COGNITIVE-BEHAVIORAL PSYCHOTHERAPY

PSCL 529a

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Week 1  Basic Issues in Psychotherapy
Week 2  Legal and Ethical Concerns in Psychotherapy
Week 3  Converging Themes in Psychotherapy
Week 4  Foundations of Behavior Therapy
Week 5  Behavioral Assessment
Week 6  Action and Emotion in Psychotherapy
Week 7  Strategies for Applied Clinical Research
Week 8  Relaxation Training, Meditation, Hypnosis
Week 9  Social Skills and Assertiveness Training
Week 10 Rational-Emotive Therapy
Week 11 Cognitive Therapy
Week 12 Constructive / Narrative Therapy
Week 13 Problem-Solving Therapy
Week 14 Class cancelled for Thanksgiving Holiday
Week 15 Student Presentations / Review Papers are Due

CLASS MEETINGS:
The seminar meets as a group for 2 hours each week. During many class meetings, the first hour will focus on a didactic presentation of information relevant to cognitive-
behavioral therapy. In some class meetings, the second hour will focus on either a role-played therapy simulation or a current case presentation given by one of the practicum students. All client material should remain anonymous and confidential.

**PREFERRED PREREQUISITES:**
I hope all students have already completed the following courses: PSCL 404: Learning Theory, PSCL 524: Advanced Psychopathology, and PSCL 527: Introduction to Intervention.

**CLINICAL EXPERIENCE:**
Students will be expected to carry 1-3 clients through the practicum, typically providing outpatient psychotherapy on a weekly basis. Depending on the student's level of proficiency and the treatment needs of clients, a student may be expected to carry up to 3 clients concurrently, at the instructor's discretion. Your supervisor will arrange for appropriate clients and supervision times. Except in unusual circumstances, you will be expected to accept all clients that are referred to you. Your work may involve individual or group psychotherapy sessions. The provision of clinical services must follow a calendar year, not an academic year. Thus, you should plan to meet with your client even when school is not in session.

**CLINIC POLICIES:**
All students will be expected to know and follow all polices described in the student handbook pertaining to the CWRU Psychotherapy Training Clinic. The Policy Manual includes several forms that are useful when seeing your clients. Also, you will be expected for follow the university policy on ethics.

**DOCUMENTATION OF SERVICES:**
Students will be expected to document the services provided by hand-writing weekly process notes and typing intake summaries, follow-up notes, and complete discharge summaries. All client papers will be due one month after terminating with a client. When clients are seen in the CWRU training clinic, all client papers will be retained by Dr. Overholser or the faculty coordinator of the training clinic. Your course grade will remain an Incomplete until all paperwork has been completed adequately.

**INDIVIDUAL SUPERVISION:**
Students will meet with a CBT supervisor on an individual basis for one hour each week. In addition, students may be observed through co-therapy, one-way mirror, or audiotape recordings. In many ways, the majority of your training will come from the individual supervision. The seminar meetings will provide a general theoretical background for cognitive and behavioral therapies, but your clinical experience and individual supervision should help tailor your learning to the unique needs of your client(s).

**GROUP SUPERVISION:**
During the second half of many class meetings, we will discuss a student's work with a current client. The student will be expected to give a short, informal presentation about the client and the treatment plan. The rest of the class will serve as consultants, exploring
ways to improve the diagnostic impression or refine the treatment. When presenting the
case, the student should try to cover material from several domains: Identifying
information, presenting problem, relevant history, social functioning, environmental
factors, and case conceptualization. We should all keep in mind that the case
conceptualization is best seen as a "work in progress" that will continue to be revised
over the course of therapy. Constructive feedback from the class should help improve the
quality of therapy that is provided to our clients.

REVIEW PAPER:
The seminar and practica are graded as pass/fail. However, in order to help me ensure
that all students are learning at the same pace, students will be expected to write a review
paper for the class. The review paper must be handed in, and present orally during the
last class meeting of the semester. During fall semester, the topic should address any one
of the specific forms of cognitive-behavioral therapy covered during the semester.
During spring semester, the paper will focus on any one of the disorders covered during
spring semester. The paper must include at least 20 pages of text, and at least 30
references, primarily journal articles published in the past five years.

Sample topics for the fall semester review paper include:
   Empirical Support for Rational-Emotive Therapy
   Social Skills Training with Adolescent Inpatients
   Comparison of Relaxation Training vs. Self-Hypnosis
   Behavioral Assessment in Outpatient Psychotherapy Settings
   Ethical Dilemmas unique to Cognitive-Behavioral Therapy
   Single-Case Research Designs in Clinical Practice
   Exposure Therapy using various Exposure Modalities
   Token Economies in a Residential Treatment Setting
   Improving Compliance with Behavioral Assignments
   Historical Foundations of Systematic Desensitization
   Constructive / Narrative Therapy and Psycholinguistics
   Advantages / Disadvantages of Empirically Supported Therapies
   B.F. Skinner and his role in Contemporary Behavior Therapy
   Treatment Manuals in Modern Clinical Practice
   Therapeutic Relationship in Cognitive-Behavioral Therapy
   Cognitive-Behavioral Approaches to Client Resistance
   Stages of Change in Exposure-based Therapies
   The Assessment of Cognitive Biases

Required Text:


3) Selected Journal Articles. Note: The syllabus includes Required Readings (indicated by ✔) and supplemental readings you can seek out if interested. Some of these readings will be available via electronic access or photocopied reprints. Others can be found in the CWRU libraries. If you click on the Hyperlink, it should open your internet browser or Adobe Acrobat Reader to access the reprint.

