

PS352G Clinical Interventions: Science and Practice
Spring 2025
Prof. Erin Sheets
Department of Psychology, Colby College

Meeting Times: Mondays and Wednesdays 1:00-2:15PM

Location: Davis 307

Course website: <http://moodle.colby.edu> (PS352G - Clinical Interventions: Science and Practice)

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Course Description

This course will explore the principles and research base of major, empirically-supported psychotherapy models, including behavior therapy, cognitive therapy, and acceptance-based therapies. Learning goals include differentiating common factors of treatment from specific factors, contrasting therapy models, and articulating the scientific process of treatment development and evaluation. Readings and videos of therapy sessions will illustrate clinical intervention approaches. Students will not be trained in clinical interventions but will leave the course with a deeper understanding of evidence-based practice.

Learning Outcomes

- Differentiate common factors of treatment from specific factors
- Contrast therapy models
- Articulate the treatment development and evaluation process
- Communicate using a variety of formats (e.g., clinical reports, media critiques, presentations)
- Practice cultural humility, understanding that working in mental health care is a commitment to lifelong learning about others
- Empathize with those with psychological disorders, appreciating the broad impact on patients and their loved ones

Course Readings

There are no required textbooks for the courses. Instead, all required readings will be book chapters, empirical papers, or review articles. These readings are available on the course website. ***All of the required reading should be completed well before class, so you have time to process the ideas and prepare thoughtful comments and questions.***

Course Schedule

February 5

Introduction to the Course

What is Psychotherapy?

February 10

Wampold, B. (2007). Psychotherapy: *The humanistic (and effective) treatment*. *American Psychologist*, 62(8), 857-873. <https://doi.org/10.1037/0003-066X.62.8.857>

Common Factors in Therapy

February 12

Laska, K. M., Gurman, A. S., & Wampold, B. E. (2014). Expanding the lens of evidence-based practice in psychotherapy: A common factors perspective. *Psychotherapy*, 51(4), 467– 481. <https://doi.org/10.1037/a0034332>

Crits-Christoph, P., Chambless, D. L., and Markell, H. M. (2014). Moving evidence-based practice forward successfully: Commentary on Laska, Gurman, and Wampold. *Psychotherapy*, 51(4), 491– 495. <http://doi.org/10.1037/a0036508>

Hofmann, S. G. & Barlow, D. H. (2014). Evidence-based psychological interventions and the common factors approach: The beginnings of a rapprochement? *Psychotherapy*, 51(4), 510-513. <http://doi.org/10.1037/a0037045>

Cultural Humility

February 17

Mosher, D. K., Hook, J. N., Captari, L. E., Davis, D. E., DeBlaere, C., & Owen, J. (2017). Cultural humility: A therapeutic framework for engaging diverse clients. *Practice Innovations*, 2(4), 221–233. <https://doi.org/10.1037/pri0000055>

Owen, J., Tao, K., Drinane, J., Hook, J., Davis, D., & Foo Kune, N. (2016). Client perceptions of therapists' multicultural orientation: Cultural (missed) opportunities and cultural humility. *Professional Psychology: Research and Practice*, 47, 30–37. <https://doi.org/10.1037/pro0000046>

Stages of Intervention Development

February 19

Kraemer, H. C., & Periyakoil, V. S. (2019). Doing right by your patients: What do clinicians need to know about randomized clinical trials? In S. Dimidjian (Ed.), *Evidence-based practice in action: Bridging clinical science and intervention* (pp. 67-81). Guilford.

Onken, L. (2019). History and evolution of the NIH Stage Model. In S. Dimidjian (Ed.), *Evidence-based practice in action: Bridging clinical science and intervention* (pp. 33-41). Guilford.

Pseudoscience

February 24

Lilienfeld, S. O., Lynn, S. J., & Bowden, S. C. (2018). Why evidence-based practice isn't enough: A call for science-based practice. *the Behavior Therapist*, 41(1), 42-47.

McKay, D. (2018). The seductive allure of pseudoscience in clinical practice. *the Behavior Therapist*, 41(1), 39-42.

