PSCL 529a: COGNITIVE-BEHAVIORAL PSYCHOTHERAPY

Fall Semester 2024: Fridays 10:30 - 12:30

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1	August 30	Basic issues in psychotherapy: Clinic policies and procedures, Gather information, establish rapport, instill hope, initial treatment planning
2	September 6	Common elements in psychotherapy: Basic interviewing skills, Stages of Change, Motivational Interviewing, case conceptualization
3	September 13	Technology-Assisted Psychotherapy Zoom: 994 8351 5000 cfm Telephone, email, text messages, videoconferencing, virtual reality + The person of the Therapist
4	September 20	Identifying targets for therapy: Behavioral assessment, Functional Analysis, Stimulus Control, and Self-Monitoring
5	September 27	Exposure-based interventions: Traditional Systematic Desensitization, Imaginal Exposure, In Vivo Exposure, E+RP, PE, VRET but not EMDR
6	October 4	Reinforcement-Based Procedures: Operant Conditioning Behavior Modification, Self-Control strategies, & Behavioral Activation Therapy
7	October 11	Bringing action and emotion into therapy: Role-played interactions, Homework, Functional Analytic Psychotherapy, Emotion-Focused Therapy
8	October 18	Open topic / group supervision Zoom: 994 8351 5000 cfm
9	October 25	class cancelled for conference travel
10	November 1	Confronting negative thoughts and irrational beliefs: Rational-Emotive Behavior Therapy (REBT)
11	November 8	Cognitive Restructuring Approaches: Cognitive Therapy, Metacognitive Therapy, and Schema Therapy
12	November 15	Relaxation-based strategies: Meditation, Progressive Relaxation Training, Mindfulness Training and Mindfulness-Based Cognitive Therapy
13	November 22	Expressive Writing in therapy: Self-Instructional Training, cfm Stress Inoculation Training and Constructive / Narrative Therapy
14	November 29	class cancelled for Thanksgiving holiday
15	December 6	Student Presentations / loose ends

Revised: JCO: 6/07/2024

CLASS MEETINGS:

The seminar meets as a group for 2 hours each week. During many class meetings, the first hour will focus on a didactic presentation of information relevant to cognitive-behavioral therapy. Instead of a straight lecture, it will be best if you bring several questions to each class meeting. Please be sure to read at least three of the recommended readings each week prior to class. Then, do not ask questions about arcane details from the published report, but use the reading as a springboard to actual clinical applications. We want to use class time to help you prepare for the complex role of a psychotherapist and begin to anticipate questions that may arise when you are in the middle of a psychotherapy session.

Class time is your time to be used in the manner you find most helpful. In some class meetings, the second hour can focus on either a role-played therapy simulation or a current case presentation given by one of the practicum students. All client material should remain anonymous and confidential. Please be attentive throughout each class meeting. In such a small class, it becomes disruptive whenever a student is late, searching the internet, or other non-class activities.

If we need to meet by Zoom, here is the Meeting ID: 994 8351 5000 and the Passcode: 754636

Special Assistance: In accordance with federal law, if you have a documented disability, you may be eligible to request accommodations from Disability Resources. In order to be considered for accommodations you must first register with the Disability Resources office. Please contact their office to register at 216.368.5230 or get more information on how to begin the process. Please keep in mind that accommodations are not retroactive. Thus, if you have been diagnosed with any medical or psychiatric condition that interferes with classroom performance, please work through the Office of Accommodated Testing and Services (OATS). Accommodations are not retroactive. By the end of the second week of the semester, submit paperwork from your physician and/or OATS so I can make any special accommodations to suit your needs.

WEEKLY READINGS:

Prior to class each week, be sure read three of the readings from the syllabus. You are free to choose whichever three readings appear interesting to you, and you can select from the new references or from the older, more classic papers. I have indicated (*) several readings each week as papers that I found especially useful, but do not feel required to read these articles. I also include a folder of extra readings in case you develop an interest in the topic. The extra readings folder often includes older articles of research studies instead of more applied clinical guidelines. I apologize for the heavy reliance on my own articles, but as you will see, every course is heavily filtered through the instructor's own clinical experiences and theoretical biases. Be prepared to discuss the material in class, by sharing what you learned or asking questions about how the ideas may apply in actual clinical situations. Throughout the semester, I will welcome any suggested articles or topics that could be added to our syllabus in order to improve it for future years.