**BASIC ISSUES IN PSYCHOTHERAPY**

✔ American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist, 57*, (12) 1060-1073. [Note: This was reprinted in your graduate student handbook and is available online at www.apa.org]

✔ American Psychological Association. (1993). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. *American Psychologist, 48*, 45-48. [Note: This was reprinted in your graduate student handbook]

✔ Ohio State Board of Psychology (1996). Ohio Psychology Law. [Note: This was reprinted in your graduate student handbook and is available at the State Board of Psychology]

✔ Overholser, J. (unpublished). CWRU Psychology Clinical Training Facility Policies and Procedures. [Note: This was reprinted in your graduate student handbook]


**LEGAL AND ETHICAL CONCERNS IN PSYCHOTHERAPY**


✔ Tjeltveit, A. (2004). The good, the bad, the obligatory, and the virtuous: The ethical contexts of psychotherapy. *Journal of Psychotherapy Integration, 14* (2), 149-167. [This reprint is available via CWRU ejournals]


Buckley, P., Karasu, T., & Charles, E. (1979). Common mistakes in


CONVERGING THEMES IN PSYCHOTHERAPY

✓ Goldfried & Davison (1994) chapter 4


✓ Bohart, A. (2000). The client is the most important common factor: Clients' self-healing capacities and psychotherapy. *Journal of Psychotherapy Integration, 10,* (2) 127-149. [available through CWRU ejournals]

Overholser, J.C. (2003). Where has all the psyche gone? Searching for treatments that focus on psychological issues. *Journal of Contemporary Psychotherapy, 33,* (1), 49-61. [This reprint is available via CWRU ejournals]


report of research. *Journal of Nervous and Mental Disease, 159,* 325-342.


**FOUNDATIONS OF BEHAVIOR THERAPY:**

*Systematic Desensitization & Token Economies*

☑ Goldfried & Davison (1994) chapter 6, 10


Note: Read one of the following three historical articles and be prepared to discuss it in class.

Watson, J. B. (1913). Psychology as the behaviorist views it. *Psychological Review, 20,* 158-177. [available online at psychclassics.yorku.ca]


**BEHAVIORAL ASSESSMENT**

☑ Goldfried & Davison (1994) chapter 2, 3


**ACTION AND EMOTION IN PSYCHOTHERAPY**

☑ Goldfried & Davison (1994) chapter 7


**STRATEGIES FOR APPLIED CLINICAL RESEARCH**

Go to Smith Library and find a recent article using a single-case research design.
Be prepared to share your findings with the class.


✔ Rosen, G., & Davison, G. (2003). Psychology should list Empirically Supported Principles of Change (ESPs) and not credential trademarked therapies or other treatment packages. *Behavior Modification*, 27 (3), 300-312. [This article is available via CWRU eJournals].


**RELAXATION TRAINING, MEDITATION, HYPNOSIS**

☑ Goldfried & Davison (1994) chapter 5


**SOCIAL SKILLS AND ASSERTIVENESS TRAINING**


**RATIONAL-EMOTIVE THERAPY**

☑️ Goldfried & Davison (1994) chapter 8


☑️ Ellis, A. (2004). Why Rational Emotive Behavior Therapy is the most comprehensive and effective form of behavior therapy. *Journal of Rational-Emotive and Cognitive-Behavioral Therapy, 22* (2), 85-92. [this reprint is available via CWRU ejournals]

*Journal of Rational-Emotive and Cognitive-Behavior Therapy, 9*, 139-172.

Consulting and Clinical Psychology, 61*, 199-201.

Ellis, A. (1995). Thinking processes involved in irrational beliefs and their 

theory and practice, research recommendations, and predictions. *Journal of 

Rational Emotive Behavior Theory. *Journal of Rational-Emotive & Cognitive-
Behavior Therapy, 14*, 5-28.

Cautela, J., & Baron, M. (1977). Covert conditioning: Assumptions and 
procedures. *Journal of Mental Imagery, 1*, 53-64.

Modification, 1*, 351-368.

35-49.

**COGNITIVE THERAPY**


Reducing cognitive biases. *Journal of Contemporary Psychotherapy, 25*, (4) 311-
329. [reprint is available on this CD]

*Behavior Therapy, 1*, 184-200.


depression*. New York: Guilford.


**CONSTRUCTIVE / NARRATIVE THERAPY**


**PROBLEM-SOLVING AND SOLUTION FOCUSED THERAPIES**

☑ Goldfried & Davison (1994) chapter 9