Discussing the Common Factors Presentations

Ch. 1 An Invitation, pp. 3-7, in Miller, W. M., & Moyers, T. B. (2021). *Effective psychotherapists: Clinical skills that improve client outcomes*. Guilford.

Evidence-Based Practice

February 26

Spring, B., Marchese, S. H., & Steglitz, J. (2019). History and process of evidence-based practice in mental health. In S. Dimidjian (Ed.), *Evidence-based practice in action: Bridging clinical science and intervention* (pp. 9-27). Guilford.

Motivational Interviewing

March 3

Miller, W. R., & Rose, G. S. (2009). Toward a theory of motivational interviewing. *American Psychologist*, 64(6), 527-537. <https://doi.org/10.1037/a0016830>

Miller, W. R., & Rollnick, S. (2009). Ten things that motivational interviewing is not. *Behavioural and Cognitive Psychotherapy*, 37(2), 129-140. <https://doi.org/10.1017/S1352465809005128>

Stages of Treatment Development Paper Due

March 5

Process Research, or How Does This Work?

Ch. 14, Toward a broader clinical science, pp. 158-174, in Miller, W. M., & Moyers, T. B. (2021). *Effective psychotherapists: Clinical skills that improve client outcomes*. Guilford.

Behavior Therapy: Exposure-Based Strategies

March 10

Antony, M. M., Roemer, L., & Lenton-Brym, A. P. (2020). Behavior therapy: Traditional approaches. In S. B. Messer & N. J. Kaslow (Eds.), *Essential psychotherapies: Theory and practice* (4th ed., pp 111-141). Guilford.

March 12

Common Factor Discussion 1

Randomized Controlled Trials, or Does This Work?

Foa, E. B., Liebowitz, M. R., Kozak, M. J., Davies, S., Campeas, R., Franklin, M. E., Huppert, J. D., Kjernisted, K., Rowan, V., Schmidt, A. B., Simpson, H. B. & Tu, X. (2005). Randomized, placebo-controlled trial of exposure and ritual prevention, clomipramine, and their combination in the treatment of obsessive-compulsive disorder. *American Journal of Psychiatry*, 162(1), 151-161. <http://dx.doi.org/10.1176/appi.ajp.162.1.151>

Behavior Therapy: Behavioral Activation

March 17

Dimidjian, S., Martell, C. R., Herman-Dunn, R., & Hubble, S. (2021). Behavioral activation for depression. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (pp. 339-380). Guilford.

March 19

Common Factor Discussion 2

Dismantling Studies, or Which Parts of This Work?

Jacobson, N. S., Dobson, K. S., Truax, P. A., Addis, M. E., Koerner, K., Gollan, J. K., Gortner, E., & Prince, S. E. (1996). A component analysis of cognitive-behavioral treatment for depression. *Journal of Consulting and Clinical Psychology*, 64(2), 295-304. <http://dx.doi.org/10.1037/0022-006X.64.2.295>

Case Report Due

March 24 & 26

NO CLASS – Spring Break

Acceptance-Based Behavioral Therapy

March 31

Roemer, L., Eustis, E. H., & Orsillo, S. M. (2021). Generalized anxiety disorder: An acceptance-based behavioral therapy. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (pp. 184-216). Guilford.

April 2

Common Factor Discussion 3

Mechanisms of Change, or Again, How Does This Work?

Hayes-Skelton, S. A., Calloway, A., Roemer, L., & Orsillo, S. M. (2015). Decentering as a potential common mechanism across two therapies for generalized anxiety disorder. *Journal of Consulting and Clinical Psychology*, 83(2), 395-404. <https://doi.org/10.1037/a0038305>

Cultural Adaptations

April 7

Chu, J., & Leino, A. (2017). Advancement in the maturing science of cultural adaptations of evidence-based interventions. *Journal of Consulting and Clinical Psychology, 85*(1), 45-57. <https://psycnet.apa.org/doi/10.1037/ccp0000145>

Wendt, D. C., Huson, K., Albatnuni, M., & Gone, J. P. (2022). What are the best practices for psychotherapy with indigenous peoples in the United States and Canada? A thorny question. *Journal of Consulting and Clinical Psychology, 90*(10), 802–814. <https://doi.org/10.1037/ccp0000757>