Prior to class each week, please submit by email one question from each of the articles you chose to read. I want our class meetings to be interactive, and I hope you will bring an inquisitive mind to our course readings, class discussions, and your therapy sessions.

Recommended (but not required) books:

Beck, J. (2020). Cognitive therapy: Basics and beyond (3rd Ed). New York: Guilford.

Ledley, D., Marx, B., & Heimberg, R. (2018). Making cognitive-behavioral therapy work: Clinical process for new practitioners (3rd Ed). New York: Guilford.

PREFERRED PREREQUISITES:

I hope all students have already completed the following courses:
PSCL 404: Learning Theory
PSCL 524: Advanced Psychopathology

CLINICAL EXPERIENCE:

Students will be expected to carry 1-3 clients through the practicum, typically providing outpatient psychotherapy on a weekly basis. Depending on your level of proficiency and the treatment needs of clients, you could be expected to carry up to 3 clients concurrently, at the supervisor's discretion. Your supervisor will arrange for appropriate clients and supervision times. Except in unusual circumstances, you will be expected to accept all clients that are referred to you. Your work may involve individual or group psychotherapy sessions. The provision of clinical services must follow a calendar year, not an academic year. Thus, you should plan to meet with your client even when school is not in session. It will be your responsibility to (1) negotiate the services you provide, (2) establish the times and place for your supervision, and (3) ensure the proper and timely completion of all supervisory paperwork. Please use supervisory time efficiently, because it is an important (and costly) part of our training program. Do not evaluate your practicum workload through comparisons with your classmates. Each student will have a different experience, based on your interests, professional background, clinical skills and your supervisor's work site.

PROFESSIONAL BEHAVIOR:

All students will be expected to know and follow all polices described in the APA Ethical Standards and the CWRU Psychotherapy Training Clinic Rules and Policies. The CWRU Clinic Policies include several forms that are useful when seeing your clients. Also, you will be expected for follow the university policy on ethics, APA ethical guidelines, and Ohio Psychology Laws. In addition, because the CBT training relies on direct contact with clients and other professionals in the community, you will be expected to behave as a mature professional manner in all of your work. **Professionalism** includes: (1) punctual attendance at (1a) all class meetings, (1b) all meetings with your supervisor, and (1c) all scheduled appointments with clients, (2) professional attire whenever meeting with clients or professionals from the community, whether in person or through videoconferencing, and (3) protecting all client information as confidential material to be shared only with your individual supervisor or your group supervisor. This includes conversations, email, printing, and storage of all paperwork pertaining to clients. CBT case material can be discussed as part of CBT group supervision in the presence of the course instructor, and nowhere else, including other courses within the clinical program, campus offices

with classmates, or private discussions at home.

DOCUMENTATION OF SERVICES:

Students will be expected to document the services provided by hand-writing your weekly process notes and typing intake summaries, follow-up notes, and thorough discharge summaries. All client papers will be due one month after terminating with a client. When clients are seen in the CWRU training clinic, all clinic papers are retained by the coordinator of the training clinic. Your course grade will remain an Incomplete until all paperwork has been completed adequately. All client records will remain at the clinic when not in use. No client materials can be sent by email, fax or network printer.

INDIVIDUAL SUPERVISION:

Students will meet with a CBT supervisor on an individual basis for one hour each week. In addition, students may be observed through co-therapy, one-way mirror, or audiotape recordings. In many ways, the majority of your training will come from the individual supervision. However, individual supervision is an individualized process. Please do not compare your experience with your classmates, as everyone will have different clients, different supervisors, and a different clinical experience throughout the training year. The seminar meetings will provide a general theoretical background for cognitive and behavioral therapies, but your clinical experience and individual supervision should help tailor your learning to the unique needs of your client(s).

