The purpose of this course is to provide first-year clinical students a survey of theory, research, and practice in primarily psychological interventions, with major emphasis on empirically supported approaches. For the most part these are cognitive-behavioral in nature. Attention will be paid also to emergent integrative approaches to psychotherapy, and this focus will entail an overview of psychoanalytic and humanistic-existential perspectives. With the burgeoning output of recent years, the assigned readings are but a small selection from the relevant literature. It is hoped that this syllabus and the course itself will not only familiarize you with some of the psychotherapy field but will also guide you in your future reading and research.

The seminar will have a decidedly theoretical thrust (there being nothing more practical than a good theory), but the real world of client problems and therapist challenges will be continually considered as we move back and forth between theoretical abstractions and data on the one hand, and clinical applications on the other. A leitmotiv of the course will be the dialectical tension between science and practice -- between the commitment to data and an appreciation of clinical realities that often require therapists to operate in ways that are weakly supported by scientific evidence. Our overall task is to subject to much-needed critical scrutiny what our colleagues believe goes on when one person attempts to relieve the emotional distress of another.

A word on involvement and participation. This is not a lecture course. While I shall freely and frequently offer opinions, tell stories, and pontificate, the success of the course will depend in large measure on the willingness of students to pitch in, take a chance, and otherwise actively engage the subject matter through spirited discussion and debate. My evaluations are bound to be influenced by my experiences with each student in class, in addition to the two written, take-home examinations.

Practicum

There will be substantial practicum components to the course, one of which is in the form of viewing videotapes of clinical goings-on and discussions thereof. Among other things, we shall view and discuss some therapy sessions with a patient I saw several years ago at the Human Relations Center. Progress notes will be made available to each student as we watch and critique the nature of the case, the ways it was conceptualized, and the kinds of interventions that were employed. Your exposure to and participation in this case places upon
each of you the same requirements of confidentiality as are placed on me. I know you will treat the case material with as much tact and respect as you would want for yourself. The client signed a release for the use of the case material for these instructional purposes.

The other practicum aspect will entail analysis of some videotapes produced by Everett Shostrom, who many years ago created the original "Gloria Tapes" with Rogers, Perls, and Ellis. The theme of this later series is psychotherapy integration, and the same patient is interviewed separately by Perry London, Donald Meichenbaum, Lester Greenberg, Paul Wachtel, and myself. There is also a tape of interviews with the therapists on general philosophical and theoretical issues surrounding integrative approaches to the study and practice of psychotherapy.

Chair Assignments

Most classes will be structured as follows. Each of you will be assigned the role of chair for two sessions during the semester. The chair’s responsibility will be to facilitate critical discussion of the assigned readings. You should first of all read and reflect on the week's readings with uncommon care. You may also draw on material with which you are already familiar that can be brought to bear in a useful fashion on your topic. It is helpful to have formulated a set of interesting questions and observations about the material that the rest of the class will also have read that week.

You can spend perhaps half an hour in a monologue on the topic, beginning with a summary of the week’s readings. Handouts of your presentation are useful. Now and then a classmate or the instructor will interject a question or comment, but you should not be unduly deterred from making a coherent statement. At around 3:30 we will take a short break and reconvene in the Human Relations Center to view and discuss one of the videotapes described above.

Submitted Comments

Due via email by 11:00 a.m. to me and to the chair of the session on the day of class is a critical observation on the week's reading. As you do the assigned reading, consider at least one issue or interpretation of the readings that you believe is important enough to merit discussion. (No doubt more than one thought will occur to you as you do the reading.) I shall make every effort to comment on these before class and may make use of some of them in guiding discussion. The person chairing a particular session need not submit comments to me in this manner but may find it useful to have your comments in mind prior to class that day. I will respond to each of your weekly comments with copies to the rest of the seminar. In this fashion everyone can benefit from everyone else’s ruminations and from my reactions to them. Please restrict your weekly comment to no more than about 200 words.

The Readings

There are many other useful sources (handbooks, collected papers, etc.), and from time to time I shall call them to your attention. Two noteworthy sources concern efforts to designate and discuss empirically validated/supported treatments. One is a volume edited by Peter E. Nathan and Jack M. Gorman (A guide to treatments that work, Second edition 2002, Oxford University Press), and the other is a special series in the February 1998 issue of the Journal of Consulting and Clinical Psychology. Also of use for your future reading is C. R. Snyder & R. E. Ingram (Eds.), Handbook of psychological change, 2000, New York: Wiley; and Michael Lambert’s Bergin & Garfield’s Handbook of psychotherapy and behavior change, 5e, 2004. Some chapters from these books are in the assigned readings below.

To be published later this year is what I believe will be a landmark book organized around principles of therapeutic change for the full range of disorders: L. Castonguay and L. Beutler (Eds.), Principles of therapeutic change that work, New York: Oxford University Press. Published late last year is W. O’Donohue, J. E. Fisher, & S. C. Hayes (Eds.). Cognitive behavior therapy: Applying empirically supported techniques in your practice, New York: Wiley. A useful overview of therapy for minority groups is D. W. Sue and D. Sue (2003). Counseling the culturally different, Fourth edition. New York: Wiley. And a recent and wide-ranging book on mindfulness and acceptance, from which several of our readings will be drawn, is S.C. Hayes, V.M. Follette, & M.M. Linehan (Eds.), Mindfulness and acceptance: Expanding the cognitive-behavioral tradition. New York: Guilford Press.

A noteworthy trend in linking clinical application to basic research and theory are two conferences that were conducted by the National Institute on Drug Abuse. Papers from the first conference were published in 1997 in Psychological Science; the second conference proceedings were published in 1999 in Behavior Therapy.