Media Analysis Paper 1 Due

April 9

Kaur, K., Gutierrez Chavez, M., Tacana, T., Sanchez-Birkhead, A., Mukundente, V., Napia, E. E., Tavake-Pasi, F., Villalta, J., Lee, D., Sunada, G., Stark, L., Crowell, S. E., & Asnaani, A. (2022). Applying best practices for health disparities work to create a treatment adaptation framework for culturally diverse communities: A mixed-methods approach. *Journal of Consulting and Clinical Psychology, 90*(10), 734–746. <https://doi.org/10.1037/ccp0000742>

Shaw, Y. (Host). (2022, September 23). Therapy ghostbusters (Season 9, Episode 3) [Audio podcast episode]. In *Invisibilia*. National Public Radio. <https://www.npr.org/2022/09/20/1124139592/therapy-ghostbusters>

Cognitive Therapy

April 14

Cattie, J. E., Buchholz, J. L., & Abramowitz, J. S. (2020). Cognitive therapy and cognitive-behavioral therapy. In S. B. Messer & N. J. Kaslow (Eds.), *Essential psychotherapies: Theory and practice* (4th ed., pp. 142-182). Guilford.

April 16

Common Factor Discussion 4

Treatment Moderators, or Who Does This Work For?

Gomez Penedo, J. M., Constantino, M. J., Coyne, A. E., Bernecker, S. L., & Smith-Hansen, L. (2019). Patient baseline interpersonal problems as moderators of outcome in two psychotherapies for bulimia nervosa. *Psychotherapy Research, 29*(6), 799–811. <https://doi.org/10.1080/10503307.2018.1425931>

Interpersonal Psychotherapy (IPT)

April 21

Bleiberg, K. L. & Markowitz, J. C. (2021). Interpersonal psychotherapy for depression. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (pp. 317-338). Guilford.

Media Analysis Paper 2 Due

April 23

Common Factor Discussion 5

Meta-Analyses, or Does This Really Work?

Cuijpers, P., Donker, T., Weissman, M. M., Ravitz, P., & Cristea, I. A. (2016). Interpersonal psychotherapy for mental health problems: A comprehensive meta-analysis. *The American Journal of Psychiatry*, 173(7), 680-687.

<http://doi.org/10.1176/appi.ajp.2015.15091141>

For reference: Cuijpers, P., & Cristea, I. A. (2019). Systematic reviews in mental health. In S. Dimidjian (Ed.), *Evidence-based practice in action: Bridging clinical science and intervention* (pp. 82-93). Guilford.

April 28

VISIT TO MUSEUM OF ART: Art Therapy Workshop

April 30

Common Factor Discussion 6

Posluns, K. & Gall, T. L. (2020). Dear mental health practitioners, take care of yourselves: A literature review on self-care. *International Journal for the Advancement of Counselling*, 42, 1-20. <https://doi.org/10.1007/s10447-019-09382-w>

Summary and Synthesis

May 5 & May 7

May 16

Treatment Plan Project Due

Assessments

Course grades will be weighted as follows. More detailed assignment descriptions will be provided over the semester.

Course component	Weight
Participation and Discussion Questions	22.5%
Common Factor Discussion	7.5%
Stages of Treatment Paper (4-6 pages)	15%
Media Analysis Papers (2-3 pages each)	10%
Case Report (4-5 pages)	15%
Treatment Plan Project (approx. 10 pages)	30%

Active Participation and Discussion Questions

Class participation – which includes attendance, preparation for each class, participation in small group discussions, and participation in full class discussions – will count toward the final grade. If you must miss a class for any reason, you should inform me by email. Before each class meeting, you are expected to: (1) have read the course materials for that meeting and (2) have submitted 1 discussion question on Moodle’s discussion board. Students must post their discussion question by **8:00PM the day before class**. Late posts will not count toward your grade. Discussion questions will be graded on a scale of excellent (100%), good (85%), fair (70%), poor (50%), or no credit (0%). Your one lowest discussion question grade will be dropped when computing your final course grade. Class participation and discussion questions will count **22.5%** toward the final grade.

