



## **Course Information**

**Course Title: Cognitive-Behavioral Theories & Intervention Techniques**

**Course Number and Section: PSY 722**

**Term: Spring 2025**

**Class Meeting time(s): Mondays 9:00AM-11:40AM**

**Class delivery format/location: On-Campus/ 52 Broadway, Room 446**

## **Instructor Information**

**Instructor Name: Dr. Johanna deLeyer-Tiarks**

**Preferred pronouns: She/Her**

**Email: [jdeleyertiarks@pace.edu](mailto:jdeleyertiarks@pace.edu)**

**Office location: 52 Broadway, Office 443**

**Office hours: By appointment**

\*This syllabus is subject to change. Always access the syllabus through Classes to ensure you are viewing the most up-to-date version of this document.

## **Course description**

This course is intended to provide students with knowledge regarding the history and theory of cognitive-behavioral therapeutic approaches. The theoretical foundations of major cognitive behavioral therapies for the treatment of psychological disorders will be reviewed. The application of cognitive-behavioral techniques will be introduced. An introduction to cognitive behavioral case formulation and individual treatment plans will also be included. Empirical data pertaining to the use and efficacy of cognitive behavioral interventions with diverse populations will be reviewed.

## **Foundation Competencies: Cognitive-Behavioral**

1. Students will demonstrate an understanding of the basic theory and principles of cognitive behavioral theory. Minimum level of competency is determined by passing grades in course examinations and first year qualifying examination.
2. Students will demonstrate an understanding and appreciation of the empirical basis of cognitive behavioral therapy. Minimum level of competency is assessed via a term research paper evaluating the empirical evidence of CBT for varying presenting problems and/or varying populations.
3. Students must successfully complete a Biopsychosocial (including cognitive behavioral) Case Formulation based on an actual client or a volunteer. The case formulation includes a problem list, diagnostic considerations, working hypotheses, strengths, and treatment plan. Also, primary and secondary problems, the distal and proximal causes of these problems,

maintaining variables, etc. will be discussed. Determination is based on faculty review of written and presented formulation.

4. Students will demonstrate basic competencies in applying cognitive behavioral therapy by presenting situations in a dyad (patient and clinician), and formulating a treatment plan. The students are evaluated on their ability to: Maintain a collaborative empirical alliance, express appropriate empathy, maintain professional boundaries, educate the client about the CBT model/intervention, effectively structure the session, respond to potentially dysfunctional cognitions, assign useful homework, set appropriate goals, and appropriately terminate the session.
5. Providing psychotherapeutic services from a variety of theoretical perspectives and within an evidence-based model of practice.

### Instructional Materials

#### ***Required***

Beck, J. S. (2021). *Cognitive behavior therapy: Basics and beyond (3<sup>rd</sup> Ed.)*. The Guilford Press.

#### ***Suggested***

Tolin, D. F. (2016). *Doing CBT: A comprehensive guide to working with behaviors, thoughts, and emotions*. The Guilford Press.

\*All other readings will be made available through Classes. See the Course Schedule for a full list of required readings.

### Grading and Assignments

#### *Final Grade Breakdown:*

<b><i>Item</i></b>	<b><i>Percent of Final Grade</i></b>
<i>CBT Intervention Role-Play</i>	<i>20%</i>
<i>Biopsychosocial Case Formulation Paper</i>	<i>35%</i>
<i>Treatment Plan Presentation</i>	<i>20%</i>
<i>Final Exam</i>	<i>15%</i>
<i>Participation</i>	<i>10%</i>

Letter grades will be assigned in accordance with the following scale:

A	94-100	B	84-86	C	74-76
A-	90-93	B-	80-83	C-	70-73
B+	87-89	C+	77-79	F	69-0

All Assignments are due on the dates specified in the Course Schedule. Assignments must be submitted electronically to Classes.

***CBT Intervention Role-Play:***

Each student will video record themselves role-playing the application of an intervention discussed in this course. Students will partner with another class member to demonstrate the application of the intervention during a video recorded role-play session which is no longer than 10 minutes in length. Role-play sessions will be played during class on the dates specified in the Course Schedule for class feedback. *CBT Intervention Role-Play assignments will be graded using a rubric (see Appendix A).*

***Biopsychosocial Case Formulation Paper:***

Each student is expected to complete a case conceptualization paper using the biopsychosocial conceptualization model. Students should base this conceptualization on an individual with whom they have completed an intake session. Should a student not have an appropriate case to complete this assignment, they may speak to the professor for an alternate case. *Biopsychosocial Case Formulation Papers will be graded using a rubric (see Appendix B).*

***Treatment Plan Presentation:***

Students will prepare a thorough treatment plan of an actual or simulated case and present it to the class. The treatment plan will review the clinical intake process including diagnostic information, developmental and cultural considerations, as well as automatic thoughts, feelings, and behavior. Students will be required to articulate case-appropriate treatment techniques, a progress monitoring plan, and treatment schedule. *Treatment Plan Presentations will be graded using a rubric (see Appendix C).*

***Final Exam:***

Students must complete one final examination comprised of questions covering course content. The final will be administered through Canvas and will be available during a 24-hour window (see Course Schedule for dates and times). *The final is a closed-note exam and students are allowed only one attempt.* There are no make-ups for the final and late submissions will not be accepted.