GROUP SUPERVISION:

During the second half of many class meetings, we will discuss a student's work with a current client. The student will be expected to give a short, informal presentation about the client and the treatment plan. The rest of the class will serve as consultants, exploring ways to improve the diagnostic impression or refine the treatment. When presenting the case, the student should try to cover material from several domains: Identifying information, presenting problem, relevant history, social functioning, environmental factors, and case conceptualization. We should all keep in mind that the case conceptualization is best seen as a "work in progress" that will continue to be revised over the course of therapy. Constructive feedback from the class should help improve the quality of therapy that is provided to our clients. This is the time to ask for help, express your concerns, and share your areas of uncertainty. Our goal is to help improve your insights and awareness so your performance is improved when you meet with the client.

When leading a class discussion of your case, please follow these guidelines:

Stay calm.	Focus on the goal of exploring possibilities for understanding your client and improving the treatment that is provided.
Talk:	Do not read your notes but discuss your thoughts about the client. Concisely summarize what you know about the client. Share your own questions and concerns about the case.

Present the essence of the case:

A. Presenting Problem: (avoid unnecessary disclosures)
Age, race, gender, marital status
Education, occupation, employment status
prior attempts at treatment
reason for seeking treatment now

B. Provisional Diagnosis: Primary mental disorder
Comorbid psychiatric and medical conditions
Possible personality disorder

Solicit questions about the case to fully understand the client's situation

Assessment measures collected or being considered for future administration.

C. Review of core symptoms: Affect or mood disturbance
Behavioral problems, limitations or disturbances
Cognitive biases, delusions, thought disorder
Social functioning, isolation, conflict
Somatic manifestations of illness
Prescription and recreational drug use
Recent stressful life events
Possible developmental antecedents

Again, solicit questions about the case conceptualization:
Identify central concerns and recurrent patterns.
Understand the client as a person who is struggling.
See the problems within the person's life context.

D. Preliminary plan for treatment, connected to a prominent theory of therapy.

Provisional goals for treatment and a realistic time frame for effective change.

REVIEW PAPER / PRESENTATION:

In order to expand your learning about psychotherapy, please review the published literature and prepare a comprehensive review paper (15 pages) OR a powerpoint presentation (15 minutes). I will let it be your choice but let me know by October 1. I want you to explore an area that is new for you, not a topic that is already aligned with your thesis work, work with a highly specialized group of people, or a topic that derives from your past writing projects. Please select a form of "**third wave psychotherapy**" to review and share with class. This can include any form of CBT that was developed after 1985 that is focused on the treatment of mental illness and seems to have some empirical evidence to support its use. Also, in order to maximize your learning of CBT skills, please only cite journal articles that have involved data collected from face-to-face psychotherapy sessions or evaluation sessions with medical or psychiatric patients.

Choose one new approach to therapy that is clearly aligned with CBT. Review the literature, with an emphasis on published journal articles. You will be expected to explain:

Why is this form of CBT important to the field of psychotherapy?
What is the heritage / theoretical and practical forerunners to this approach?
What is the theory behind this approach to therapy?
What is the empirical support for this type of treatment?
What type of problems are best treated using this approach to therapy?
What does this strategy add beyond what is covered in its historical forerunners?

Example paper topics: Is Mindfulness just a repackaged version of meditation?
How does Motivational Interviewing extend beyond the work of Carl Rogers?
Is Behavioral Activation using homework assignments to overcome bad habits?
Was Meta-Cognitive Therapy already covered by Beck's notion of "Distancing"?
Is it possible to use DBT without full knowledge of CBT?

When you conduct your review of the literature, be sure you remain well anchored within the CBT literature of clinical psychology, relying exclusively on papers that derive from work conducted in clinical settings. Omit any review of diagnostic criteria or biological factors in order to stay clearly within the bounds of CBT.

If you choose to write the review paper, the paper must include at least 20 pages of text, and at least 30 references (total manuscript of 5,000 – 6,000 words counting text and references), primarily journal articles published in the past five years. Please use a 12-point Times New Roman font with 1-inch margins on all sides (i.e., please don't try to stretch out your text).

If you choose to prepare a 15-minute presentation on your topic, you will be expected to present it during our last class meeting. Plan to include at least 10 slides. To ensure you know the material, I am asking that you will limit each slide to 10-15 words, and I prefer that you present without any supplemental notes. It becomes too easy for presenters to read their notes and get lost in trivial details, thereby losing any connection with the audience. When presenting in class, please follow these guidelines:

Trust yourself to remember the important issues and lessons you have learned while preparing your talk.