Common Factor Discussion

You and a peer will teach the class about one of six therapeutic skills (common factors) described by Miller and Moyers in *Effective Psychotherapists: Clinical Skills That Improve Client Outcomes* (2021). In your 15-20 minute student-led discussion, you should summarize the skill, offer a demonstration or activity related to the skill, describe at least two empirical research articles that demonstrate its importance, and lead us through a few discussion questions about the skill. Brief book chapters describing each common factor will be available on Moodle. The common factor presentation will count **7.5%** toward the final grade.

Stages of Treatment Development Paper

For this paper, you will identify three empirical articles that report on three different stages of treatment development for the same therapy model. I will provide “state of the science” review articles to guide and narrow your article selection. Your paper primarily will summarize each of the studies, making sure to note the primary development goals of the

study, how the goals were assessed, and what the researchers found. You will then propose the next study that should follow one of these studies. The stages of treatment development paper is due **March 3** and will count **15%** toward the final grade.

Media Analysis Papers

You will write two brief papers evaluating media depictions of therapy. For each paper, you will choose one extended therapy scene from a movie or a TV/streaming show. In the first paper, you will focus on the common factors depicted, or missing, from the therapy scene. In the second paper, you will describe how the scene demonstrates a specific therapy model that we explored in the class, or how a therapist from that therapeutic orientation would conduct the session. Each paper will also include a reflection on whether the depiction of therapy would encourage or discourage people from seeking therapy. The first paper is due **April 7** and the second paper is due **April 21**. Each media analysis paper will count **5%** toward the final grade.

Case Report

You will write a 4-5 page, hypothetical case report describing a patient's current symptoms and diagnosis, any history of psychological disorders, and their relevant social history. You must provide enough information that a clinician could build a treatment plan for this patient. After receiving feedback on your case reports, we will exchange case reports within the class, and you will proceed to the treatment plan project, using a peer's case report. The case report is due **March 19** and will count **15%** toward the final grade.

Treatment Plan Project

The primary aim of the treatment plan project is for you to envision treating the patient described in a peer's case report, but to envision this following two different treatment plans. Imagine that you are a training clinician, currently in graduate school. Your clinical supervisor is helping you to develop clinical decision-making skills, where you decide what treatment approach – of the many options – is best suited to each new client that you treat. Your paper will begin with a section that summarizes the client's treatment goals and some common factors important to the treatment. Then you will provide two alternative treatment plans based on two distinct therapy models. The treatment plan project is due **May 16** and will count **30%** toward the final grade.

Course Policies

Professionalism in the Classroom

College offers continuous opportunities to develop and practice appropriate, professional behavior before you launch your career.

- Students are expected to attend all class meetings and are responsible for any work missed.
- It is expected that you will arrive on time for all class meetings. Arriving on time demonstrates respect for your professors and your peers.
- It is expected that you will have your phone on silent and that you will not text or read texts during class.
- It is expected that you will interact with fellow students and with me in an open-minded, respectful, and supportive manner.
- Before emailing me, please check if your question can be answered by the syllabus or the course Moodle page.

Although your experiences may seem relevant to the class discussion, ***I ask that you refrain from sharing your personal experiences with therapy or with disorders discussed in the class.*** Personal disclosure can disrupt a discussion when it occurs in groups outside the treatment setting.

Academic Accommodations

If you have a disability or learning difference for which an academic accommodation is recommended, please provide your supporting letter from the Office of Student Access and Disability Services as soon as possible. I encourage you to meet with me during student hours in my office to have a conversation about how I can support you. Please keep in mind that accommodations are not retroactive and cannot be granted at the last minute.

Department and College Policies

Deadline Extensions

This course follows the psychology department's policy on deadline extensions: Students should treat deadlines as firm. Scheduling of exams, papers, and other assignments is done with careful consideration, attending to balancing material covered and the appropriateness of the evaluation at the time it is scheduled. We recognize that life can bring unexpected and difficult moments, such as family emergencies and illnesses. Therefore, please contact your professor as soon as you are aware of an issue with a class event or deadline so that we can work with you to resolve the conflict. If there is an issue affecting multiple classes, then we also encourage you to contact your class dean, who can help coordinate with your professors and connect you with other support resources on

campus. Please note that having a lot of work due, being unprepared, or making conflicting travel arrangements are not acceptable reasons to request an extension.