***Participation:***

Students must participate by engaging actively in class discussions and contributing proportionately to collaborative coursework. Participation must reflect adequate effort, analysis, and depth of thought. During the asynchronous class session, participation will be documented via completion of the assigned class activities (see Course Schedule for more information). Students should review the Attendance and Participation Policy located in the Course Policies section of this syllabus.

## Course Policies

### ***Grading Policy***

All assignments are due on the dates specified in the Course Schedule. Unless an extension has been approved by the professor, late submissions will receive a point deduction and may result in a grade of 0. Extension requests must be made *before the assignment is due*. Extension approvals and late work point deductions are made at the discretion of the professor.

### ***Attendance and Participation***

No absences are permitted without the permission of the professor. If there is a valid reason for an absence (e.g., religious holiday, illness), the student is required to inform the professor *via email* before the absence and make up any missed material.

Students are expected to have completed assigned readings before coming to class. Students should be prepared to discuss and respond to questions about the readings, and participate in class activities.

The use of texting, emailing, and other types of electronic communication/activity are prohibited unless specifically related to class discussion and authorized by the professor. Students will be in jeopardy of losing participation points if they do not follow the above guidelines and/or have any unexcused absences from class.

### ***Plagiarism and Ethical Behavior***

Plagiarism, the use of generative language models (such as ChatGPT or certain functions in Grammarly), and unethical behavior are prohibited in this course. For more information on university plagiarism and ethical behavior rules, please see the Academic Integrity Policy under the University Policy section of this syllabus.

Students are expected to adhere to the *American Psychological Association Ethical Principles and Code of Conduct* and the *National Association of School Psychologists Principles for Professional Ethics* during class and while completing all course-related activities.

## Course Schedule

*\*All classes are held in-person unless otherwise specified in the Course Schedule. Readings and Assignments are due at or before the start of class on the dates indicated below.*

<b>Class Date</b>	<b>Topic</b>	<b>Readings &amp; Assignments</b>
1/27/25	Syllabus Introduction to CBT	Syllabus Beck: Chapters 1 & 2 Tee & Kazantzis (2011) Tolin: Chapter 1 ( <i>Suggested</i> ) Kehle (2004; <i>Suggested</i> )
2/3/25	Cognitive Conceptualization	Beck: Chapter 3 Persons & Davidson (2001) Tolin: Chapters 2, 3, & 4 ( <i>Suggested</i> )
2/10/25	Evaluation in CBT	Beck: Chapter 5 Wright et al. (2022) Overington & Ionita (2012) Tolin: Chapters 5 & 6 ( <i>Suggested</i> )
2/17/25	NO CLASS	
2/24/25	Behavioral Interventions	Beck: Chapters 7 & 8 Tolin: Chapters 8, 9, 10, 11, & 12 ( <i>Suggested</i> )
3/3/25	Cognitive Interventions	Beck: Chapters 12, 14, 15, 17, & 18 Tolin: Chapters 13, 14, 15, 16, & 17 ( <i>Suggested</i> )
3/10/25		

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3/17/25	NO CLASS	
3/24/25	Scheduling & Planning	Beck: Chapters 7, 8, & 9
3/31/25 <b>*Asynchronous</b>	The Therapeutic Relationship Cultural Considerations & Adaptations	Beck: Chapters 4 & 6 Naz et al. (2019) Hays (2009) <b>Class Activities:</b> <ul style="list-style-type: none"> <li>• <b>Annotate Naz et al. (2019)</b></li> <li>• <b>Classes Discussions</b></li> </ul> Tolin: Chapter 7 ( <i>Suggested</i> )
4/7/25	Emotion-Level Interventions Additional Techniques	Beck: Chapter 13, 16, 19, & 20 Tolin: Chapters 18 & 19 ( <i>Suggested</i> )
4/14/25	Role-Plays	<b><i>CBT Intervention Role-Play Video Recording</i></b>
4/21/25	Role-Plays	
4/28/25	Treatment Plan Presentations	<b><i>Treatment Plan Presentation</i></b>
5/5/25	Treatment Plan Presentations	
5/12/25	<b>Final Exam</b> Opens: 5/12/25 at 12:00AM Closes: 5/12/25 at 11:59PM	<b><i>Biopsychosocial Case Formulation Paper</i></b>

