



Course: PSY7529 Cognitive-Behavioral Approaches to Interventions
School: California School of Professional Psychology
Term and Year: Spring 2013
Course Units: 3 Units
Grading: Letter Grades

Instructor: Jackie Parke, Psy.D. (Note: formerly Jackie Moonilal, Psy.D.)
Office Hours: By appointment

I. Rationale

The Cognitive-Behavioral Approaches to Interventions course was developed to present an overview of the theoretical knowledge and clinical skills necessary to conduct cognitive-behavioral therapy with a wide range of clinical populations. Cognitive-behavioral therapy is an empirically validated form of therapeutic intervention which helps target a range of disorders and clinical presentations, making it one of the most versatile forms of therapy. It is often the treatment of choice for many psychological disorders and is a valuable tool within managed care, forensic settings, and in community clinics and private practices across the country. It is the mission of Alliant International University to produce students who have studied and critically evaluated their own beliefs of various theoretical orientations of therapy and to have acquired the skills necessary to provide the necessary treatment in an effective, empathic, and overall therapeutic manner.

II. Course Description, Purpose, Student Learning Outcomes, and Assessment

A. Course Description

This course focuses on the development of the knowledge and practical skills necessary to conduct cognitive-behavioral therapy with a wide range of clinical populations. A core element of the course will be in understanding the basic theoretical underpinnings of cognitive behavioral therapy and learning how to practically apply it to a range of clinical disorders. It is strongly believed that the most effective means of learning a form of therapy is practical application, and as such a fundamental element of this class will be to actively apply the skills learned in the class both during and outside of the classroom. Students will leave this course with an understanding of how and why cognitive behavioral therapies work, as well as having acquired tangible skills to apply cognitive-behavioral interventions with clients.

B. Goals

This course will expose students to the theoretical knowledge and clinical skills involved in cognitive-behavioral therapy. The course will cover the following content:

- The theoretical underpinnings of cognitive-behavioral therapy and the manner in which a person's behavior, emotions, and thoughts can affect one another

- Ways in which to structure a cognitive-behavioral therapy session
- Specific cognitive-behavioral techniques and strategies that can be utilized as interventions in therapy
- How resistance manifests in the therapeutic process and can be addressed by the therapist
- How cognitive-behavioral therapy can be utilized with specific patient populations
- Case conceptualization from a cognitive-behavioral perspective

C. Specific Learning Outcomes

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

1. Develop an understanding of the theoretical underpinnings of cognitive-behavioral therapy and the manner in which a person's behavior, emotions, and thoughts affect one another
 - a. Students will be able to discuss the process by which emotions, thoughts, and behaviors affect one another
 - b. They will be able to discuss the manner in which such thoughts and behavior become fixed and repetitive cycles
2. Recognize ways to structure a cognitive-behavioral therapy session and apply specific techniques and strategies
 - a. Students will be able to identify a few ways to structure a cognitive-behavioral therapy session
 - b. Students will be able to identify cognitive-behavioral techniques and strategies that may be utilized as interventions in psychotherapy
 - c. Students will be able to demonstrate session-structuring and specific psychotherapeutic interventions through mock therapy sessions and weekly group exercises
3. Identify and understand resistance during the therapeutic process and learn ways to address it
 - a. Students will be able to identify multiple forms of resistance in therapy and discuss clinical hypotheses as to why such resistance is occurring. Students will be able to identify strategies to "work with the resistance" and discuss feelings of countertransference that occur in the process.
4. Learn how to utilize cognitive-behavioral therapy with specific patient populations
 - a. Students will develop understanding of specific clinical disorders and learn how to apply cognitive-behavioral strategies specific to the disorder
5. Learn how to conceptualize a case from a cognitive-behavioral perspective
 - a. Students will be able to create a case conceptualization from a cognitive-behavioral perspective

Instructional Strategy

This course will utilize multiple formats in the presentation of material. It will incorporate traditional learning methods (such as readings, lecture, and in-class discussion) with technology and more interactive activities (such as multimedia presentations and in vivo role play activities). Using

a range of teaching formats will allow for different learning styles to be represented and different aspects of education to be procured.

Most importantly, the balance between acquiring knowledge through lecture and practicing it through role-play exercises in class will provide an enriched academic experience. It will allow for the knowledge-based concepts to translate into practical applications and experiential learning, which assists students in understanding how concepts can be practically applied in clinical settings.