Keep your slides focused on the most important theory, research, and published case examples.

Remain immersed within the field of clinical psychology and avoid straying into allied topics including: social psychology, developmental issues, biological factors, neuroanatomical locations, statistical analyses, religious beliefs or cultural views. The presentation should remain focused on clinical psychology strongly anchored within a CBT orientation.

Think like a clinical psychologist. Ask yourself “What information would I find useful if I were treating a client with the relevant psychological problems?” How can this approach help to expand and improve our ability to influence clients’ lives in a positive manner?

Required Readings:

Selected Journal Articles – each week, please read three articles of your choice. In order to help me refine and improve the reading list, please submit the names of the three articles you have read, and rate them + (a useful resource that should be recommended reading for all students), 0 (a helpful article that can remain on the short list of weekly readings), and - (an article that was not helpful and should be removed from the reading list). The syllabus includes a range of papers that you can seek out if interested. Most of these readings will be available via my LibraryBox local network. I have marked a few readings each week with a star (*) to indicate a recommended (but not required) selection from the reading list and a plus (+) to suggest other papers that seem to be especially interesting or useful. Finally, I often include a folder labeled "Xtra readings on this topic" in case you would like more background, additional resources, and some of the detailed research studies. You are still free to read anything on the reading list as long as you read several articles prior to our class meeting each week.

Week 1 **BASIC ISSUES IN PSYCHOTHERAPY**

* American Psychological Association. (2017). Ethical principles of psychologists and code of conduct: Washington, DC: American Psychological Association.

American Psychological Association. (1993). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. *American Psychologist, 48*, 45-48.

American Psychological Association. (2007). Record keeping guidelines. *American Psychologist, 62* (9), 993-1004.

Ardito, R., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy. *Frontiers in Psychology, 2*, article 270.

Bassman, R. (2019). Label jars not people. *Journal of Humanistic Psychology, 59* (3), 339-345.

Breggin, P. (2008). Practical applications: 22 guidelines for counseling and psychotherapy. *Ethical Human Psychology and Psychiatry, 10* (1), 43-57.

Cornelius-White, J. and colleagues. (2018). Mutuality in psychotherapy: A meta-analysis and meta-synthesis. *Journal of Psychotherapy Integration, 28* (4), 489-504.

* CWRU Psychology Training Clinic Policies and Procedures.

Dixon, J. (2021). "What do you want me to say?" International Journal of Psychiatry in Medicine, 56 (3), 153-157.

Farber, B., Suziuki, J., & Lynch, D. (2018). Positive regard and psychotherapy outcome: A meta-analytic review. *Psychotherapy, 55* (4), 411-423.

Glickauf-Hughes, C., & Chance, S. (1995). Answering clients' questions. *Psychotherapy, 32*,

375-379.

* Greenberg, R. (2016). The rebirth of psychosocial importance in a drug-filled world. *American Psychologist, 71* (8), 781-791.

King, B., & Boswell, J. (2019). Therapeutic strategies and techniques for early cognitive-behavioral therapy. *Psychotherapy, 56* (1), 35-40.

Kolden, G., and colleagues. (2018). Congruence / genuineness: A meta-analysis. *Psychotherapy, 55* (4), 424-433.

Kovitz, B. (1998). To a beginning psychotherapist: How to conduct individual psychotherapy. *American Journal of Psychotherapy, 52*, (1) 103-115.

Lavik, K. et al. (2018). The first sessions of psychotherapy: A qualitative meta-analysis of alliance formation processes. *Journal of Psychotherapy Integration, 28* (3), 348-366.

Meichenbaum, D., & Lilienfield, S. (2018). How to spot hype in the field of psychotherapy: A 19-item checklist. *Professional Psychology: Research and Practice, 49* (1), 22-30.

Miller, W., Zweben, A., Clemente, C., & Rychtarik, R. (1999). *Motivated Enhancement Therapy Manual.* Rockville, MD, NIAAA.

Misch, D. (2000). Great expectations: Mistaken beliefs of beginning psychodynamic psychotherapists. *American Journal of Psychotherapy, 54* (2), 172-203.

