

Psychology 6/70375-001
Cognitive Behavior Therapy
Fall 2006 Wednesdays 11:00 to 1:30
210 Auditorium Building

Instructor: David M. Fresco, Ph.D.
Office: 226 Kent Hall Annex
Office Hours: Mondays 12 to 3:30, Wednesdays 1:30 to 3:00; By appointment
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Course Web Page: <http://www.personal.kent.edu/~dfresco/>

Assigned Texts:

1. Barlow, D. H. (Ed.) (2001). (Third edition). Clinical handbook of psychological disorders: A step-by-step treatment manual. New York: Guilford. ISBN: 1-57230-611-4
2. O'Donohue, W., Fisher, J. E., & Hayes, S. C. (2003). Cognitive Behavior Therapy: Applying Empirically Supported Techniques in Your Practice. Hoboken, NJ: Wiley. ISBN: 0-471-23614
3. Pryor, K. (1999). Don't shoot the dog. New York: Bantam.

They are available at the bookstore.

Goals:

- Central features of behavior (BT) cognitive-behavior therapy (CBT) and of evidence-based mode of practice more generally
- Basics of several cognitive-behavioral (CB) theories
- Methods for assessing, conceptualizing, and treating patients using this approach
- Theories, methods, and efficacy evidence for BT & CBT for several disorders, primarily anxiety and affective disorders
- A feel for what it is like to provide and receive BT & CBT
- Introduction and practice in "third wave" behavior therapies such as dialectical behavior therapy (DBT) and Acceptance and Commitment Therapy (ACT)

Format: The teaching format is lecture, discussion, and audiotape, videotape, and role-plays demonstrations and exercises. Class participation is expected. Participation can come in the form of questions, comments, or class discussion appropriate for a classroom setting. You will also be asked to participate in role-plays, and hopefully share experiences from cases you are seeing outside of this class.

Computer/Internet: Some of the materials that I will provide for you will be text or audio/video files that require you to install free software on your computer.

1. Many of the readings I assign outside of our text as well as copies of lecture notes are saved as Adobe Acrobat *.pdf files. The Adobe Acrobat reader is a free program that is pre-installed on most computers, but can be downloaded at the Adobe webpage.
2. One title you may need is QuickTime from Apple Computer. Please visit the QuickTime website and install this software for Macintosh or Windows.
3. You may also need the RealOne Player, which is also available for Macintosh or Windows.

Lecture Notes & Readings: I do provide handouts for my lectures in hopes that you will not simply spend your time writing what you see on the screen or the board. Also, there may be some supplemental readings. You can download them below.

Examinations: There will be one take home exam due around midterm time. We will settle on a date together. You will have a week to complete it. I will provide you some history and assessment data on a case. Your job will be to write up a case formulation and treatment plan for the case. I expect you to base your treatment recommendations in evidenced based treatments by providing a short review of the empirical literature (nomothetic) but make the treatment plan as idiographic as possible. (5-6 pages plus a one page annotated bibliography of work cited).

Graded Assignments:

1. I am assigning you to conduct a behavioral experiment on yourself, a consenting adult, or a pet. The consenting adult can be a current client if you get your supervisor's permission*. Essentially, you will need to gather baseline data on a target behavior, thought, etc., and develop an experiment designed to change the frequency, intensity of that behavior. You will then write up your results in a 8-10 page paper. Grades will be assigned based on the thoughtfulness and thoroughness of the experiment and not on whether the intervention actually works. The paper will be due at the end of the semester.
2. Generate a fear and avoidance hierarchy for an actual or hypothetical client (1-2 pages)
3. Generate a relaxation tape for use with an actual or hypothetical client (15-20 minutes)

***If you use a client, we can contemplate the appropriateness of writing up the case as a single-subject design and submitting it for publication.**

Weekly Assignments:

In addition to readings, you will frequently have homework assignments to complete. Essentially, I am going to ask you to complete the same homework assignments associated with behavioral technologies that we assign to our clients. For example, I will ask you to self-monitor your behavior, thoughts, feelings, etc. These homework assignments will not be handed in for a grade, but instead will form the basis of discussion in class. So, please complete these tasks honestly with the knowledge that I will not see these private events or require you to self-disclose to the class. You will have control of what you self-disclose and what you chose not to self-disclose.

