In anxiety team this year you will receive training on: (1) diagnosis and assessment with a population of primarily anxious outpatients; and (2) conducting individual therapy for the treatment of panic disorder and other anxiety disorders.

Your training in diagnosis and initial assessment will consist of learning how to administer the Structured Clinical Interview Interview for DSM-IV (SCID) and learning how to interpret a battery of standardized self-report questionnaires for the assessment of anxiety and depression.

Web site address: [https://courses.northwestern.edu/courses/404011682/index.html](https://courses.northwestern.edu/courses/404011682/index.html)

**Treatment philosophy and overview.** Anxiety team offers cognitive-behavioral therapies with demonstrated and proven effectiveness. The essence of "cognitive-behavior" therapy is an emphasis on teaching skills for coping with anxiety in the here-and-now. All of our programs begin by educating clients about the nature of anxiety and the theoretical principles underlying our treatment techniques. This is necessary as the long-term success of these techniques is dependent on a basic understanding of the processes involved in both the maintenance and reduction of anxiety. Clients are then taught specific techniques for mastering their anxiety. At the core of cognitive-behavioral techniques for anxiety are a series of exercises called "exposures" in which clients gradually face and become more comfortable with situations they used to fear and avoid.

**Treatment evaluation.** An objective evaluation of the effectiveness of therapy is vital for making treatment, follow-up and after-care plans. My treatment philosophy therefore includes the belief that it is necessary to evaluate the success of therapy for each and every client that we treat. Thus, in addition to learning the substance of CBT for panic and anxiety students, you will also learn about methods to evaluate treatment effectiveness using the principles of single-case designs. Students will be responsible for evaluating the effectiveness of their treatment for each of their clients using the principles of single-case designs.

**Supervision Method:** In the Fall, we will meet weekly for two hours of didactic training. I will assign required readings for each topic that will serve as a basis for discussion. Each student should write at least one discussion question based on the readings in preparation for each weekly meeting and then post the question on the class web site (by 5 pm on the day before the discussion). In the Fall, you are also invited to attend the two hour weekly group supervision with the advanced anxiety team students. In the Winter, Spring and Summer, we will meet weekly for three hours of group supervision. Additional individual supervision will be arranged upon your request or at my suggestion.

**Case load:** The minimum case load students will be expected to carry (providing we have enough patients) will consist of one initial or post-treatment diagnostic interview every two weeks and two treatment cases.
Practicum student evaluations: see Practicum Student Performance Evaluation Form that I will fill out each quarter.
**Required books:**

**Highly recommended books:**

**Recommended books:**

*=I own a copy that you are welcome to borrow if no one else is already borrowing it.
♣=selected chapters are on electronic reserve
<table>
<thead>
<tr>
<th>Date</th>
<th>Discussion Topic for Group Supervision</th>
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<tbody>
<tr>
<td>9/24/01</td>
<td>Introduction &amp; Overview</td>
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| 10/1/01 | The scientist-practitioner: Drawing valid inferences from case studies  
The development and maintenance of anxiety and panic  
Pre-treatment "baseline" assessment: Constructing a Fear and Avoidance Hierarchy (FAH) |
| 10/8/01 | "Opening game" strategies: The first session or two |
| 10/15/01| Identifying automatic thoughts: Hot cognitions |
| 10/22/01| Modifying the physiological component of anxiety: Relaxation training, Voluntary hyperventilation and breathing retraining  
Homework (aka self-help practice) |
| 10/29/01| Restructuring cognitions: The Socratic Method & Hypothesis Testing |
| 11/5/01 | Exposure Therapy  
Core beliefs and the Meaning of Courage |
| 11/12/01| Working with ambivalence. I: Enhancing motivation to change |
| 11/19/01| Working with ambivalence II: More on enhancing motivation to change |
| 11/26/01| Termination |
Readings and assignment for 10/1/01:


DSM-IV pp. 1-35;

SCID Users Guide (pp. 5-53, 61-69)


Recommended


*=available electronically on electronic reserve or as a link on the course website
Readings and assignment for 10/8/01

DSM-IV (pp. 317-391, 393-444)


MAP Ch. 1 & 2
& Therapist Guide Ch. 1 - 6

Recommended

*=available electronically on electronic reserve or as a link on the course website
Readings and assignment for 10/15/01


MAP Ch. 3 & 4
& Therapist Guide Ch. 7 & 8

For untrained SCIDers, watch video of roleplayed SCID; score along and come to class prepared to discuss your diagnoses

Recommended


*=available electronically on electronic reserve or as a link on the course website
Readings and assignment for 10/22/01


MAP pp. Ch. 5, 6 & 7
& Therapist Guide Ch. 9 - 11

Watch video of me introducing progressive muscle relaxation and try it with a friend/colleague/significant other. Note that handouts for progressive muscle relaxation are available in the Course Documents section of the class web site.

For untrained SCIDers, watch first video of actual SCID (MH); make your diagnoses (independently) and turn in your diagnoses to Rick by 9 am on 10/22/01 for matching procedure

SCID MH – Meredith Chivers with MH- (1.75 hours)

*=available electronically on electronic reserve or as a link on the course website
Readings and assignment for 10/29/01

MAP pp. Ch. 8 & Ch. 9 (pp. 111 – 117)
& Therapist Guide Ch. 12


For untrained SCIDers, watch the second SCID training tape
SCID # 62, 10/18/95, REZ with JC
code along in a SCID scoresheet, make your diagnoses (independently) and turn in your diagnoses to Rick by 9 am on 10/22/01.

code along in a SCID scoresheet, make your diagnoses (independently) and turn in your diagnoses to Rick by 5 pm on 10/26/01.

Recommended

*=available electronically on electronic reserve or as a link on the course website
Readings and assignment for 11/5/01


MAP Ch. 9 (pp. 117 – 128), 10, & 12
& Therapist Guide Ch. 13, 14, 16, 19 - 26

For untrained SCIDers, watch third SCID training tape
-SCID #64 - Leslie Dana with TR- (1.25 hours); make your diagnoses (independently) and turn in your diagnoses to Rick by 9 am on 11/5/01 for matching procedure; * note: SCID #72 is also on the original version of this tape, you do NOT need to watch it for this week

Recommended


*=available electronically on electronic reserve or as a link on the course website
Readings and assignment for 11/12/01


MAP Ch. 11
& Therapist Guide Ch. 15

For untrained SCIDers, as necessary, watch the fourth, fifth and sixth SCID training tapes

SCID #104 - Kate Harkness with HM- (1.25 hours)

SCID #135 - Burt Sorkey with JD - (90 min)

code along in a SCID scoresheet, make your diagnoses (independently) and turn in your diagnoses on a SCID coding sheet to Rick by 5 pm on 11/3/99.

SCID# 65 - 10/25/95, REZ with KM (about 2.5 hours) *note her disposition session is also on the original version of this tape - please do NOT watch the disposition session this week

For trained SCIDers, practice administering a SCID on your own and administer a role-played SCID

Recommended


*=available electronically on electronic reserve or as a link on the course website
Readings and assignment for 11/19/01


MAP Ch. 13
& Therapist Guide Ch. 17

For trained SCIDers, if you have not already done so, practice administering a SCID on your own and administer a role-played SCID

*=available electronically on electronic reserve or as a link on the course website
Readings and assignment for 11/26/01


MAP Ch. 14
& Therapist Guide Ch. 18

*=available electronically on electronic reserve or as a link on the course website