 points). These can be questions about the week’s readings, reactions to what you’ve read, and so forth. *They must be written down.* Failure of the class to engage in discussions or ask pertinent questions will result in my giving quizzes at the beginning of each class, to ensure that students are reading the material before each class. *You are expected to share key points from your weekly reflection notes in class* (this will facilitate discussion and dialogue of important aspects of each week’s readings).

**Assignments:**
1. Read (and preferably study) all required reading assignments before the class in which we are covering that material and write a minimum of 3 discussion points.
2. Attend and *actively participate* in class discussions and experiential exercises.
3. Biopsychosocial assignment. After having read, studied and discussed the principles, models and documentation formats of biopsychosocial case conceptualization, you will assess a mock client and write a biopsychosocial case conceptualization and appropriate treatment plan.

4. Video yourself performing an intake interview that includes the gathering of biopsychosocial data and performing a mental status examination (this is the “term” assignment).

5. Documentation and record-keeping assignment: Combine the materials from #3 and #4 above (as well as other practice sessions involving interviewing skills, symptom inventories and so forth) to demonstrate (with a mock client) your ability to appropriately document and keep clinical mental health records of: the intake session, treatment plan, a minimum of at least 3 other sessions, and a discharge session and summary.

Grading:
Grades will be given in accordance with the guidelines for graduate study as outlined in the “Graduate Studies Official Bulletin.” This course is taught on a satisfactory/unsatisfactory basis, with 80% or higher required to pass. Grading weight will be calculated as follows:

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<th>Component</th>
<th>Weight</th>
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<tr>
<td>Attendance and participation</td>
<td>10%</td>
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<tr>
<td>Midterm exam</td>
<td>15%</td>
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<td>Final exam</td>
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<tr>
<td>Biopsychosocial assignment</td>
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<tr>
<td>Video of an intake interview (with biopsychosocial, symptom inventories and MSE)</td>
<td>25%</td>
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<tr>
<td>Documentation and record-keeping assignment</td>
<td>15%</td>
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Students may receive a grade of “Incomplete” (I) only by arrangement with the instructor. Failure to make such arrangements will lead to a grade being assigned on the basis of the work completed by the student. Once assigned, such a grade cannot be changed. Work for courses with grades of “Incomplete” must be completed no later than one year after the course concludes, although instructors may require that work be submitted sooner. If the work is not completed within the designated time, the instructor will grade the student on the basis on the work completed at that time, and this grade will be permanent. Extensions will be granted only for documented cases of illness or disability.

Classroom Environment:
Aspects of class discussions may be difficult or challenging. We share, as a classroom community, the task of negotiating the dual priorities of authentic free speech and active regard for all others. Given the nature of our discussions, we need to have these discussions in a safe and supportive environment. It is important that we listen to each other about how our words and actions are affecting one another and that we openly, directly discuss any class moment in which something feels hurtful or possibly inappropriate. Therefore, racial, sexual, gender, or abled slurs and personal attacks on other’s ideas will not be permitted. We will negotiate other guidelines about classroom discussions throughout the course.

Accommodations:
Students requiring special accommodations due to a disability should contact the instructor as soon as possible. It is important that students requiring special needs contact the Office of University Disability Resources, which is the department responsible for
maintaining the Universities compliance with regulations under Section V of the Rehabilitation Act.

**Tentative Course Calendar**

**Sept. 12**  
**Orientation to course; Syllabus; My approach to teaching & learning**  
- Introductions  
- What is the relationship between initial assessment, treatment planning and successful counseling?  
- Negotiating this syllabus such that next week it will be a contract

**19**  
**An introduction to initial intake assessment and the bottom line of mental health care (81) (II.G.1)**  
  - Marquis (2008) Ch 1: Some general assessment foundations (22)  
  - Marquis (2008) Ch 2: Integral theory: The theory behind the Integral Intake (22)  
  - Morrison (2007) Ch 1: Openings and introductions (7)  
  - Morrison (2007) Ch 2: Chief complaint and free speech (9)  
  - Johnson & Johnson (2003) Preface (2)  
  - Johnson & Johnson (2003) Ch 1: Real world scenarios (5)  

