**COURSE SYLLABUS**

 **PSYCHOLOGY 636: SYSTEMS OF PSYCHOTHERAPY**

 **SPRING, 2012**

 **TUESDAYS, 2:00 - 4:30, ROOM 210 Kastle Hall**

Instructor: Dr. Ruth Baer

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Goals of the course

The purpose of this course is to provide an overview of current methods of psychological intervention, with a strong emphasis on empirically supported forms of treatment. Students can expect to learn about many widely used cognitive and behavioral methods, including relaxation procedures, cognitive change methods, behavioral experiments, behavioral activation, exposure-based methods, skills training, and mindfulness and acceptance-based approaches. Other topics to be addressed include working with children and multicultural populations, transdiagnostic treatment approaches, and research on psychotherapy outcome. Students can also expect to become familiar with some of the available manuals for treating a variety of problems.

Format of the class

Class sessions will consist of a combination of lecture, discussion, watching videos of treatment approaches, role-playing, demonstrations, and practice of exercises.

Readings

A list of required readings is presented below.

Evaluation

Grades will be determined as follows:

1. Weekly class participation (20% of grade): Students should be prepared to discuss each week’s assigned readings and to participate in role-playing exercises or demonstrations.

2. Occasional short written assignments (20% of grade): On weeks to be announced, students will be asked to write a brief comment on an issue discussed in class, or to practice a technique taught in class and to write a short summary of their experiences. These assignments will be no longer than 2-3 pages, and will occur no more than five times during the semester.

Note on practicing techniques: Techniques that I may ask you to practice include relaxation exercises, completing thought records, doing a behavioral experiment, and mindfulness exercises. The rationale for this is that you are likely to make more skillful use of these strategies with clients if you are familiar with what it’s like to do them yourself. Because this is a class, and not psychotherapy, we will do these exercises for educational, rather than therapeutic, purposes. You will be able to tailor these exercises to fit your circumstances. When writing about and discussing your experiences with these exercises, you will be under no obligation to reveal personal information when you’d prefer not to.

3. Review paper (30% of grade): Each student must write a paper reviewing one of the following types of topics:

- the current empirical literature on intervention for a specific disorder (eg, bulimia)

- current empirical support for a specific intervention method (eg, mindfulness meditation)

- empirically supported treatment approaches with a particular problem not defined as a psychological disorder (eg, peer victimization, stress related to cancer)

Papers should be roughly 15 pages, APA style. Papers are due on Tuesday, April 10. Please consult with me about your paper topic early in the semester. **PLEASE SEE THE END OF THIS SYLLABUS FOR TIPS ON WRITING YOUR PAPER.**

4. Presentation (30% of grade): Each student must prepare a 20-30 minute presentation in which a specific treatment manual is described and evaluated. The manual should be chosen from the attached list. (If you are aware of a manual not on this list that you would like to use, please discuss it with me.) Your presentation should include a summary of the treatment techniques used in the manual, demonstration or explanation of any techniques not already covered in class, and a summary of empirical support for use of the manual.

Schedule of topics and readings:

**NOTE: Readings with asterisks are available through full-text online journals. You will be responsible for downloading and reading them before each class. Other readings are in the packet to be photocopied.**

**January 17: Basic skills: Empathy and validation**

Bohart, A. C., Elliott, R., Greenberg, L. S., & Watson, J. C. (2002). Empathy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (pp. 89-108). New York: Oxford University Press.

Thwaites, R. & Bennett-Levy, J. (2007). Conceptualizing empathy in cognitive behaviour therapy: Making the implicit explicit. *Behavioural and Cognitive Psychotherapy, 35,* 591-612. (email attachment)

Linehan, M. M. (1997). Validation and psychotherapy. In A. C. Bohart & L. S. Greenberg (Eds.), *Empathy reconsidered: New directions in psychotherapy*. Washington, DC: APA.

**January 24: Relaxation training procedures**

Bernstein, D. A., Carlson, C. R. & Schmidt, J. E. (2007). Progressive relaxation: Abbreviated methods. In P. M. Lehrer, R. L. Woolfolk, & W. E. Sime (Eds.), *Principles and Practice of Stress Management* (pp. 88-122). NY: Guilford.

Hazlett-Stevens, H. & Craske, M. G. (2008). Breathing retraining and diaphragmatic breathing techniques. In W. O’Donohue & J. E. Fisher (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice,* 2nd ed (pp. 59-64). Hoboken, NJ: Wiley.

Ferguson, K. (2008). Relaxation. In W. O’Donohue & J. E. Fisher (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice* (pp. 330-340). Hoboken, NJ: Wiley.

Carlson, C. R. (2002). Stretch-based relaxation training. *In Encyclopedia of Psychotherapy, Vol 2* (pp. 699-705) Elsevier.

**January 31: Cognitive restructuring**

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). NY: Guilford.

 Chapter 3: Cognitive conceptualization

 Chapter 9: Identifying automatic thoughts

 Chapter 10: Identifying emotions

 Chapter 11: Evaluating automatic thoughts

 Chapter 12: Responding to automatic thoughts

**February 7: Cognitive restructuring (continued)**

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). NY: Guilford.