## University Policies and Resources

### *Academic Integrity*

Students in this course are required to adhere to Pace University's Academic Integrity Code (PDF) , which supports honesty and ethical conduct in the educational process. It educates students about what constitutes academic misconduct, helps to deter cheating and plagiarism, and provides a procedure for handling cases of academic misconduct. Students are expected to be familiar with the Code, which can be found in Policies and Procedures. Individual schools and programs may have additional standards of academic integrity. Students are responsible for familiarizing themselves with the policies of the schools, programs, and courses in which they are enrolled.

Instructions for faculty, a paper about best practices, and the form for reporting integrity policy violations are posted on the Provost's webpage under "Academic Policies and Forms." Reporting forms should be sent to the Chairs of the Academic Conduct Committee on each campus.

### *Learning Commons*

The Learning Commons uses an array of programs and a holistic approach to assist students with academic skills and content knowledge. We are dedicated to developing independent learners through purposeful interactions with trained, well-qualified peer and professional staff. Services offered:

- Content Support Services including, content tutoring, exam review sessions, & content preparation/support workshops
- Academic Skills Services including small group peer mentoring, academic skills workshops, and individual academic development
- Writing Support Services including, writing tutoring & writing preparation/support workshops

### *Public Health*

Public health information and policies for the campus community continue to be available for the Pace community at <https://www.pace.edu/covid>. Pace recommends everyone continue to take steps to protect not only themselves but their colleagues, friends, and the campus by practicing good hand hygiene, staying home if you are sick, being up to date on vaccinations and boosters, and wearing a mask indoors when recommended by the CDC.

Pace University remains a mask-friendly community where mask use is always encouraged and supported. You may choose to wear a face mask, but they are not required outside of sick visits to healthcare settings.

### *Procedure for Students Who Wish to Obtain Reasonable Accommodations for a Course:*

The same rigorous admission and academic standards apply to students with and without a disability. In order to support the continued success of students with disabilities, the University prohibits discrimination on the basis of disability and is committed to providing equal access for students with disabilities to its facilities, programs, and activities. The University's commitment to equal educational opportunities for students with disabilities includes providing reasonable accommodations for the needs of students with disabilities.

To request an accommodation for a qualifying disability, a student must self-identify and register with the Student Accessibility Services Office (SAS) for their campus. Student Accessibility Services is housed in the Counseling Center on both the New York City and Pleasantville campuses. Student Accessibility Services for the New York City campus may be contacted at (212) 346-1526, (212) 346-1199 or 161 William St, 10<sup>th</sup> Flr. Student Accessibility Services for the Westchester campuses may be contacted at (914) 773-3710, (914) 773 -3201 or the Administration Center, 861 Bedford Road, Pleasantville. No one, including faculty, is authorized to evaluate the need and arrange for an accommodation except the Student Accessibility Services staff. Moreover, no one, including faculty, is authorized to contact Student Accessibility Services on behalf of a student.

To request an accommodation for a pregnancy or a pregnancy-related condition, a student must self-identify and contact Bernard Dufresne, the University's Title IX Coordinator, at [bdufresne@pace.edu](mailto:bdufresne@pace.edu). For more information, please visit the University's Pregnancy Adjustments and Accommodations for Students webpage.

***Technological Resources:***

- List of all Pace Information Technology Services.
- For assistance with a technological concern contact the Pace Helpdesk at (914) 773-3648 or create a help desk ticket.
- Visit the Learning Remotely website

***Appropriate Use Policy for Information Technology:***

Pace endorses the following statement on software and intellectual rights distributed by EDUCAUSE, the non-profit consortium of colleges and universities, committed to the use and management of information technology in higher education. The statement reads:

Respect for intellectual labor and creativity is vital to academic discourse and enterprise. This principle applies to work of all authors and publishers in all media. It encompasses respect for the right to acknowledgment, right to privacy and right to determine the form, manner and terms of publication and distribution.

Because electronic information is volatile and easily reproduced, respect for the work and personal expression of others is especially critical in computer environments. Violations of authorial integrity, including plagiarism, invasion of privacy, unauthorized access and trade secret and copyright violations, may be grounds for sanctions against members of the academic community.

Pace's appropriate use policy applies to recordings of classroom instruction and digital artifacts created by faculty and students.