Final Grade:

Your grade for the course will be computed as follows:
 Midterm 30%
 Behavioral Experiment 30%
 Graded Homework 20%
 Participation/Role Plays/Weekly Homework* 20%

*Evidence of completing it by way of discussion in class

SDS:

University policy 3342-3-18 requires that students with disabilities be provided reasonable accommodations to ensure their equal access to course content. If you have a documented disability and require accommodations, please contact the instructor at the beginning of the semester to make arrangements for necessary classroom adjustments. Please note, you must first verify your eligibility for these through Student Disability Services (contact 330-672-3391) or visit www.kent.edu/sds for more information on registration procedures.

<u>WEEK</u>	<u>TOPIC</u>	<u>ASSIGNMENT</u>
<u>Aug-30</u>	<u>Introductions</u>	<p><u>Readings:</u> Don't Shoot the Dog (Begin reading to familiarize yourself with instrumental conditioning) Nuts and Bolts of the class Review of classical and instrumental conditioning</p>

<u>WEEK</u>	<u>TOPIC</u>	<u>ASSIGNMENT</u>
<u>Sept-06</u>	<p align="center"><u>Behavioral Assessment</u></p> <p><u>Readings:</u> Persons, J. B. & Fresco, D. M. (1998). The assessment of depression. In A. S. Bellack & M. Hersen (Eds.) <i>Behavioral assessment: A practical handbook, 4th edition</i>. (pp. 210-231). New York: Pergamon Press. Schroeder, C. S. & Gordon, B. N. (1991). Chapter 3. Assessment. <i>Assessment and Treatment of Childhood Problems</i>. (pp. 40-70). New York: Guilford.</p>	<p><u>Homework:</u> Complete your own activity log for the coming week; report back next week on the results.</p>
<u>Sept-13</u>	<p align="center"><u>Functional Analysis and Idiographic Approaches</u></p> <p><u>Readings:</u> Bissett, R. T. & Hayes, S. C. (1999). The likely success of functional analysis tied to the DSM. <i>Behaviour Research and Therapy, 37</i>, 379-383. Haynes, S. N., Leisen, M. B., & Blaine, D. D. (1997). Design of individualized behavioral treatment programs using functional analytic clinical case models. <i>Psychological Assessment, 9</i>, 334-348. Lambert, M. J., Hansen, N. B., & Finch, A. E. (2001). Patient-focused research: Using patient outcome data to enhance treatment effects. <i>Journal of Consulting and Clinical Psychology, 69</i>, 159-172. Nelson-Gray, R.O. & Farmer, R.F. (1999). Behavioral assessment of personality disorders. <i>Behaviour Research and Therapy, 37</i>, 347-368. Persons, J. B. (1989). The case formulation model. <i>Cognitive Therapy in Practice: A Case Formulation Approach</i>. (pp. 1-18). New York: Norton.</p> <p><u>Optional Readings:</u> Farmer, R. F. & Nelson-Gray, R. O. (1999). Functional analysis and response covariation in the assessment of personality disorders: a reply to Staats and to Bissett and Hayes. <i>Behaviour Research and Therapy, 37</i>, 385-394. Staats, A. W. (1999). Valuable, but not maximal: it's time behavior therapy attend to its behaviorism, <i>Behaviour Research and Therapy, 37</i>, 369-378.</p>	<p><u>Homework:</u> Develop and carry out a self-monitoring assignment for a minimum of one week using the A-B-C log and report on what you learned from doing it in class.</p>
<u>Sept-20</u>	<p align="center"><u>Case Conceptualization and Treatment Planning</u></p> <p><u>Readings:</u> Persons, J. B. (1989). The Problem List. <i>Cognitive Therapy in Practice: A Case Formulation Approach</i>. (pp. 19-36). New York: Norton. Kazdin, A. E. (1993). Evaluation in clinical practice: Clinically sensitive and systematic methods of treatment delivery. <i>Behavior Therapy, 24</i>, 11-45. Persons, J. B., & Bertagnolli, A. (1999). Results of randomized controlled trials of cognitive therapy for depression generalize to private practice. <i>Cognitive Therapy and Research, 23</i>, 535-548.</p> <p><u>Activity:</u> We will discuss any current cases using a behavioral or cognitive behavioral perspective.</p>	<p><u>Homework:</u> Use what you learned from last week's homework to modify a behavior by modifying an antecedent, consequence, or behavior itself or ideally more than one of these.</p>