Description of Course Requirements and Assessment Methods

Students are expected to read the assigned materials before coming to class and be prepared to discuss the readings and apply them to class discussions and case vignettes. Class participation is required and constitutes part of the final grade. Sharing ideas and engaging in intellectual dialogue are requirements of the course and constitute an integral part of preparation to be a psychologist. Participation in class discussion is an important component for evaluating student competence. Through participation, students also contribute to others' learning and advance their own personal understanding. It is one way in which students are able to demonstrate mastery of class material, course specific objectives, and the ability to engage in problem solving and professional learning behaviors.

If speaking in class is difficult for anyone, the student should inform the instructor and work with her to find a possible alternative means for satisfying this requirement. No one should hesitate to interact with the instructor as needed to help meet this requirement.

The final semester grade is determined by the following weighting of class participation and assignments:

Class attendance and participation:	20% of grade (up to 20 points)
Treatment Planning Presentation:	40% of grade (up to 40 points)
Case Conceptualization Paper:	40% of grade (up to 40 points)

Class Participation Rubric

- 20 points: Student arrives on time, stays until class is dismissed and actively participates in 90% or more of classes, including in-class activities and role-plays
- 18 points: Student arrives on time, stays until class is dismissed and actively participates in 85% or more of classes, including in-class activities and role-plays
- 16 points: Student arrives on time, stays until class is dismissed and actively participates in 80% or more of classes, including in-class activities and role-plays
- 14 points: Student arrives on time, stays until class is dismissed and actively participates in 75% or more of classes, including in-class activities and role-plays
- 12 points: Student arrives on time, stays until class is dismissed and actively participates in 70% or more of classes, including in-class activities and role-plays
- 0 points: Student actively participates in less than 70% of classes

Treatment Planning Presentation (40 points): Students will sign up for a class date and pick one disorder listed in the table of contents of the Barlow (2008) textbook. On the date of their presentation, the student will give a 30-minute presentation of that chapter of the Barlow (2008) text, summarizing the major heading sections of the chapter with regard to treatment of that

disorder. The purpose of the presentation is to provide each student with a greater sense of familiarity/mastery with treatment planning for specific disorders through “learning by teaching.” The class presentations also serve to familiarize all members of the class with treatment approaches for specific disorders and clinical populations that integrate cognitive-behavioral interventions. A successful presentation will provide the audience with a sense of having “walked through” a course of treatment for that disorder. More information regarding the grading rubric for presentations is included at the end of this syllabus. As an option, students can receive feedback on a first draft of their presentation slides and/or role-play script if they submit them to T.A. (Crystal Quarry) at least one week in advance of their presentation.

Case Application Paper (40 points) – Due May 16, 2013: Students will complete one written assignment that illustrates their ability to formulate and conceptualize a case from a cognitive-behavioral perspective. Written assignments should be a minimum of twelve pages in length, double-spaced, APA format. More information regarding the grading rubric for the case conceptualization paper is given at the end of this syllabus. As an option, students can receive feedback on a first draft of their final case application paper if they submit this to T.A. (Crystal Quarry) by April 25, 2013.

Several criteria will be used by the instructor to assess the student’s performance, including the following. Does the student:

1. Demonstrate a clear understanding of the course concepts when speaking and writing?
2. Apply the course concepts to case vignettes or in-class activities in appropriate and thoughtful ways?
3. Show sufficient effort to think through the issues and present ideas that are well developed?
4. Demonstrate sensitivity to issues of diversity and to cultural context when discussing or applying course concepts?
5. Submit written assignments that are written in APA style, well organized, grammatically correct, and proofread?

Grading Scale

A 93-100 points	B- 80-82 points	D 60-69 points
A- 90-92 points	C+ 78-79 points	F < 60 points
B+ 88-89 points	C 73-77 points	
B 83-87 points	C- 70-72 points	

III. Policies and Procedures: Behavioral Expectations/Attendance

Policies Related To Class Attendance, Lateness to Class, Late Assignments

The University expects regular class attendance by all students. Each student is responsible for all academic work missed during absences including class notes and assignments. When an absence is necessary, students should contact the instructor as soon as possible. The student should get notes from another student who attended the class. See the University Catalog for the complete policy on attendance. More than two absences per semester may result in a “Mid-Semester Statement of Concern” and additional absences could result in “No Credit” in

the course and a referral to the Psy.D. Program Student Evaluation and Review Committee (SERC).

Arriving late to class can be disruptive to the instructor and to other students, and information can be missed that is important for the student's learning and performance. Late attendances and leaving class may result in a "Mid-Semester Statement of Concern" and or a referral to SERC.

Responsibility to Keep Copies

Remember – it is good practice to keep copies of ALL papers you turn in. On rare occasions, work may be lost because of computer failure or other mishaps.

