Seminar in Cognitive-Behavioral Therapy
Psychology 785 - Fall 2005

Instructor: **Dr. Elizabeth Meadows**
Sloan 209; x6499; elizabeth.a.meadows@cmich.edu
http://www.chsbs.cmich.edu/elizabeth_meadows

Class Times: Wednesdays 9.30 a.m. – 12.20 p.m.

Office Hours: Mon 12.30-1.50 and 3.30-5; Weds 1.30-1.50 and 3.30-5, and by appointment

Texts: Barlow, D.H. (2001). Clinical handbook of psychological disorders, 3rd edition. New York: Guilford Press.

Persons, J. (1989). Cognitive therapy in practice: A case formulation approach. New York: W.W. Norton.

Plus additional readings as noted in syllabus (occasionally, readings may be added throughout the semester if something interesting and relevant comes out or appears online)

Students with Special Needs:
CMU provides students with disabilities reasonable accommodations to participate in educational programs, activities, or services. Students with disabilities requiring accommodation to participate in class activities or meet course requirements should first register with the office of Student Disability Services (Park Library 120, telephone 989-774-3018, TDD #2568), and then contact the professor as soon as possible.

Course Objectives:
This course is designed to introduce you to the basics of cognitive-behavioral theory and therapy: We will focus on issues arising as treatment begins, such as decision-making and treatment planning; on treatment techniques commonly used in CBT and the theories underlying them; on issues relating to CBT; and on empirically supported treatment programs. Another objective of the course is to encourage you to think critically about your clinical work, and to do the same for the research literature that bears on this work.

Format of Course:
This course will consist of a mix of lecture, class discussion, videos, demonstrations, role plays, and student presentations. Because of the importance of the readings for class discussion, readings **must** be completed prior to that day's class.

Requirements and Evaluation:

1. Case Conceptualization paper – 25%
As emphasized in the early classes in this course, the ability to form an accurate and comprehensive case conceptualization is critical to conducting good cognitive-behavioral therapy (as opposed to, for example, being a cognitive-behavioral technician). Using the methods described in the first few classes, please select one of your current or past clinical cases and write up your conceptualization of this case; include what you see as being the primary and secondary problems, the distal and proximal causes of these problems, maintaining variables, etc. In general, what you want this paper to address is: What do you think is going on with this person, and why? If you have not seen any clients yet, you may see me for a sample case, or you may choose a sample case from fictional (e.g., TV show, movie, book) or nonfictional (e.g.., news story) sources. Paper due October 5th.

2. Treatment Plan Paper – 25%
Using the case you conceptualized in the above assignment, develop a treatment plan for this client. (This plan does not have to match what you actually did with the client, although hopefully there will be at least some relationship!) Include within this treatment plan which interventions you would select, why, and how they relate to the case conceptualization. Selected interventions should be based on a combination of what the literature suggests is useful for the client's particular problems and on what is suggested by your specific conceptualization. Also include within the plan what problems you might expect to arise, and how you might either address the problems so that the original treatment plan could continue, or modify treatment in response to the problems. Finally, include the methods you would use to evaluate whether treatment is working, and if there are any alternatives to these methods also worth considering. Paper due November 9th.

3. Behavior Modification Project – 25%
To give you direct practice in implementing a behavioral treatment plan, you will choose some behavior of your own that you would like to change, and design and carry out a behavior modification program. The behavior does NOT need to be anything major: examples might include nail biting, procrastination, interrupting others, etc. Once you have selected your target behavior, you will design an appropriate modification program using the single-subject design methods you learned in PSY740 (you may wish to refer to Hayes, Barlow, & Nelson-Gray, 1999). Throughout the semester, you will carry out your program, collecting data as you go along and if indicated, adapting the program to increase its effectiveness. Your final paper should be written as a formal single-case design, including a literature review describing both the reason for intervention (such as the negative consequences of not exercising, for example) and our current knowledge regarding interventions for your particular problem, or problems similar to it; a methods section that includes a description of what you did and how you assessed what you were doing; a results section showing how it turned out; and a discussion section in which you review overall how your project went, problems that arose, what might be useful from this experience for future clients, etc. Target behavior due September 7th; draft of

behavior mod plan due September 21st; final report on project due November 30th. Two classes at the end of the semester will be devoted to student presentations of these projects.