<u>WEEK</u>	<u>TOPIC</u>	<u>ASSIGNMENT</u>
<u>Sept-22</u>	<p align="center"><u>Exposure Methods: Hierarchies & Relaxation</u></p> <p><u>Readings:</u> Barlow, Ch. 1, 2 & 4 Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. <i>Psychological Bulletin</i>, 99, 20-35.</p> <p><u>Optional Readings:</u> Heimberg, R. G., Liebowitz, M.R., Hope, D.A., Schneier, F.R., Holt, C.S., Welkowitz, L., Juster, H.R., Campeas, R., Bruch, M.A., Cloitre, M., Fallon, B., & Klein, D.F. (1998). Cognitive-behavioral group therapy versus phenelzine in social phobia: 12-week outcome. <i>Archives of General Psychiatry</i>, 55, 1133-1141. Liebowitz, M.R., Heimberg, R. G., Schneier, F.R., Hope, D.A., Davies, S., Holt, C.S., Goetz, D., Juster, H.R., Lin, S.-L., Bruch, M.A., Marshall, R., & Klein, D.F. (1999). Cognitive-behavioral group therapy versus phenelzine in social phobia: Long-term outcome. <i>Depression and Anxiety</i>, 10, 89-98. Heimberg, R.G. (2002). Cognitive-behavioral therapy for social anxiety disorder: Current status and future directions. <i>Biological Psychiatry</i>, 51, 101-108.</p>	<p><i>Graded Homework:</i> Develop Fear and Avoidance Hierarchy for actual or fictional patient.</p>
<u>Oct-04</u>	<p align="center"><u>The Thought Record & Cognitive Restructuring</u></p> <p><u>Readings:</u> Persons et al. Ch. 5. TBA</p> <p><u>Video:</u> We will watch <i>Using the Thought Record</i> by Jackie Persons</p>	<p><i>Turn in:</i> Written assignment on Fear and Avoidance Hierarchy for actual or fictional patient.</p> <p><i>Graded Homework:</i> Develop relaxation tape for actual or fictional patient.</p>
<u>Oct-11</u>	<p><u>DMF at NIMH in Washington, DC</u> <u>Class time committed to completion of Midterm</u></p>	
<u>Oct-18</u>	<p align="center"><u>Exposure Methods II: Safety Behaviors</u></p> <p><u>Readings:</u> Salkovskis, P. M., Clark, D. M., Hackmann, A., Wells, A., & Gelder, M. G. (1999). An experimental investigation of the role of safety-seeking behaviours in the maintenance of panic disorder with agoraphobia. <i>Behaviour Research and Therapy</i> 37, 559-574. Sloan, T. & Telch, M. J. (2002). The effects of safety-seeking behavior and guided threat reappraisal on fear reduction during exposure: an experimental investigation. <i>Behaviour Research and Therapy</i> 40, 235-251. Alden, L. E. & Bieling, P. (1998). Interpersonal consequences of the pursuit of safety. <i>Behaviour Research and Therapy</i>, 36, 53-64. Powers, M. B., Smits, J. A. J., & Telch, M. J. (2004). Disentangling the Effects of Safety-Behavior Utilization and Safety-Behavior Availability During Exposure-Based Treatment: A Placebo-Controlled Trial. <i>Journal of Consulting and Clinical Psychology</i>, 72, 448–454 Wells, A., Clark, D. M., Salkovskis, P., Ludgate, J., Hackmann, A., & Gelder, M. (1995). Social phobia: The role of in-situation safety behaviors in maintaining anxiety and negative beliefs. <i>Behavior Therapy</i>, 26, 153–161. Lovibond, P. F., Davis, N. R., & O'Flaherty, A. S. (2000). Protection from extinction in human fear conditioning. <i>Behaviour Research and Therapy</i>, 38, 967-983.</p>	