**26**  
**Intake assessment 2 (80) (II.G.1 & II.H. 2)**  
- Hohenshil (1996): Role of assessment and diagnosis in counseling (4)  
- Morrison (2007) Ch 4: Managing the early patient interview (5)  
- Morrison (2007) Ch 5: History of the present illness (10)  
- Morrison (2007) Ch 6: Getting the facts about the present illness (8)  
- Morrison (2007) Ch 7: Interviewing about feelings (10)  
- Morrison (2007) Ch 8: Personal and social history (18)

**Oct 3**  
**Intake assessment 3 (72) (II.G.1 & II.H. 2)**  
- Morrison (2007) Appendix A: Summary of the initial interview (8)  
- Morrison (2007) Appendix D: Sample written report with formulation and treatment plan (5)  
10  
**Intake assessment 4, record-keeping, and some documentation formats (85)**
- Morrison (2007) Ch 10: Control of the later interview (6)
- Marquis (2008) Ch 4: The spectrum of development, pathology, and treatment (42)
- ACA & AMHCA code of ethics regarding assessment and record-keeping (2)
- Examples of documentation formats (may not be on Blackboard; they may be in handouts only)

17  
**Biopsychosocial assessment and formulation; Case conceptualization/formulation (90)**  
(II.C.7 & II.G.1)
- Johnstone & Dallos (2007): Introduction to formulation (15)
- Berman (2009) Developing case conceptualizations and treatment plans (18)
- Kuyken et al. (2009) Ch 1: The Procrustean dilemma (24)
- Comprehensive biopsychosocial evaluation (7)
- Campbell & Rohrbaugh (2006): Biopsychosocial case study (26)

24  
**The mental status examination (MSE) (80) (II.G.2)**
- “The mental status exam (3 pages)” (3)
- “The mental status exam 2 (32 pages)” (only need to read the first 5 pages) (5)
- Trzepacz & Baker (1993): Case examples of MSE and a general outline of a written MSE report (14)
- mental health status exam:  

31  
**More assessing: Continuing with MSE to Symptom inventories (11) (II.G.2)**
- Brief Symptom Inventory (not on Blackboard)
- Beck Depression Inventory (not on Blackboard)
- Midterm Exam

Nov. 7  
**More on interviewing (55)**
• Morrison (2007) Ch 17: Special and difficult patients (17)
• Biopsychosocial assignment due

14
Treatment planning 1 (66) (II.G.1)
• Johnson & Johnson (2003) Ch 3: The advantages of a treatment plan (5)
• Johnson & Johnson (2003) Ch 8: Long-term and short-term goals (5)
• Jongsma et al. Treatment planning: Introduction, Depression, Anxiety, and Intimate Relationship Conflicts (32)
• Morrison (2007) Ch 19: Making recommendations (11)
• Intake Interview Video assignment due

21
Documentation, record-keeping, and termination/discharge summaries (66) (II.D.7)
• Johnson & Johnson (2003) Ch 10: Documentation and updates (6)
• Johnson & Johnson (2003) Ch 11: Discharge planning (4)
• Johnson & Johnson (2003) Ch 14: Treatment planning practicum (35)
• Johnson & Johnson (2003) Ch 15: Initial treatment plans (6)
• Morrison (2007) Ch 20: Communicating your findings (15)

28
Treatment planning 2 (79) (II.G.1)
• Jongsma et al. ch 1: Introduction (9)
• Marquis (2008) Ch 7: Putting it all together: Interpreting clients’ responses and treatment planning (70)

Dec.  5
Clinical evaluation (31) (II.G.2)
• Johnson & Johnson (2003) Ch 13: Measuring outcomes (9)
• Outcome Questionnaire-45 (not on blackboard)
• Johnson & Johnson (2003) Ch 16: Forms (don’t need to read thoroughly but be aware of them)
• Documentation assignment due