 Chapter 13: Identifying and modifying intermediate beliefs

 Chapter 14: Core beliefs

Persons, J. B. & Davidson, J. (2010). Cognitive-behavioral case formulation. In K. S. Dobson (Ed.), *Handbook of cognitive-behavioral therapies* (3rd ed.) (pp 172-195), NY: Guilford.

**February 14: Behavioral experiments and behavioral activation**

Bennett-Levy, J., Butler, G., Fennell, M., Hackmann, A., Mueller, M. & Westbrook, D. (2004). *Oxford guide to behavioural experiments in cognitive therapy*. Oxford University Press.

 Chapter 1: Behavioural experiments: Historical and conceptual underpinnings

 Chapter 2: Devising effective behavioural experiments

 Chapter 20: Low self-esteem

Dimidjian, S., Martell, C. R., Addis, M. E., & Herman-Dunn, R. (2008). Behavioral activation for depression. In Barlow, D. H. (Ed.), *Clinical handbook of psychological disorders : A step-by-step treatment manual* (4th ed.) pp. 328-364.

\*Dimidjian, S., Hollon, S. D., et al. (2006). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology, 74*, 658-67.

**February 21: Exposure-based strategies**

Craske, M.G. & Barlow, D. H. (2008). Panic disorder and agoraphobia. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (4th ed.), pp. 1-64. NY: Guilford Press.

Turk, C. L., Heimberg, R. G., & Magee, L. (2008). Social anxiety disorders. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (4th ed.), pp. 123-163. New York: Guilford Press.

**February 28: Skills training**

Linehan, M. M. (1993). *Skills training manual for treating borderline personality disorder.* Guilford Press.

 pages 31-37 (general info on skills training)

 Chapter 8: Interpersonal effectiveness skills (pp. 70-83)

 Interpersonal effectiveness handouts and homework sheets (pp. 115-133)

**March 6: Mindfulness and acceptance-based approaches**

Baer, R. A. & Huss, D. B. (2008). Mindfulness and acceptance-based therapy approaches. In J. Lebow (Ed.), *Twenty-first century psychotherapies* (pp. 123-166). Hoboken, NJ: Wiley.

\*Keng, S. L., Smoski, M. J., & Robins, C. J. (2011). Effects of mindfulness on psychological health: A review of empirical studies. *Clinical Psychology Review, 31,* 1041-1056.

**March 13: Spring break (no class)**

**March 20: Psychotherapy outcome**

\*Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy : A review of meta-analyses. *Clinical Psychology
Review, 26*, 17-31.

\*Tolin, D. F. (2010). Is cognitive-behavioral therapy more effective than other therapies? A meta-analytic review. *Clinical Psychology Review, 30,* 710-720.

\*Seligman, M. (1995). The effectiveness of psychotherapy: The *Consumer Reports* study. *American Psychologist, 50,* 965-974.

\*Kazdin, A. E. (2005). Treatment outcomes, common factors, and continued neglect of mechanisms of change. *Clinical Psychology: Science and Practice, 12*, 184-188.

\*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.

**March 27: Transdiagnostic approaches in CBT**

Mansell, W., Harvey, A., Watkins, E., & Shafran, R. (2009). Conceptual foundations of the transdiagnostic approach to CBT. *Journal of Cognitive Psychotherapy: An International Quarterly, 23,* 6-19.

Allen, L. B., & Barlow, D. H. (2008). Emotional disorders: A unified protocol. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (4th ed.), pp. 216-249. New York: Guilford Press.

\*Fairburn, C. G., Cooper, Z., & Shafran, R. (2003). Cognitive behavior therapy for eating disorders: A transdiagnostic theory and treatment. *Behaviour Research and Therapy, 41,* 509-528.

**April 3:** **Multicultural Populations** (Dr. Mary Beth McGavran, guest speaker)

 No readings.

**April 10: Transtheoretical Model of Change** (Dr. David Susman, guest speaker)

Prochaska, J. O. & DiClemente, C. C. (1992). The transtheoretical approach. In J. C. Norcross & M. R. Goldfried (Eds.) *Handbook of psychotherapy integration* (pp. 300-334). New York: Basic Books.

\*Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*, 1102-1114.

Prochaska, J. O. & Norcross, J. C. (2001). Stages of change. *Psychotherapy, 38*, 443-448. (email attachment)

**April 17: Treatment of Children** (Dr. Rich Milich, guest speaker)

\*Pelham, W. E. (1993). Pharmacotherapy for children with attention-deficit hyperactivity disorder. *School Psychology Review, 22*, 199-277.

\*Mager, W. Milich, R., Harris, M. J., & Howard, A. (2005). Intervention groups for adolescents with conduct problems: Is aggregation harmful or helpful? *Journal of Abnormal Child Psychology, 33*, 349-362.

\*Mrug, Sulvie, Joza, B., & Gerdes, A. C. (2001). Children with attention deficit-hyperactivity disorder: Peer relationships and peer-oriented interventions. *New Directions for Child and Adolescent Development, 91*, 51-79.