4. Class Participation and Presentations – 25%
Rather than add to your reading load for each class by including updated articles on the various disorders covered in your Barlow book (e.g., recent review articles, recent treatment outcome studies), each of you will be responsible for presenting this information to your classmates. On the first day of class, we will split up the various topics and assign each to one or two students. For your class presentations, you will then update your classmates on what the latest evidence is for the treatment of the disorders covered in that class, and on any specific issues that have been discussed in the literature recently. I may ask you to specifically cover one or two things for some of these classes, but in general you'll be responsible for doing the lit searches and determining what information seems most relevant for your classmates to know. All students are expected to participate fully in each class (i.e., not just the students assigned to a particular day are expected to participate that day), and thus it is important to do the readings in advance and come prepared to discuss the readings, the issues covered within them, and how they relate both to your clients and to the material presented by your classmates.

References for NonText Readings
(All references to Persons, Chpt xx or Barlow, Chpt xx refer to the required texts.)

Abramowitz, J.S., Franklin, M.E., & Cahill, S.P. (2003). Approaches to common obstacles in the exposure-based treatment of obsessive-compulsive disorder. Cognitive and Behavioral Practice, 10, 14-22.

Arnkoff, D.B. (2000). Two examples of strains in the therapeutic alliance in an integrative cognitive therapy. Journal of Clinical Psychology, 56, 187-200.

Beutler, L.E. (1998). Identifying empirically supported treatments: What if we didn't? Journal of Consulting and Clinical Psychology, 66, 113-120.

Cavell, T.A. (2001). Updating our approach to parent training. I: The case against targeting noncompliance. Clinical Psychology: Research and Practice, 8, 299-318.

Chambless, D.L. & Hollon, S.D. (1998). Defining empirically supported therapies. Journal of Consulting and Clinical Psychology, 66, 7-18.

Chambless, D.L. & Ollendick, T.H. (2001). Empirically supported psychological interventions: Controversies and evidence. Annual Review of Psychology, 52, 685-716.

Cone, J.D. (1997). Issues in functional analysis in behavioral assessment. Behaviour Research and Therapy, 35, 259-275.

Feeny, N. C., Hembree, E.A., & Zoellner, L.A. (2003). Myths regarding exposure

therapy for PTSD. Cognitive and Behavioral Practice, 10, 85-90.

Foa, E. B., & Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. Psychological Bulletin, 99, 20-35.

Garfield, S.L. (1998). Some comments on empirically supported treatments. Journal of Consulting and Clinical Psychology, 66, 121-125.

Goebbel-Fabbri, A.E., Fikkan, J., & Franko, D.L. (2003). Beyond the manual: The flexible use of cognitive behavioral therapy for bulimia nervosa. Cognitive and Behavioral Practice, 10, 41-50.

Haynes, S.N. & O'Brian, W.H. (1990). Functional analysis in behavior therapy. Clinical Psychology Review, 10, 649-668.

Hembree, E.A., Rauch, S.A.M., & Foa, E.B. (2003). Beyond the manual: The insider's guide to prolonged exposure therapy for PTSD. Cognitive and Behavioral Practice, 10, 22-30.

Hickling, E.J. & Blanchard, E.B. (1997). The private-practice psychologist and manual-based treatments: Post-traumatic stress disorder secondary to motor vehicle accidents. Behaviour Research and Therapy, 35, 191-203.

Huppert, J.D. & Abramowitz, J.S. (2003). Introduction to special series on Going beyond the manual: Insights from experienced clinicians. Cognitive and Behavioral Practice, 10, 1-2.

Huppert, J.D. & Baker-Morissette, S.L. (2003). Beyond the manual: The insider's guide to panic control treatment. Cognitive and Behavioral Practice, 10, 2-13.

Jaycox, L.H. & Foa, E.B. (1996). Obstacles in implementing exposure therapy for PTSD: Case discussions and practical solutions. Clinical Psychology and Psychotherapy, 3, 176-184.

Meadows, E.A. & Foa, E.B. (1998). Intrusion, arousal, and avoidance: Sexual trauma survivors. In V.M. Follette, J.I. Ruzek, & F.R. Abueg (Eds.), Cognitive-Behavioral Therapies for Trauma, pp. 100-123. New York: Guilford Press.

Meadows, E.A. & Phipps, K.A. (2002). Cognitive-behavioral treatment. In E.A. Gosch & R.A. DiTomasso (Eds.), Comparative Treatments of Anxiety Disorders. New York: Springer.

Meehl, P.E. (1956). Wanted: A good cookbook. American Psychologist, 11, 263-276.

Nelson, R.O. (1988). Relationships between assessment and treatment within a behavioral perspective. Journal of Psychopathology and Behavioral Assessment, 10,

155-170.