12
Final class meeting: Re-cap and summary
• Final Exam

***The professor reserves the right to modify these guidelines in order to promote optimal learning opportunities***
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<tr>
<th>CACREP Standard</th>
<th>Learning Objective</th>
<th>Observable Outcome</th>
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<tbody>
<tr>
<td>II.C.7.</td>
<td>Knows the principles, models, and documentation formats for biopsychosocial case conceptualization and treatment planning</td>
<td>Biopsychosocial assignment</td>
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<tr>
<td>II.D.7.</td>
<td>Applies current record-keeping standards related to clinical mental health counseling</td>
<td>Documentation and record-keeping assignment</td>
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<td>II.G.1.</td>
<td>Knows the principles and models of assessment and case conceptualization and their role in creating appropriate counseling treatment plans</td>
<td>Biopsychosocial assignment and exams with relevant content</td>
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<tr>
<td>II.G.2.</td>
<td>Understands various models and approaches to clinical evaluation and their appropriate uses, including mental status examinations and symptom inventories.</td>
<td>Intake interview video assignment and exams with relevant content</td>
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<td>II.H. 2.</td>
<td>Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, and a mental health history for treatment planning and caseload management</td>
<td>Intake interview video assignment</td>
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BIOPSYCHOSOCIAL RUBRIC

STUDENT NAME _______________________________________________________________

n/o = Not Observable  1 = Insufficient  2 = Emergent/needs improvement  3 = Basic proficiency  4 = Outstanding

n/o 1 2 3 4 - Appropriately organizes and documents mental health history, including identifying data, chief complaint, history of present concerns, past medical and mental health history, medications, past psychiatric history, substance abuse history, family mental health history, developmental/social history

n/o 1 2 3 4 - Appropriately addresses how biological aspects may contribute to the client’s concerns (genetics, physical conditions, substances [both prescribed and illicit])

n/o 1 2 3 4 - Appropriately addresses how psychological aspects may contribute to the client’s concerns (psychological vulnerabilities, disruptions in psychological development, recurrent relational difficulties, problematic behaviors)

n/o 1 2 3 4 - Appropriately addresses psychosocial stressors and their consequences

n/o 1 2 3 4 - Appropriately addresses coping mechanisms (both adaptive and maladaptive)

n/o 1 2 3 4 - Appropriately addresses how social dimensions may contribute to the client’s concerns (family, friends, significant others, education, work, housing, income, access to healthcare, legal problems/crime)

n/o 1 2 3 4 - Appropriately addresses how cultural and/or spiritual dimensions may contribute to the client’s concerns (cultural/spiritual identity, cultural/spiritual explanations of the client’s concerns, cultural/spiritual elements of the relationship between client and counselor, overall cultural/spiritual assessment as pertinent to conceptualization and treatment)

n/o 1 2 3 4 - Appropriately conceptualizes the preceding information in an integrated formulation and writes it in a (largely) chronological manner

n/o 1 2 3 4 - Writes case notes in standard syntax and a professional style

n/o 1 2 3 4 - Provides a DSM-IV multiaxial differential diagnosis

n/o 1 2 3 4 - Appropriately assesses for and documents risk of suicide and/or violence

n/o 1 2 3 4 - Utilize all preceding information to create a biopsychosocial treatment plan that addresses and/or includes the following elements: biological (any diagnostic, neuroimaging or other lab tests to evaluate for physical conditions, current medications [risks and benefits of each], any other...
forms of treatment the client is receiving); psychological (central concerns and methods for reducing symptoms and underlying contributors, reducing psychosocial stressors, coping mechanisms for dealing with stressors [cognitive, behavioral, relational]; social (specific social problems and interventions to reduce them)

n/o 1 2 3 4 - Appropriately provides a prognosis including disorder-related factors and treatment-related factors and client-related factors

n/o 1 2 3 4 - Appropriately documents all of the above

Overall this assignment is (1 = insufficient 2 = emergent 3 = proficient 4 = outstanding) in meeting the requirement.
INTAKE VIDEO RUBRIC