Resources for Obtaining Tutoring or Other Student Support Services

Tutors may be available to help students with course-based needs. Contact the Director of Student Support Services, Stephanie Byers-Bell for information on obtaining tutoring or other student support services.

Respectful Speech and Actions

Alliant International University, by mission and practice, is committed to fair and respectful consideration of all members of our community, and the greater communities surrounding us. All members of the University must treat one another as they would wish to be treated themselves, with dignity and concern.

As an institution of higher education, Alliant International University has the obligation to combat racism, sexism, and other forms of bias and to provide an equal educational opportunity. The APA Ethical Codes and the AIU Academic Code shall be the guiding principles in dealing with speech or actions that, when considered objectively, are abusive and insulting.

Academic Code of Conduct and Ethics

The University is committed to principles of scholastic honesty. Its members are expected to abide by ethical standards both in their conduct and in their exercise of responsibility towards other members of the community. Each student's conduct is expected to be in accordance with the standards of the University. *The complete Academic Code, which covers acts of misconduct including plagiarism, unauthorized collaboration, and assisting other students in acts of misconduct, among others, may be found in the University Catalog.* The University reserves the right to use plagiarism detection software.

Disability Accommodations Request

If you need disability-related accommodations in this class, please see me privately. All accommodations must be requested in a timely manner (at least 2 weeks ahead of time) with a letter of support from Alliant's Office of Disability Services. If you have questions about accommodations, please contact the Office of Disability Services.

Policy on Course Requirements During Religious Holidays

Alliant International University does not officially observe any religious holidays. However, in keeping with the institution's commitment to issues of cultural diversity as well as

humanitarian considerations, faculty are encouraged to appreciate students' religious observances by not penalizing them when they are absent from classes on holy days. Alliant International University faculty will be sensitive to these matters.

Problem Solving Resources

Various resources are available to students who encounter a problem with faculty, staff or other students. One resource available to students is their Academic Advisor. If you do not know who this person is, please contact Lloyd Wilson in the Psy.D. Program office. Student grievance procedures can also be found on the AIU portal.

Grade Appeal Policy

The Alliant Grade Appeal Policy can be found on the Alliant Portal. Students who wish to appeal their grade must carefully review this policy and proceed in a timely manner. You need to start the process soon after the grade is posted by our Registrar. The Program further requires that before initiating a grade appeal students must first attempt to informally resolve the matter and/or any related problems directly with the instructor and then, if applicable, any course coordinator. These attempts will need to be documented as part of the grade appeal process.

Required Textbooks

Beck, J., (2011). *Cognitive behavior therapy: Basics and beyond* (2nd Ed.). New York: Guilford Press.

Barlow, D.H. (Ed.), (2008). *Clinical handbook of psychological disorders* (4th ed.). New York: Guilford Press.

Wright, J.H., Basco, M.R., & Thase, M.E. (2006). *Learning cognitive behavior therapy: An illustrated guide*. G. O. Gabbard (Ed.). Arlington, VA: American Psychiatric Publishing.

Recommended Textbooks

Berman, P. S. (2010). *Case conceptualization and treatment planning*. Los Angeles: Sage.

Note: Required readings from this text will be available on library electronic reserve

Leahy, R. (2001). *Overcoming resistance in cognitive therapy*. New York: Guilford Press.

Note: Assigned readings from this text will be available on library electronic reserve

Additional Recommended Readings

Beck, A. T. (2005). The current state of Cognitive Therapy: A 40-year retrospective. *Archives of General Psychiatry*, 62, 953-959.