Ohio State Board of Psychology, Ohio Psychology Law. [Note: This was reprinted in your graduate student handbook and is available at the State Board of Psychology]
Ohio Administrative Code at http://codes.ohio.gov/oac/4732
Ohio Revised Code at http://codes.ohio.gov/orc/4732

Pinto-Coelho, K., and colleagues. (2018). When in doubt, sit quietly: A qualitative investigation of experienced therapists' perceptions of self-disclosure. *Journal of Counseling Psychology, 64* (4), 440-452.

Powell, M., & Brubacher, S. (2020). The origin, experimental basis, and application of the standard interview method: An information-gathering framework. *Australian Psychologist, 55*, 645-659.

Reis, B., & Brown, L. (2006). Preventing therapy dropout in the real world. *Professional Psychology: Research and Practice, 37* (3), 311-316.

Shedler, J. (2018). Where is the Evidence for "Evidence-Based" Therapy? *Psychiatric Clinics, 41*(2), 319-329.

Swift, J., and colleagues. (2012). Practice recommendations for reducing premature termination in therapy. *Professional Psychology: Research and Practice, 43* (4), 379-387.

Truijens, F., Zühlke-van Hulzen, L., & Vanheule, S. (2019). To manualize, or not to manualize: Is that still the question? A systematic review of empirical evidence for manual superiority in psychological treatment. *Journal of Clinical Psychology, 75*(3), 329-343.

* Vos, J., et al. (2022). Outcomes of beginning trainee therapists in an outpatient community clinic. *Counseling and Psychotherapy Research, 22*, 471-479.

Wenzel, A., Brown, G., & Karlin, B. (2011). *Cognitive behavioral therapy for depression in veterans and military service members: Therapist manual.* Washington, D.C. U.S. Department of Veteran's Affairs.

Wilson, R., & Branch, R. (2006). *Cognitive behavioural therapy for dummies*. West Sussex: Wiley.

Week 2 **Common Elements in Psychotherapy**

Alberti, G. (2018). Psychotherapy by alliance and corrective experiences: A possible general model. *Journal of Psychotherapy Integration, 28*(1), 31.

Antiss, T. (2009). Motivational interviewing in primary care. *Journal of Clinical Psychology in Medical Settings, 16*, 87-93.

Arkowitz, H. (2002). Toward an integrative perspective on resistance to change. *Journal of Clinical Psychology, 58*, 219-227.

Arkowitz, H., & Westra, H. (2009). Introduction of the special issue on Motivational interviewing and psychotherapy. *Journal of Clinical Psychology, 65* (11), 1149-1155.

Arkowitz, H., & Miller, W. (2015). Learning, applying, and extending Motivational Interviewing. In H. Arkowitz, H. Westra, W. Miller, & S. Rollnick (Eds). *Motivational Interviewing in the treatment of psychological problems* (pp. 1-25). New York: Guilford (available online as pdf).

Bitan, D., & Lazar, A. (2019). What do people think works in psychotherapy: A qualitative and quantitative assessment of process expectations. *Professional Psychology: Research and Practice, 50*(4), 272.

Blow, A., Sprenkle, P., & Davis, S. (2007). Is who delivers the treatment more important than the treatment itself? *Journal of Marital and Family Therapy, 33* (3), 298-317.

Cameron, S. K., Rodgers, J., & Dagnan, D. (2018). The relationship between the therapeutic alliance and clinical outcomes in cognitive behaviour therapy for adults with depression: A meta-analytic review. *Clinical Psychology & Psychotherapy, 25*(3), 446-456.

Castonguay, L., Constantino, M., & Holtforth M. (2006). The working alliance: Where are we and where should we go? *Psychotherapy, 43* (3), 271-279.

Chui, H. et al., (2020). Therapist-client agreement on helpful and wished-for experiences in

psychotherapy. *Journal of Counseling Psychology, 67* (3), 349-360.

Cougle, J. (2012). What makes a quality therapy? A consideration of parsimony, ease, and efficiency. *Behavior Therapy, 43*, 468-481.

Cromer, T. (2013). Integrative techniques related to positive processes in psychotherapy. *Psychotherapy, 50* (3), 307-311.

Csillik, A. (2015). Positive motivational interviewing: Activating clients' strengths and intrinsic motivation to change. *Journal of Contemporary Psychotherapy, 45* (2), 119-128.