***Sex-Based Misconduct Policy and Procedure:***

Pace University is committed to providing a safe environment for every member of its community and to ensuring that no student, faculty or staff member is excluded from participation in or denied the benefits of any University program or activity on the basis of sex. Accordingly, the University prohibits the following forms of Sex-Based Misconduct: sexual

assault, sexual harassment, gender-based harassment, dating violence, domestic violence, sexual exploitation and stalking.

Instructors have an obligation to report any information about sex discrimination, including all sex-based misconduct to the Assistant Vice President of the Office of Institutional Equity and Title IX Compliance – Bernard Dufresne, [bdufresne@pace.edu](mailto:bdufresne@pace.edu), 41 Park Row, 14<sup>th</sup> floor, (212) 346-1310. The Title IX Coordinator is responsible for investigating violations of the sex-based misconduct policy. Go here for more information about the [Pace University sexual misconduct policy](#).

Members of the University community who believe that they have been subjected to Sex-Based Misconduct are encouraged to report such incidents to the University using the University's [Online Reporting System](#) and, where applicable, to local law enforcement. **Confidential** resources include the **University Counseling Centers, Offices of Sexual and Interpersonal Wellness and University Healthcare**. Contact information for those offices may be found in the self-care section below.

***Self-Care:***

Your academic success in this course and throughout your college career depends heavily on your personal health and well-being. Stress is a common part of the college experience, and it often can be compounded by unexpected life changes outside the classroom. The Pace Community strongly encourages you to take care of yourself throughout the term.

The [Counseling Center Just In Case](#) information supplies mental health information to Pace University students, staff, and faculty. You can also find this information in the MyPace and PaceSafe apps.

During this academic year, the following information on [Coping Emotionally with COVID-19](#) may also be useful for you.

## Appendix A: CBT Intervention Role-Play Rubric

### Key

3: All aspects are complete, precisely described, and sufficiently comprehensive.

2: All aspects are present, however, one or more are lacking in precise description or sufficient comprehensiveness.

1: One or more aspects are missing and/or several aspects are lacking in precise description and comprehensiveness.

	3	2	1
<b>Pre-Intervention</b>			
Clinician establishes therapeutic alliance and states their role in the intervention process			
Clinician describes the intervention and conveys what the client will be asked to do/engage in			
Clinician states the reasons why the intervention is a good fit for the client (given the client's biopsychosocial factors, presenting problem/diagnosis, and treatment goals)			
Clinician presents specific instructions			
Clinician confirms that the client is ready to begin the intervention			
<b>Intervention Implementation</b>			
Clinician adheres to implementation steps/protocol			
Clinician clarifies the intervention activities/corrects the client as needed			
<b>Style</b>			
Verbal Communication - Clinician's speech is clearly articulated and free of excessive verbal interjections (i.e., uhh, uhm, like) - Complex concepts are explained using rhetorical devices (i.e., examples, analogies, metaphors, etc.) that are relevant to the intervention and client			
Nonverbal Communication - Clinician's body is facing the client - Clinician makes eye contact with the client - Facial expressions and bodily gestures are used throughout the session to communicate an overall friendly demeanor			
Organization - Role-play is no longer than 10 minutes in length - Information is presented in a logical order			

**Appendix B: Biopsychosocial Case Formulation Paper Rubric**

**Key**

3: All aspects are complete, precisely described, and sufficiently comprehensive.

2: All aspects are present, however, one or more are lacking in precise description or sufficient comprehensiveness.

1: One or more aspects are missing and/or several aspects are lacking in precise description and comprehensiveness.

	3	2	1
<b>Empirical Basis</b>			
Describes the overall research body on CBT			
Identifies research on CBT for the client’s presenting problem(s)/diagnosis			
Describes the research on CBT for the client’s presenting problem(s)/diagnosis			
Evaluates the research on CBT for the client’s presenting problem(s)/diagnosis, including any limitations			
<b>Intake Information</b>			
<i>Identifying Information</i>			
Lists pseudonym, age, and demographic characteristics (i.e., gender, race, sexual orientation, religion, etc.)			
Describes living environment, employment status, and socio-economic characteristics			
<i>Chief Complaint, Major Symptoms, Mental Status, &amp; Diagnosis</i>			
Describes chief complaint			
Describes emotional, cognitive, behavioral, and physiological symptoms			
Describes mental status at intake			
Lists DSM diagnosis and features			
<i>Current Interventions</i>			
Describes any current treatment for the chief complaint/diagnosis, including any medications taken for this			
<i>Current Significant Relationships</i>			
Describes current family constellation			
Describes current social and/or professional relationships			
<b>Strengths Conceptualization</b>			
Describes adaptive core beliefs			
Describes adaptive intermediate beliefs			
Describes adaptive patterns of behavior			
<b>Historical Information</b>			
Describes best lifetime functioning (strengths, assets, and resources)			