- Blagys, M., & Hilsenroth, M. (2002). Distinctive activities of cognitivebehavioral therapy: A review of the comparative psychotherapy process literature. *Clinical Psychology Review, 22*, 671-706.
- Bohart, A. (2000). The client is the most important common factor: Clients' selfhealing capacities and psychotherapy. *Journal of Psychotherapy Integration, 10*, 127-149.
- DiGiuseppe, R. & Tafrate, R. C. (2001). A comprehensive treatment model for anger disorders. *Psychotherapy, 28*, 262-271.
- Dolliver, R. (1991). The eighteen ideas which most influence my therapy. *Psychotherapy, 28*, 507-514.
- Ellis, A. (2005). Why I (really) became a therapist. *Journal of Clinical Psychology, 6*, 945-948.
- Glickauf-Hughes, C., & Chance, S. (1995). Answering clients' questions. *Psychotherapy, 32*, 375-379.
- Goldfried, M. (2003). Cognitive-behavior therapy: Reflections on the evolution of a therapeutic orientation. *Cognitive Therapy and Research, 27*, 53-69.
- Goldfried, M. & Hayes, A. (1989). Can contributions from other orientations complement behavior therapy? *The Behavior Therapist, 12*, 57-60.
- Graybar, S., & Leonard, L. (2005). In defense of listening. *American Journal of Psychotherapy, 59*, 1-18.
- Hayes, P. A. (1995). Multicultural applications of Cognitive-behavior therapy. *Professional Psychology: Research & Practice, 26*, 309-315.
- Jacobson, N. (1989). The therapist-client relationship in cognitive behavior therapy: Implications for treating depression. *Journal of Cognitive Psychotherapy, 3*, 85-96.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*, 144-156.
- Karasu, T. (1986). The specificity versus nonspecificity dilemma: Toward identifying therapeutic change agents. *American Journal of Psychiatry, 143*, 687-695.
- Kovitz, B. (1998). To a beginning psychotherapist: How to conduct individual psychotherapy. *American Journal of Psychotherapy, 52*, 103-115.
- Krijn, M., and colleagues. (2004). Virtual Reality Exposure Therapy of anxiety disorders: A review. *Clinical Psychology Review, 24*, 259-281.

- Levine, J., Stolz, J., & Lacks, P. (1983). Preparing psychotherapy clients: Rationale and suggestions. *Professional Psychology: Research and Practice, 14*, 317-322.
- Nezu, A. (2004). Problem solving and behavior therapy revisited. *Behavior Therapy, 35*, 1-33.
- Overholser, J.C. (2003). Where has all the psyche gone? Searching for treatments that focus on psychological issues. *Journal of Contemporary Psychotherapy, 33*, 49-61.
- Overholser, J.C. (1995). Cognitive-behavioral treatment of depression: Part II. Techniques for improving social functioning. *Journal of Contemporary Psychotherapy, 25*, 205-222.
- Overholser, J.C. (1995). Cognitive-behavioral treatment of depression: Part III. Reducing cognitive biases. *Journal of Contemporary Psychotherapy, 25*, 311-329.
- Overholser, J.C. (1996). Cognitive-behavioral treatment of depression: Part IV. Improving problem-solving skills. *Journal of Contemporary Psychotherapy, 26*, 43-57.
- Overholser, J. (1993). Elements of the Socratic method. I. Systematic questioning. *Psychotherapy, 30*, 67-74.
- Overholser, J. (1993). Somatic visualization: Passive relaxation through parallel processes. *Anxiety Disorders Practice Journal, 1*, 43-57.
- Overholser, J. (1991). The use of guided imagery in psychotherapy: Modules for use with passive relaxation training. *Journal of Contemporary Psychotherapy, 21*, 159-172.
- Overholser, J. (1990). Passive relaxation training with guided imagery: A transcript for clinical use. *Phobia Practice and Research Journal, 3*, 107-122.
- Overholser, J.C., & Silverman, E. (1999). Cognitive-behavioral treatment of depression: Part VII. Developing and utilizing the therapeutic relationship. *Journal of Contemporary Psychotherapy, 28*, 199-212.
- Strupp, H. (1996). Some salient lessons from research and practice. *Psychotherapy, 33*, 135-138.
- Sweet, A. (1984). The therapeutic relationship in behavior therapy. *Clinical Psychology Review, 4*, 253-272.
- Tarrier, N., Taylor, K., & Gooding, P. (2008). Cognitive-Behavioral Interventions to reduce suicide behavior: A systematic review and meta-analysis. *Behavior Modification, 32*, 77-108.
- Wampold, B. E. (2007). Psychotherapy: The humanistic (and effective). *American Psychologist, 62*, 857-873.

Weinberger, J. (1995). Common factors aren't so common: The common factors dilemma.
Clinical Psychology: Science and Practice, 2, 45-69.