Cuijpers, P., Reijnders, M., & Huibers, M. J. (2019). The role of common factors in psychotherapy outcomes. *Annual Review of Clinical Psychology, 15,* 207-231.

Flückiger, C., Del Re, A., Wampold, B., & Horvath, A. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy, 55(*4), 316.

Gazzillo, F., & Dimaggio, G. (2020). Case formulation and treatment planning: How to take care of relationship and symptoms together. *Journal of Psychotherapy Integration*, doi: 10.1037/int0000185

Goldfried, M., & Davila, J. (2005). The role of relationship and technique in therapeutic change. *Psychotherapy, 42* (4), 421-430.

* Goldfried, M. (2013). What should we expect from psychotherapy? *Clinical Psychology Review, 33 (7)*, 862-869.

Goldfried, M. (2019). Obtaining consensus in psychotherapy: What holds us back? *American Psychologist, 74* (4), 484-496.

* Graybar, S., & Leonard, L. (2005). In defense of listening. *American Journal of Psychotherapy, 59* (1), 1-18.

* Greenberg, R. (2016). The rebirth of psychosocial importance in a drug-filled world. *American Psychologist, 71* (8), 781-791.

Haley, J. (1969). How to be a failure as a therapist. *American Journal of Orthopsychiatry, 39*, 691-695.

Hayes, S., & Hoffmann, S. (2018). A psychological model of the use of psychological intervention science: Seven rules for making a difference. *Clinical Psychology: Science and Practice, 25*, e122259.

Hettema, J., Steele, J., & Miller, W. (2005). Motivational interviewing. *Annual Review of Clinical Psychology, 1*, 91-111.

Hook, J., and others. (2013). Cultural humility. *Journal of Counseling Psychology, 60* (3), 353-366.

Leahy, R. (2008). The therapeutic relationship in cognitive-behavioral therapy. *Behavioural and Cognitive Psychotherapy, 36*, 769-777.

Luborsky, L. and colleagues. (2002). The Dodo Bird verdict is alive and well - mostly. *Clinical Psychology: Science and Practice, 9,* 2-12.

Magill, M., Apodaca, T. R., Borsari, B., Gaume, J., Hoadley, A., Gordon, R. E., ... & Moyers, T. (2018). A meta-analysis of motivational interviewing process: Technical, relational, and conditional process models of change. *Journal of Consulting and Clinical Psychology, 86*(2), 140.

McFarlane, P. and colleagues. (2015). The early formation of the working alliance from the client's perspective: A qualitative study. *Psychotherapy, 52 (*3), 363-372.

Meneses, R. W., & Larkin, M. (2017). The experience of empathy: Intuitive, sympathetic, and intellectual aspects of social understanding. *Journal of Humanistic Psychology, 57(*1), 3-32.

Mennin, D., Ellard, K., Fresco, D., & Gross, J. (2013). United we stand: Emphasizing commonalities across cognitive-behavioral therapies. *Behavior Therapy, 44*, 234-248.

Messer, S. (2019). My journey through psychotherapy integration by twists and turns. *Journal of Psychotherapy Integration, 29*(2), 73-83.

Miller, W., & Rose, G. (2009). Toward a theory of Motivational interviewing. *American Psychologist, 64* (6), 527-537.

* Miller, W. R., & Moyers, T. B. (2017). Motivational interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology, 85(*8), 757-766.

Overholser, J. (1993). Elements of the Socratic method. I. Systematic questioning. *Psychotherapy, 30* (1), 67-74.

Overholser, J.C., & Silverman, E. (1998). Cognitive-behavioral treatment of depression: Part VIII. Developing and utilizing the therapeutic relationship. *Journal of Contemporary Psychotherapy, 28* (2), 199-212.

* Overholser, J.C. (2007). The central role of the therapeutic alliance: A simulated interview with Carl Rogers. *Journal of Contemporary Psychotherapy, 37*, 71-78.

* Overholser, J.C., Braden, A., & Fisher, L. (2010). You've got to believe: Core beliefs that underlie effective psychotherapy. *Journal of Contemporary Psychotherapy, 40* (4), 185-194.