STUDENT NAME ________________________________________________________________

n/o = Not Observable  1 = Insufficient  2 = Emergent/needs improvement  3 = Basic proficiency  4 = Outstanding

n/o 1 2 3 4 - Attentively listens to the (mock) “client” about her presenting concerns and establishes rapport

n/o 1 2 3 4 - Appropriately balances being attuned to what is important to the client while also not getting so sidetracked as to be unable to gather needed intake information (this is not a simple thing to do and it is also a function of the specific client)

n/o 1 2 3 4 - Appropriately obtains biopsychosocial history (overall):
  n/o 1 2 3 4 - biological aspects pertinent to client’s concerns
  n/o 1 2 3 4 - psychological aspects pertinent to client’s concerns
  n/o 1 2 3 4 - psychosocial stressors and their consequences
  n/o 1 2 3 4 - coping mechanisms (both adaptive and maladaptive)
  n/o 1 2 3 4 - cultural and/or spiritual dimensions pertinent to client’s concerns
  n/o 1 2 3 4 - assesses for and documents risk of suicide and/or violence

n/o 1 2 3 4 - Appropriately obtains mental health history (overall):
  n/o 1 2 3 4 - identifying data
  n/o 1 2 3 4 - chief complaint
  n/o 1 2 3 4 - history of present concerns
  n/o 1 2 3 4 - past mental health history
  n/o 1 2 3 4 - medications
  n/o 1 2 3 4 - substance abuse history
  n/o 1 2 3 4 - past psychiatric and/or counseling history
  n/o 1 2 3 4 - family mental health history
  n/o 1 2 3 4 - developmental and social history

n/o 1 2 3 4 - Demonstrates an ability to appropriately administer a symptom inventory

n/o 1 2 3 4 - Appropriately performs a mental status evaluation (overall):
  n/o 1 2 3 4 - observations of appearance (including ethnicity, body build, appearance in relation to age etc.; basic grooming and hygiene)
  n/o 1 2 3 4 - manner and approach (eye contact, attitude toward clinician, activity level, speech and psychomotor behavior [gait and motor coordination, posture, abnormal movements, rate of movements])
  n/o 1 2 3 4 - level of consciousness (from totally unresponsive - to responsive to touch or painful stimuli only - to response to verbal and nonverbal stimuli)
  n/o 1 2 3 4 - mood and affect (appropriateness of affect, range of affect, stability of affect, specific mood or feelings reported or
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<th>Speech (rate, flow, intensity of volume, clarity, liveliness, quantity)</th>
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<th>Cognition (attention and concentration, memory [ST &amp; LT], abstraction, insight into problems, orientation [time, place, person], judgment)</th>
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Overall this assignment is (1 = insufficient 2 = emergent 3 = proficient 4 = outstanding) in meeting the requirement.
DOCUMENTATION/RECORD-KEEPING RUBRIC

STUDENT NAME

n/o = Not Observable  1 = Insufficient  2 = Emergent/needs improvement  3 = Basic proficiency  4 = Outstanding

n/o  1  2  3  4  - Appropriately creates, maintains, stores all records in a secure and confidential manner (from the intake session and informed consent forms to final sessions and discharge summary)

n/o  1  2  3  4  - Appropriately plans for the disposal of client records

n/o  1  2  3  4  - Client records must include: client name, fee arrangement and record of payments, dates counseling was received, informed consent/personal disclosure form, intake form(s), any assessments or evaluations, presenting problem(s)/diagnosis, notation and results of any formal consults (including information obtained from other persons or agencies through a release of information), treatment plan, progress notes sufficient to support responsible clinical practice for the type of counseling provided, any correspondence, any releases of information, and a termination summary

n/o  1  2  3  4  - Quality of progress notes

Overall this assignment is (1 = insufficient  2 = emergent  3 = proficient  4 = outstanding) in meeting the requirement.
My Teaching Manifesto: A Declaration of Interdependence

When I reflect upon my life and contemplate the people who have most influenced me, I am struck by how many of them have been my teachers. I truly consider teaching to be a sacred profession – one with great privilege and, therefore, great responsibility. I feel fortunate to be an educator, and I will strive to bring my enthusiasm and passion for learning and inquiry into each lecture, class discussion, and dialogue with students. My goals are to guide, to inspire, and to be present in a way that communicates my respect for the process of inquiry, the role of community and dialogue in the learning process, and the importance of maintaining a humble sense of awe and wonder at the entire venture. To this end, I want to make my perspectives on teaching and learning explicit, so that we may discuss them and you may help me remain accountable to my intentions and commitments as a teacher. What I teach is powerfully influenced by my own continual learning and I attempt to learn from my students each time that I teach them.