Course Schedule

Week #	Date	Topic	Due
1	1/24	Introduction to CBT and this course	None
2	1/31	Overview of treatment and the therapeutic relationship	Beck (Ch. 2) Wright, Basco, & Thase (Ch. 2)
3	2/7	Evaluation and case formulation	Beck (Ch. 3 and 4) Wright, Basco, & Thase (Ch. 3)
4	2/14	Structuring the therapy session and providing psychoeducation	Beck (Ch. 5 and 7) Wright, Basco, & Thase (Ch. 4)
5	2/21	Identifying automatic thoughts and emotions	Beck (Ch. 9 and 10)
6	2/28	Evaluating and responding to automatic thoughts	Beck (Ch. 11 and 12) Wright, Basco, & Thase (Ch. 5)
7	3/7	Identifying and modifying intermediate beliefs; identifying and modifying core beliefs	Beck (Ch. 13 and 14) Wright, Basco, & Thase (Ch. 8)
8	3/14	Behavioral activation; techniques for improving energy, completing tasks, and solving problems	Beck (Ch. 6) Wright, Basco, & Thase (Ch. 6)
9	3/21	Spring Break (No Class)	None
10	3/28	Additional techniques for reducing anxiety and breaking patterns of avoidance	Beck (Ch. 15) Wright, Basco, & Thase (Ch. 7)
11	4/4	Imagery techniques	Beck (Ch. 16)
12	4/11	Treatment planning and case formulation	Beck (Ch. 19 and pp. 361-365)
13	4/18	Treatment planning, case formulation, and treatment goals	Beck (Ch. 19 and pp. 361-365) Berman (Ch. 1 and 4)
14	4/25	Addressing resistance: transference and counter-transference	Leahy (Ch. 11 and 12) Deadline to submit first draft of final paper to TA for feedback
15	5/2	Addressing resistance and other common challenges in therapy	Beck (Ch. 20) Wright, Basco, & Thase (Ch. 9)
16	5/9	Progressing as a CBT therapist	Beck (Ch. 21) Wright, Basco, & Thase (Ch. 11)
17	5/16	Finals week	Final case application paper due Thursday, 5/16, at 12pm

Grading Rubric for Treatment Planning Presentation

Treatment Planning Presentation (40 points): Students will sign up for a class date and pick one disorder listed in the table of contents of the Barlow (2008) textbook. On the date of their presentation, the student will give a 30-minute presentation of that chapter of the Barlow (2008) text, summarizing the major heading sections of the chapter with regard to treatment of that disorder. The purpose of the presentation is to provide each student with a greater sense of familiarity/mastery with treatment planning for specific disorders through “learning by teaching.” The class presentations also serve to familiarize all members of the class with treatment approaches for specific disorders and clinical populations that integrate cognitive-behavioral interventions. A successful presentation will provide the audience with a sense of having “walked through” a course of treatment for that disorder.

Points will be allotted for the following aspects of each presentation, for a maximum total of 40 points:

	Possible	Score
Thoroughly yet succinctly covers content of the Barlow (2008) chapter	10 pts	
Presents information in a clear, organized, and coherent manner	10 pts	
Briefly demonstrates the therapy with a role-play that is approximately 10-minutes long. The role-play can either be (1) entirely created by the presenter or (2) derived from the therapist/client dialogue in the text, while making improvements to it. Either option can have a written script and can involve the help of a classmate volunteer.	10 pts	
Provides audience with a clear and informative handout that is different from the PowerPoint slides	5 pts	
Presentation style (e.g., energy, eye contact, volume of voice, etc.)	3 pts	
Provides instructor with a copy of PowerPoint slides, handout, and role-play script	2 pts	
<i>Total:</i>	<i>40 pts</i>	

Grading Rubric and Format for Case Application Paper

Case Application Paper (40 points) – Due May 16th, 2013: Students will complete one written assignment that illustrates their ability to formulate and conceptualize a case from a cognitive-behavioral perspective. Written assignments should be a minimum of twelve pages in length, double-spaced, APA format.

	Possible	Score
Effort: Assignment is turned in on time	5 pts	
Format: Assignment is typed, double-spaced, and in APA format; appropriate use of grammar and spelling; good sentence structure	5 pts	
Content:		
- Includes relevant case formulation information, with an emphasis on cognitive-behavioral treatment goals and interventions	10pts	
- Includes completed Case Conceptualization Diagram (see syllabus pp. 13)	10 pts	
- Thoughtful and creative discussion of how cognitive-behavioral interventions could be utilized or were utilized in the treatment of this case	10 pts	
<i>Total Points</i>	40 pts	

Pt's Name XXXX
XXXXXX

Diagnosis

Date XX/XX/XX

CBT Cognitive Conceptualization

Relevant Childhood Data

Core Belief(s)

Conditional Assumptions/Beliefs/Rules
Negative Assumptions: Positive Assumptions: Rule:

Compensatory Strategies

Situation #1	Situation #2	Situation #3
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Automatic Thought	Automatic Thought	Automatic Thought
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Meaning of A.T.	Meaning of A.T.	Meaning of A.T.
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Emotion	Emotion	Emotion
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Behavior	Behavior	Behavior
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