Course Late Assignment/Paper Policy

In order to be fair to every student, late assignments will lose 10% credit for each day that they are late. *Assignments that are more than one week late will receive no credit.*

Use of AI Writing Tools

Students are expected to write all text themselves for discussion questions, presentations, reports, and papers. Students may not use AI writing tools (e.g., ChatGPT, QuillBot) to generate text. The use of AI tools to generate writing will be considered academic dishonesty and will be reported as such.

Academic Honesty & Consequences for Academic Dishonesty

Honesty, integrity, and personal responsibility are cornerstones of a Colby education and provide the foundation for scholarly inquiry, intellectual discourse, and an open and welcoming campus community. These values are articulated in the Colby Affirmation and are central to this course. You are expected to demonstrate academic honesty in all aspects of this course. If you are clear about course expectations, give credit to those whose work you rely on, and submit your best work, you are highly unlikely to commit an act of academic dishonesty.

Academic dishonesty includes, but is not limited to: violating clearly stated rules for taking an exam or completing an assignment; plagiarism (including material from sources without a citation and quotation marks around any borrowed words); claiming another's work or a modification of another's work as one's own; buying or attempting to buy papers or projects for a course; fabricating information or citations; knowingly assisting others in acts of academic dishonesty; misrepresentations to faculty within the context of a course, on an academic assignment, or an academic record; and submitting the same work, including an essay that you wrote, in more than one course without the permission of the instructors for those courses. You may not use AI text generation tools in this class and claim that text as your own writing.

Academic dishonesty is a serious offense against the college. Sanctions for academic dishonesty are assigned by an academic review board and may include failure on the assignment, failure in the course, or suspension or expulsion from the College for multiple academic dishonesty findings.

For more on recognizing and avoiding plagiarism, see the library guide: libguides.colby.edu/avoidingplagiarism

Religious Observances

Colby College supports the religious practices of students, faculty, and staff. Students should contact their professors at least 14 days in advance to make arrangements for academic events that conflict with a religious observance.

Sexual Misconduct Policy

Colby College prohibits and will not tolerate sexual misconduct or gender-based discrimination of any kind. Colby is legally obligated to investigate sexual misconduct (including, but not limited to, sexual assault and sexual harassment). Students should be aware that faculty members are considered responsible employees; as such, if you disclose an incident of sexual misconduct to a faculty member, he or she has an obligation to report it to Colby's Title IX Coordinator. "Disclosure" may include communication in-person, via email/phone/text, or through class assignments. To learn more about sexual misconduct or report an incident, visit www.colby.edu/sexualviolence/

Incomplete Grades

The mark of incomplete (I), indicating that a course was not completed, will be assigned only in the case of documented emergencies. The assignment of a mark of I is contingent on students making prior arrangements with their professor regarding completion of the course work by a certain date in accordance with policy specified in the *Colby College Catalogue*.

Colby College Grading Guidelines

A

Excellent work in meeting the goals of the course, in mastering the course material, in critical analysis, in written and oral communication, or in other forms of creative expression, within the context of the course expectations.

(The grade of A+ is awarded only in very rare instances when a student exceeds the highest reasonable expectations for undergraduates.)

B

Very Good to Good work in meeting the goals of the course, in mastering the course material, in critical analysis, in written and oral communication, or in other forms of creative expression, within the context of the course expectations.

C

Satisfactory work in meeting the goals of the course, in mastering the course material, in critical analysis, in written and oral communication, or in other forms of creative expression, within the context of the course expectations.

D

Minimally acceptable work in meeting the goals of the course, in mastering the course material, in critical analysis, in written and oral communication, or in other forms of creative expression, within the context of the course expectations.

(While the grade of D counts as a passing grade for any individual course, a student receiving D grades in multiple classes may be at risk of falling below the minimum 2.0 GPA required for graduation.)

F

Seriously deficient work that is not acceptable. No credit is awarded.