Most of the assigned reading is in two books that I am suggesting you purchase
for your professional library. The Campus Bookstore should have in stock adequate copies of each book. I will provide other material for you to make copies of.

Considerable selectivity has been required to keep the reading within reasonable bounds. Still, the reading load is not trivial. Some weeks are heavier than others so planning and pacing are advisable. For your convenience, the approximate number of pages is indicated. It is expected that students will keep up with the reading.

SSCP Network

If you are not already on the listserv of the Society for a Science of Clinical Psychology, please get on it immediately. You need to be a member of SSCP, which is also known as Section III of Division 12 (a.k.a. Society of Clinical Psychology) of APA, and it is both easy and inexpensive to join. Go to the following website and sign up: http://pantheon.yale.edu/%7Etat22, and link to SSCPNET. There is a listserv for all and a separate one for students. It’s the general one I want you to be on; the student one is your call, of course.

Why? As those of you who have been on that listserv already know, it has for several years been a forum for lively debate among both senior clinical/counseling psychologists and graduate students, though most of the exchanges tend to be among old-timers. But anyone on the list is entitled to break in and join the fray, as some USC students have in fact done. The opportunity to eavesdrop on the current thinking of some people whose names you will be encountering this semester and throughout your graduate career and thereafter is one of the best things that the new information technologies afford. And the opportunity you yourself have to pose a question or make a comment to someone you’ve read about or someone unknown to you but who’s posted something interesting or outrageous is something you can avail yourself of. Since I myself log on every day, I want for each of you to know what’s going on there because the discussions will often touch on our course agendas and can form the basis for our own conversations this semester. It will make you a better person.

Association for Behavioral and Cognitive Therapies (formerly known as the Association for Advancement of Behavior Therapy)

I would also encourage you to join ABCT. Despite the name of the organization, it is much more than a group enthusiastic about cognitive behavior therapy. Rather, it is an organization of empirically minded scientist-professionals who have, for over 35 years, been concerned with establishing a science-based clinical psychology (and psychiatry, social work, and counseling psychology). Furthermore, ABCT is as concerned with the scientific study of psychopathology and assessment as it is with intervention, and as will quickly become evident in our course, behavior therapy encompasses much more than classical and operant conditioning. Indeed, the recent interest in mindfulness and acceptance, topics that we shall spend time on this semester, are taking (cognitive) behavior therapy to some unexpected conceptual and procedural places. Interestingly, most of the founders of the Society for the Exploration of Psychotherapy Integration are also long-standing members of ABCT. Information on

Strongly Recommended for Purchase


SEMINAR PLAN AND ASSIGNED READINGS

January 13. Paradigms of psychopathology and intervention; seminar planning.


January 20. The Essence of Behavior Therapy; Relationship Factors; Cognitive Behavior Therapy

Goldfried & Davison (1994). Chapters 1 (The Essence of Behavior Therapy); 4 (The Therapeutic Relationship); 8 (Cognitive Relabeling); and 9 (Problem-Solving) [87]

January 27. Panic Disorder and Agoraphobia; Relaxation and Desensitization

Craske and Barlow (2001), in Barlow: Panic Disorder and Agoraphobia [50]

G/D: Chapters 5 (Relaxation Training) and 6 (Systematic Desensitization) [55]

February 3. Posttraumatic Stress Disorder; More on CBT

Resick and Calhoun (2001), in Barlow: Posttraumatic Stress Disorder [50]


**February 10. Substance Abuse.**

Davison out of town at annual meeting of COGDOP (Council of Graduate Departments of Psychology). Guest speaker: Jed Grodin on Motivational Interviewing

McCready (2001), in Barlow: Alcohol Use Disorders [54]


**February 17. Social Anxiety Disorder; Generalized Anxiety Disorder; Hate Crimes**

Turk, Heimberg, and Hope (2001), in Barlow: Social Anxiety Disorder [35]

Brown, O’Leary, and Barlow (2001), in Barlow: Generalized Anxiety Disorder [51]


**February 24. Obsessive-Compulsive Disorder**

Foa and Franklin (2001), in Barlow: Obsessive-Compulsive Disorder [50]

G/D: Chapters 7 (Behavior Rehearsal) and 10 (Reinforcement Procedures) [40]

**March 3. Mood Disorders**
Young, Weinberger, and Beck (2001), in Barlow: Cognitive Therapy for Depression [40]

Gillies (2001), in Barlow: Interpersonal Psychotherapy for Depression and Other Disorders [20]

Miklowitz (2001), in Barlow: Bipolar Disorder [35]

Take-home exam will be distributed at the end of the March 3 class, due Wednesday March 9 at noon in SGM-538 or in Davison’s mailbox in SGM-501.

March 10. Eating Disorders; Borderline Personality Disorder

Wilson and Pike (2001), in Barlow: Eating Disorders [40]


Spring recess, March 12-19.

March 24. Problems in Children, Adolescents, and Older Adults


March 31. Sexual Dysfunction and Couple Distress

Bach, Wincze, and Barlow (2001), in Barlow: Sexual Dysfunction [43]


April 7. Spirituality, Positive Psychology, Mindfulness, and Acceptance


April 14. Psychotherapy Integration


April 21. Outcomes from Controlled Studies of Psychotherapy


April 28. Legal and Ethical Issues; Conceptual and Research Issues


G/D: Chapter 14 (Clinical Behavior Therapy: Two Decades Later) [20]

Rosen, G. M., and Davison, G. C. (2003). Psychology should list empirically supported principles of change (ESPs) and not credential trademarked therapies or other treatment packages. *Behavior Modification, 27*, 300-312. [10]

*Final examination will be distributed at the end of class on April 28 and will be due Wednesday, May 4, at noon. No extensions please.*

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