My philosophy of teaching is fundamentally a perspective on learning and development - and all learning and development require a journey beyond that which is comfortably known or assumed. If the journey goes too far or proceeds too quickly, the learner may become lost and may retreat or become discouraged by the process. If the journey is too small or too slow, the learner may become bored or disengaged from the quest. When the journey affords an optimal dose of “developmental frustration” – the appropriate balance of what can be assimilated and what must be accommodated – people can explore the edges and horizons of new lessons and, hopefully, integrate them in a manner that enriches and expands their conceptual base camp. I believe that, optimally, this process continues endlessly, helping us lead actively-engaged, dynamic and ever-developing lives.

I will strive to create a community of inquiry in which all members, including myself, recognize the intersubjectivity between themselves, as well as the interdependence of teaching and learning. Thus, I encourage all of us to continually re-examine our embeddedness within various contexts, hopefully creating a space in which, and from which, we may shed more light upon our tacit and overly-conservative commitments to keep our thinking and understanding at its present level and order.

I hope to intentionally foster a feeling of safety and a willingness to take risks, which depends, in part, upon our capacities to respect differences of all kinds. Learning always involves novelty and expansion. Thus, we must be willing to renounce our grasping to our old ordering processes, even though they offer security by reinforcing the illusion that we “have the answers.” Practicing this, I hope to continually develop my pedagogical abilities such that I do not teach simply as a dispenser of information or “beacon of knowledge.” Rather, I desire to explore transformational learning experiments from first-, second-, and third-person perspectives and methodologies.

I hope to genuinely honor as many different views as possible, exploring their strengths as well as their limitations. I will strive to model openness and receptivity to critical feedback - especially regarding my assumptions and commitment to Integral Studies and other theoretical and practical disciplines to which I subscribe. Consonant with my commitment to integral/pluralistic inquiry, I aspire to honor body, mind, and spirit as they manifest in self, culture, and nature. I hope to communicate this intention with a variety of exercises and practices for first-, second-, and third-person experiences.

I want all of us to give and receive feedback – both positive and constructive/critical – throughout the semester. This class is designed not only for you to learn specific content, but also to further your critical thinking skills. Thus, I will
challenge you in class, but *I will challenge your intellectual views and how your support them with varying forms of evidence and warrant – not you personally.* As such, I will ask you to support or justify your views and practices. I hope that both my communicative skills and your attitude toward learning allow you to not receive or perceive my challenges as personal. *I have provided you with my intentions so that you may give me feedback as to how I am living up to my goals. In return, I hope that you make commitments of your own regarding your processes of inquiry and learning.*

Perhaps the following can serve as a guide for your own intentional commitments:

I hope that you will view our experience together as a catalyst for the development of your own consciousness, being, and commitment to social justice. Such development always requires some discomfort and frustration. Thus, I am asking that you not run away from material or challenges that do not “fit” with your worldview. Whenever something strikes you intensely, *I encourage you to reflect upon your reactions to it,* as well as the material itself, *rather than quickly discounting it.* Avoiding the frustrating aspects of learning is, truly, an abortion of our own development. Instead of being preoccupied with “truth” and the “answers,” I want all of us to become much more interested in the process of continual inquiry – the art and science of asking, considering, and pondering important and relevant questions. Rather than settle for premature claims to truth, let us quest together, wary of overly simplistic answers and thinking. Together, we can discover more inclusive, encompassing, and compassionate ways of being, both within ourselves, and with one another.

I feel privileged to be a teacher of yours and I hope that our work together will communicate both the excitement and humility with which I approach this endeavor.

Sincerely,

Andre Marquis, Ph.D.