Milich, R. Chapter 10: Clinical Child Psychology (\*email attachment).

**April 24: Student presentations**

 **TREATMENT MANUALS**

**Published by The Psychological Corporation: Therapy Works**

Master of Your Anxiety and Panic (Craske, Meadows, Barlow)

Improving Affect with Cognitive Therapy: Client Workbook (Gilson & Freeman)

A Cognitive Therapy Approach for Taming the Depression BEAST (Gilson & Freeman)

Mastery of Your Anxiety and Worry (Zinbarg, Craske, & Barlow)

Mastery of Your Specific Phobia (Antony, Craske, & Barlow)

Mastering Depression: A Patient’s Guide to Interpersonal Psychotherapy (Weissman)

Enhancing Sexuality: A Problem-Solving Approach (Wincze & Barlow)

Mastery of Obsessive Compulsive Disorder (Foa & Kozak)

Overcoming Eating Disorders: A Cognitive-Behavioral Treatment for Bulimia Nervosa and

Binge-Eating Disorder (Apple & Agras)

Managing Your Drug or Alcohol Problem (Daley & Marlatt)

Reclaiming Your Life After Rape: A Cognitive-Behavioral Therapy for PTSD (Rothbaum & Foa)

Managing Social Anxiety: A Cognitive-Behavioral Therapy Approach (Hope, Heimberg, Juster, & Turk)

When Children Refuse School: A Cognitive-Behavioral Therapy Approach (Kearney & Albano)

**Other manuals**:

Mind Over Mood: Change How You Feel by Changing the Way You Think (Greenberger & Padesky)

Getting Control: Overcoming Your Obsessions and Compulsions (Baer)

Fairburn: Eating disorders manual (available at PSC)

Mindfulness-Based Cognitive Therapy (Segal, Williams, & Teasdale)

Acceptance and Commitment Therapy for Anxiety Disorders (Eifert & Forsyth)

The Anorexia Workbook (Heffner & Eifert)

Overcoming Depression One Step at a Time (Addis & Martell)

DBT Skills Training Manual (Linehan)

Get Out of Your Mind and Into Your Life (Hayes)

Self Esteem manual (McKay & Fanning)

Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (Barlow et al)

**Check at the PSC for others, or ask other faculty & supervisors**

**PSY 636 (Psychotherapy)**

**Tips for writing a good review paper on an area of treatment outcome**

1. Describe the disorder or problem your paper will address. For example, if you’re reviewing the literature on treatment of bulimia, provide an overview of the nature of bulimia, such as diagnostic characteristics, other typical features, prevalence, consequences of having this disorder, etc.

2. Specify the scope of your review, and provide rationales. For example:

* If you’re reviewing treatments for chronic pain, are you restricting your review to a particular type of pain (headache/migraine, cancer-related pain, back pain)? Why?
* Are you including studies of children, adolescents, older adults, racial or ethnic minorities? Why or why not? (In some cases this will be self-evident, but be sure it’s clear.)
* If you are reviewing a particular approach to treatment (such as relaxation training) are you including progressive muscle relaxation, biofeedback, stretch-based relaxation, or limiting your paper to one or a subset of these? Why?
* Are you limiting your review to randomized controlled trials (RCT’s)? Or will you include uncontrolled or nonrandomized studies, or those using other methods? In general, if research on your topic is in the early stages, you may need to include uncontrolled studies. However, for a more developed literature, limiting your review only to RCT’s may make more sense. Even stricter limits, such as RCT’s with an active control group (rather than a wait-list or attention control) may be appropriate.

3. Describe how you searched for papers to include in your review. Name the databases you used. Also describe any general restrictions on what studies you included, and provide reasons for these restrictions. For example,

* Did you include unpublished studies or conference presentations?
* Did you restrict your review to studies published after a specific date? This might make sense if there was a good review of your literature some years ago and research has been active since then, especially if this research has examined new questions or used new methods since the previous review.
* Did you require that studies include any particular type of measure?

State the number of studies you found that met these requirements.

4. It may be helpful to provide a general overview of the literature you found. For example, if you found 15 studies of this topic, 10 of which are uncontrolled pre-post trials, whereas 5 are RCT’s with wait-list controls, and sample sizes have ranged from 10 to 40, and treatment has primarily consisted of 8-week group interventions, summarize all of this.

5. Describe the general pattern of findings in these studies. Do they show improvement in treatment groups? How consistently do they show this? How much improvement?

6. Provide critical review of this body of literature, including strengths and weaknesses in the studies’ methods. This can include general comments about the studies as a group, or you might describe individual studies. It may not be possible to discuss each one in detail. You might choose illustrative examples for detailed analysis.

7. Discuss important issues, such as attrition, adherence to treatment, maintenance of treatment effects over time, patients’ reactions to treatment, therapists’ training or integrity of treatment implementation.

8. Describe gaps in the literature and the type of research that is necessary to fill these gaps.

9. End with a summarizing paragraph that offers some general conclusions about the state of this literature.

Note: these are not rigid guidelines and you may find that addressing these topics in a somewhat different order, omitting some, or adding others, might make sense for your paper.