Newman, C.F. (1998). The therapeutic relationship and alliance in short-term cognitive therapy. In J.D. Safran & C.J. Muran (Eds.), The therapeutic alliance in brief psychotherapy (pp. 95-112). Washington, DC: American Psychological Association.

Nezu, A.M. & Nezu, C.M. (1989). Clinical decision making in behavior therapy: A problem-solving perspective. Champaign, IL: Research Press Company.

Persons, J. (1994). Is behavior therapy boring? The Behavior Therapist, 17, 190.

Persons, J. (1995). Two acceptance vignettes. The Behavior Therapist, 18, 153.

Persons, J.B. (1986). The advantages of studying psychological phenomena rather than psychiatric diagnoses. American Psychologist, 41, 1252-1260.

Persons, J.B. & Silberschatz, G. (1998). Are results of randomized controlled trials useful to psychotherapists? Journal of Consulting and Clinical Psychology, 66, 126-135.

Rosen, G.M. & 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

Rudd, D.M. & Joiner, T. (1997). Countertransference and the therapeutic relationship: A cognitive perspective. Journal of Cognitive Psychotherapy, 11, 231-250.

Wilson, G.T. (1997). Treatment manuals in clinical practice. Behaviour Research and Therapy, 35, 205-210.

Young, P.R., Grant, P., & DeRubeis, R.J. (2003). Some lessons from group supervision of cognitive therapy for depression. Cognitive and Behavioral Practice, 10, 30-40.

Course Outline

Aug 31 Overview/review of syllabus and course; What is CBT?
Meadows & Phipps, 2002; Persons, 1994

Sept 7 Decision-making in CBT; The therapeutic relationship
Arnkoff, 2000; Newman, 1998; Nezu & Nezu: Chapters 1-3; Rudd & Joiner, 1997
PsyBC emails
Persons: Chpts 9 and 11.

Sept 14 Linking assessment and treatment: Choosing treatment targets/Case formulation/Functional analysis
Persons: Chpts 1-4

Cone, 1997; Haynes & O'Brien, 1990; Nelson, 1988; Persons, 1986

Sept 21 Introduction to manualized treatments
Beutler, 1998; Chambless & Hollon, 1998; Chambless & Ollendick, 2001; Garfield, 1998; Hickling & Blanchard, 1997;Huppert & Abramowitz, 2003; Meehl, 1956; Persons & Silberschatz, 1998; Rosen & Davison, 2003; Wilson, 1997; various listserv emails

Sept. 28 Intro to manualized treatments continued; Physical interventions (relaxation and breathing retraining)
Barlow: Chpt 4 (GAD)

Oct 5 Learning-theory-based approaches: Anxiety disorders I
Barlow: Chpts 1 (Panic and Agoraphobia) and 5 (OCD)
Abramowitz, Franklin, & Cahill, 2003; Huppert & Baker-Morissette, 2003; Jaycox & Foa, 1996

Oct 12 Cognitive approaches: Anxiety disorders II
Barlow: Chpt 2 (PTSD)
Feeny, Hembree, & Zoellner, 2003; Foa & Kozak, 1986; Hembree, Rauch, & Foa, 2003; Meadows & Foa, 1998 (optional, but descriptive of PTSD exp tx)

Oct 19 Cognitive (schema) approaches: Depression
Persons: Chpts 6 and 7
Barlow: Chpt 6 (Depression)
Young, Grant, & DeRubeis, 2003

Oct 26 Couples Approaches
Barlow: Chpts 13 (Sexual Dysfunction) and 14 (Couple Distress)

Nov 2 Issues in Noncompliance and Relapse Prevention I: Eating Problems and Parent-Child Issues
Persons: Chpt 8
Barlow: Chpt 8 (Eating Disorders)
Cavell, 2001; Goebbel-Fabbri, Fikkan, & Franko, 2003

Nov 9 Issues in Noncompliance and Relapse Prevention II: Substance Abuse and Medication
Persons: Chpt 5
Barlow: Chpt 9 (Alcoholism), 10 (Cocaine Dependence) and 12 (Bipolar Disorder)

Nov 16 No class - AABT

Nov 23 Incorporating acceptance approaches into CBT: Borderline Personality

Disorder	
	Persons: Chpt 10 *Barlow: Chpt 11 (Borderline Personality Disorder)* *Persons, 1995; various listserv emails*
Nov 30	Student Project Presentations
Dec 7	Student Project Presentations
Dec 15	Finals Week – Class Review