* Padesky, C., & Mooney, K. (2012). Strengths-based cognitive-behavioural therapy: A four-step model to build resistance. *Clinical Psychology and Psychotherapy, 19*, 283-290.

Padesky, C. (2020). Collaborative case conceptualization: Client knows best. *Cognitive and Behavioral Practice, 27* (4), 392-404.

Rubak, S., Sandbaek, A., Lauritzen, T., & Christensen, B. (2005). Motivational interviewing: A systematic review and meta-analysis. *British Journal of General Practice, 55*, 305-312.

Tiller, E. (2011). What are the active therapist ingredients in successful client treatment. *The Behavior Therapist, 34* (3), 47-52.

Timulak, L., & Keogh, D. (2017). The client's perspective on (experiences of) psychotherapy: A practice friendly review. *Journal of Clinical Psychology*, *73*(11), 1556-1567.

Unwerth, M. (2020). Listening to the patient: A perspective from narrative medicine. *International Journal of Psychiatry in Medicine*, *55*(1), 16-24.

Vowles, K., & Thompson, M. (2012). The patient-provider relationship in chronic pain. *Current Pain and Headache Reports, 16* (2), 133-138.

Wagner, C., & Ingersoll, K. (2009). Beyond behavior: Eliciting broader change with Motivational Interviewing. *Journal of Clinical Psychology, 65* (11), 1180-1194.

Wampold, B. (2011). Qualities and actions of effective therapists. Education Directorate: American Psychological Association. Available at APA.org

Wilmots, E., Midgley, N., Thackeray, L., Reynolds, S., & Loades, M. (2020). The therapeutic relationship in cognitive behaviour therapy with depressed adolescents: A qualitative study of good-outcome cases. *Psychology and Psychotherapy: Theory, Research and Practice*, *93*(2), 276-291.

Wolfe, B. (2008). Toward a unified conceptual framework of psychotherapy. *Journal of Psychotherapy Integration, 18* (3), 292-300.

Wu, M., & Levitt, H. (2020). A qualitative meta-analytic review of the therapist responsiveness literature: Guidelines for practice and training. *Journal of Contemporary Psychotherapy*, 50, 161-175.

Week 3 **Technology-Assisted Psychotherapy**

Andersson, G. (2009). Using the internet to provide cognitive behaviour therapy. *Behavior Research and Therapy, 47*, 175-180.

Baier, A., & Danzo, S. (2021). Moving toward a new era of telepsychology in university training clinics: Considerations and curricula recommendations. *Training and Education in Professional Psychology,* 15 (4), 259-

* Barnwell, S. (2019). A Telepsychology Primer. *Journal of Health Service Psychology, 45(*2), 48-56.

Bentley, K. et al. ((2018). Real-time monitoring technology in single-case experimental design

research. *Behavior Research and Therapy*,

Berryhill, M., Culmer, N., Williams, N., Halli-Tierney, A., Betancourt, A., Roberts, H., & King, M. (2019). Videoconferencing psychotherapy and depression: a systematic review. *Telemedicine and e-Health, 25*(6), 435-446.

Brenes, G., Ingram, C., & Danhauer, S. (2011). Benefits and challenges of conducting psychotherapy by telephone. *Professional Psychology: Research and Practice*, *42*(6), 543.

Cartreine, J., Ahern, D., & Locke, S. (2010). A roadmap to computer-based psychotherapy in the United States. *Harvard Review of Psychiatry*, *18*(2), 80-95.

* Cooper, S., Campbell, L., & Smucker Barnwell, S. (2019). Telepsychology: A primer for counseling psychologists. *The Counseling Psychologist, 47(*8), 1074-1114.

Cullen, A. J., Dowling, N., Segrave, R., Carter, A., & Yücel, M. (2021). Exposure therapy in a virtual environment: Validation in obsessive compulsive disorder. *Journal of Anxiety Disorders, 80,* 102404.

de Boer, K., Muir, S. D., Silva, S. S. M., Nedeljkovic, M., Seabrook, E., Thomas, N., & Meyer, D. (2021). Videoconferencing psychotherapy for couples and families: A systematic review. *Journal of Marital and Family Therapy, 47*(2), 259-288.