<u>WEEK</u>	<u>TOPIC</u>	<u>ASSIGNMENT</u>
<u>Oct-25</u>	<p align="center"><u>Behavioral Activation and Contingency Management Methods</u></p> <p><u>Readings:</u> Beck, A. T., Rush, A. J., Shaw, B. F., & Emery, G. (1979). Chapter 7: Application of Behavioral Techniques. <i>Cognitive Therapy of Depression</i> (pp. 17-41). New York: Guilford. Ferster, C.B. (1973). A functional analysis of depression. <i>American Psychologist</i>, 28, 857-870. Jacobson, N. S., Martell, C. R., & Dimidjian, S. (2001). Behavioral activation treatment for depression: Returning to contextual roots. <i>Clinical Psychology: Science and Practice</i>, 8, 255-270. Lejuez, C.W., Hopko, D. R., & Hopko, S. D. (2001). A brief behavioral activation treatment for depression: Treatment manual. <i>Behavior Modification</i>, 25, 255-286.</p> <p><u>Optional Readings</u> Hopko, D. R., Lejuez, C. W., Lepage, J. P., Hopko, S. A., & McNeil, D. W. (2003). A brief behavioral activation treatment for depression: A randomized pilot trial within an inpatient psychiatric hospital. <i>Behavior Modification</i>, 27, 458-469.</p> <p><u>Activity:</u> We will roleplay aspects of Behavioral Activation strategies</p>	<p><i>Turn in:</i> Relaxation tape for actual or fictional patient.</p> <p><i>Homework:</i> Practice with your relaxation tape daily and report back in two weeks on the results.</p>
<u>Nov-01</u>	<p align="center"><u>Third Wave BTs: Non-disputation and Mindfulness</u></p> <p><u>Readings:</u> Blackledge, J. T. & Hayes, S. C. (2001). Emotion Regulation in Acceptance and Commitment Therapy. <i>Journal of Clinical Psychology</i>, 57, 243-255. Hayes, S. C. (1994). Content, context, and the types of psychological acceptance. In S. C. Hayes, N. S. Jacobsen, V. M. Follette, & M. J. Dougher. <i>Acceptance and Change: Content and Context in Psychotherapy</i>. (pp. 13-32). Reno: Context Press. Hayes, S. C., Masuda, A., Bissett, R., Luoma, J., & Guerrero, L. F. (in press). DBT, FAP, and ACT: How Empirically Oriented Are the New Behavior Therapy Technologies? <i>Behavior Therapy</i>. Miller, J. J., Fletcher, K., & Kabat-Zinn, J. (1993). Three-year follow-up and clinical implications of Mindfulness Meditation-Based Stress Reduction intervention in the treatment of anxiety disorders. <i>General Hospital Psychiatry</i>, 17, 192-200. Teasdale, J. D., Segal, Z. V., Williams, J. M. G., Ridgeway, V. A., Soulsby, J. M., Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. <i>Journal of Consulting & Clinical Psychology</i>, 68, 615-623. Williams, J. M. G., Teasdale, J. D., Segal, Z. V., & Soulsby, J. (2000). Mindfulness-based cognitive therapy reduces overgeneral autobiographical memory in formerly depressed patients. <i>Journal of Abnormal Psychology</i>, 109, 150-155.</p> <p><u>Listen to:</u> Dimidjian, S. (2002). Mindfulness Practice: Clinical Application and Training. A clinical roundtable presented at the annual meeting of the Association for Advancement of Behavior Therapy, November, 2002, Reno, NV (78 minutes; with Zindel Segal, Alan Marlatt, & Marsha Linehan)</p> <p><u>Watch:</u> Thich Nhat Hanh talk about Mindfulness (6 minutes; 10 MBs)</p>	<p><i>Homework:</i> Complete your own DRDT and report back next week.</p>

Nov-08

Acceptance and Commitment Therapy (ACT)

Homework: Continue DRDT and Relaxation exercises.