Describes history of the present illness/chief complaint			
Lists history of psychiatric, psychological, or substance use problems and how they have impacted functioning			
Lists type, level for care, and response for any previous psychiatric, psychological, or substance abuse treatment			
Describes relevant developmental history, social history, and educational and/or vocational history			
Describes physical medical history and/or physiological impairment and treatment (including adherence)			
<b>Cognitive Conceptualization</b> (this may be written or presented in a diagram)			
<b>Relevant Life History and Precipitants</b>			
Summarizes relevant life history			
Lists the experiences which contributed to the development of core beliefs			
Lists the factors (life events) which have contributed to the maintenance of core beliefs			
<b>Core Beliefs</b>			
Describes client's most central dysfunctional beliefs about the self			
Describes client's most central dysfunctional beliefs about others			
Describes client's most central dysfunctional beliefs about the world			
<b>Intermediate Beliefs</b>			
Lists the assumptions, rules, and beliefs that help the client cope with their core beliefs			
Provides examples of the how the assumptions, rules, and beliefs manifest during the current episode			
<b>Coping Strategies</b>			
Lists dysfunctional behaviors that help the client cope with their core beliefs			
Describes contingencies for each behavior			
<b>Trigger Situations, Automatic Thoughts, and Reactions</b>			
Describes at least two problematic situations related to the chief complaint/diagnosis			
Lists automatic thoughts in response to each situation			
Describes what each automatic thought meant to the client during the situation			
Lists emotions associated with each automatic thought during the situation			
Lists behaviors during the situation			
Describes behavioral contingencies			
<b>Case Conceptualization Summary</b>			
<b>Collaboration</b>			
Lists initial hypotheses regarding the beliefs, emotions, and behaviors used to build the cognitive conceptualization			
Describes the process by which client feedback was used to refine, change, or clarify hypotheses			
<b>History</b>			

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Summarizes the history of the current illness, precipitants, and life stressors			
Describes how cultural and/or societal factors have influenced the history of the client's current illness			
<b><i>Maintaining Factors</i></b>			
Describes the biopsychosocial factors which maintain the client's current illness			
<b><i>Values and Aspirations</i></b>			
Describes the values and aspirations that the client holds			
Describes the client's overarching therapy goals			
<b><i>Narrative Summary</i></b>			
Describes how historical information has contributed to the development and maintenance of the current illness			
Describes how precipitating events have contributed to the development and maintenance of current illness			
Summarizes core beliefs, intermediate beliefs, coping strategies, and contingencies			
<b><i>Style</i></b>			
Uses formal, third-person language throughout the report			
Information is presented in a concise, objective manner, free of personal judgements			
Paper adheres to APA style guidelines			

### Appendix C: Treatment Plan Presentation Rubric

**Key**

3: All aspects are complete, precisely described, and sufficiently comprehensive.

2: All aspects are present, however, one or more are lacking in precise description or sufficient comprehensiveness.

1: One or more aspects are missing and/or several aspects are lacking in precise description and comprehensiveness.

	3	2	1
<b>Case Introduction</b>			
Summarizes outcomes of intake evaluation			
States chief complaint			
States DSM Diagnosis			
Summarizes conceptualization			
<b>Goals &amp; Obstacles</b>			
Describes client's therapy goals			
Describes the problems/obstacles the client is experiencing which are hindering their goals			
<b>Therapeutic Relationship</b>			
Lists techniques used to establish and maintain the therapeutic relationship			
Describes and provides examples of how each technique was employed			
States considerations (client variables) that were used to select and employ relationship-building techniques			
<b>Evidence-Based Interventions</b>			
Lists interventions for each goal (some may overlap with multiple goals)			
Describes intervention implementation, including dosage and any intervention modification			
Describes rationale for each intervention, including empirical basis			
<b>Treatment Planning &amp; Progress Monitoring</b>			
Lists the number, frequency, and length of sessions			
Provides rationale for number, frequency, and length of sessions			
Describes and provides rationale for progress monitoring practices			
Describes and provides rationale for termination procedures			
<b>Collaboration</b>			
Describes how client information was used to develop the treatment plan and progress monitoring procedures			
Describes mechanism for eliciting treatment feedback			
Describes any or potential problems during treatment and how they would be/were addressed			

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Style			
Uses formal, third-person language throughout the presentation			
Information is presented in a concise, objective manner, free of personal judgements			
Presentation adheres to APA style guidelines			