Readings:

Hayes, S. C. & Pankey, J. (2003). Psychological acceptance. In W. T. O'Donohue, J. E. Fisher, & S. C. Hayes (Eds.), *Empirically supported techniques of cognitive behavior therapy: A step by step guide for clinicians*. New York: Wiley.

Luoma, J. & Hayes, S. C. (2003). Cognitive defusion. In W. T. O'Donohue, J. E. Fisher, & S. C. Hayes (Eds.), *Empirically supported techniques of cognitive behavior therapy: A step by step guide for clinicians*. New York: Wiley.

Blackledge, J. T. (2003). An Introduction to Relational Frame Theory: Basics and Applications. *The Behavior Analyst Today*, 3, 421-433.

Wilson, K. G. & Murrell, A. R. (in press). Values-Centered Interventions: Setting a Course for Behavioral Treatment. In S. C. Hayes, V. M. Follette, & M. Linehan (Eds.). *The new behavior therapies: Expanding the cognitive behavioral tradition*. New York: Guilford Press.

Video:

We will watch *Acceptance and Commitment Therapy* by Steven C. Hayes.

Optional Assignment

Complete the very useful RFT Tutorial created by Eric Fox.

Nov-15

No Class-DMF@ABCT

Nov-22

No Class-Thanksgiving Recess

Nov-29

Open Class—Topics to be determined by class

Dec-6

Dialectical Behavior Therapy (DBT)
(Guest Lecturer: Dr. Denise Ben-Porath)

Turn in: Behavioral Experiment Paper

Readings:

Linehan, M.M., Cochran, B.N., & Kehrer, C.A. (2001). Dialectical behavior therapy for borderline personality disorder. *Clinical Handbook of Psychological Disorders: A Step-By-Step Treatment Manual (3rd ed)*, pp, 470-522. **(AKA Barlow, CH. 14)**

Linehan, M.M., Armstrong, H.E., Suarez, A., Allmon, D. & Heard, H.L. (1991). Cognitive-behavioral treatment of chronically parasuicidal patients. *Archives of General Psychiatry*, 48, 1060-1064.

Scheel, K.R. (2000). The empirical basis of dialectical behavior therapy: Summary, critique, and implication. *Clinical Psychology: Science and Practice*, 7, 68-86.

Linehan, M.M., Comtois, K. A., Murray, A. M., Brown, M. Z., Gallop, R. J., Heard, H. L., Korslund, K. E., Tutek, D. A., Reynolds, S. K., & Lindenboim, N. (2006). Two-Year Randomized Controlled Trial and Follow-up of Dialectical Behavior Therapy vs Therapy by Experts for Suicidal Behaviors and Borderline Personality Disorder. *Archives of General Psychiatry*, 63, 757-766.

Optional Readings:

Koerner, K & Dimeff, L. A. (2000). Further data on dialectical behavior therapy. *Clinical Psychology: Science and Practice*, 7, 104-112.

Guidelines for Un-graded Homework Assignments

As mentioned above, there will be a number of homework assignments that I will ask you to complete, but not for a grade. Rather, I wish to have a discussion with you as to what the experience is like. By knowing what the experience is like, you will likely be a more effective therapist when it comes time to assign such a task to a client or patient. Here is a list of questions I would like you to keep in mind in advance of a discussion we may have about a certain assignment. Please be prepared to discuss your experience along the lines of these questions:

1. What you found helpful about the intervention, if anything
2. What you didn't like about the intervention, if anything
3. What, if anything, you learned that will help you use this intervention successfully in a clinical situation
4. How long (total over the course of the week) you spent completing the assignment.