Deng, W., Hu, D., Xu, S., Liu, X., Zhao, J., Chen, Q., ... & Li, X. (2019). The efficacy of virtual reality exposure therapy for PTSD symptoms: A systematic review and meta-analysis. *Journal of Affective Disorders*, *257*, 698-709.

Duggleby, W., Ploeg, J., McAiney, C., Peacock, S., Fisher, K., Ghosh, S., ... & Jovel Ruiz, K. (2018). Web-based intervention for family carers of persons with dementia and multiple chronic conditions (My Tools 4 Care): pragmatic randomized controlled trial. *Journal of Medical Internet Research*, *20*(6), e10484.

Emmelkamp, P., and Katharina Meyerbröker, K. (2021). Virtual Reality Therapy in Mental Health. *Annual Review of Clinical Psychology, 17*, 495-519

Griffiths, F., Lindenmeyer, A., Powell, J., Lowe, P., & Thorogood, M. (2006). Why are health care interventions delivered over the internet? A systematic review of the published literature. *Journal of Medical Internet Research*, *8*(2), e498.

Hardy, N., Maier, C., & Gregson, T. J. (2021). Couple teletherapy in the era of COVID-19: Experiences and recommendations. *Journal of Marital and Family Therapy, 47*(2), 225-243.

Hays, R. et al. (2019) Assessing cognitions outside the clinic. *Psychiatric Clinics of North America, 42*, 611-625.

Hedman, E., Ljotsson, B., & Lindefors, N. (2012). Cognitive-behavioral therapy via the internet. *Expert Reviews of Pharmacoeconomics and Outcomes Research, 12* (6), 745-764.

Helps, S., & Le Coyte Grinney, M. (2021). Synchronous digital couple and family psychotherapy: a meta-narrative review. *Journal of Family Therapy, 43*(2), 185-214.

Holmlund, T., et al., (2019). Moving psychological assessment of the controlled laboratory setting: Practical challenges. *Psychological Assessment, 31* (3), 292-303.

Irvine, A., Drew, P., Bower, P., Brooks, H., Gellatly, J., Armitage, C. J., ... & Bee, P. (2020). Are there interactional differences between telephone and face-to-face psychological therapy? A systematic review of comparative studies. *Journal of Affective Disorders.*

Kayser, R., Gershkovich, M., Patel, S., & Simpson, H. B. (2021). Integrating videoconferencing into treatment for obsessive-compulsive disorder: practical strategies with case examples. *Psychiatric Services, 72* (7), 840-844.

Kenwright, M., Marks, I., Graham, C., Franses, A., & Mataix-Cols, D. (2005). Brief scheduled phone support from a clinician to enhance computer-aided self-help for obsessive-compulsive disorder: Randomized controlled trial. *Journal of Clinical Psychology*, *61*(12), 1499-1508.

Lindsay, J. et al. (2019). Personalized implementation of video telehealth. *Psychiatric Clinics of North America, 42*, 563-574.

Luo, J. (2019). A Guide for the 21st Century psychiatrist to managing your online reputation, your privacy, and professional use of social media. *Psychiatric Clinics of North America, 42(*4), 649-658.

* Martin, J., Millán, F., & Campbell, L. (2020). Telepsychology practice: Primer and first steps. *Practice Innovations.*

* McCord, C., Bernhard, P., Walsh, M., Rosner, C., & Console, K. (2020). A consolidated model for telepsychology practice. *Journal of Clinical Psychology,*

McGinn, M., et al. (2019). Recommendations for using clinical video telehealth with patients at high risk for suicide. *Psychiatric Clinics of North America, 42,* 587-595.

Mohr, D., Hart, S., Julian, L., Catledge, C., Honos-Webb, L., Vella, L., & Tasch, E. (2005). Telephone-administered psychotherapy for depression. *Archives of general psychiatry*, *62*(9), 1007-1014.

Morland, L., Greene, C., Grubbs, K., Kloezeman, K., Mackintosh, M., Rosen, C., & Frueh, B. (2011). Therapist adherence to manualized cognitive-behavioral therapy for anger management delivered to veterans with PTSD via videoconferencing. *Journal of Clinical Psychology*, *67*(6), 629-638.

Myers, K. and colleagues. (2017). American Telemedicine Health Association practice guidelines for telemental health with children and adolescents. Telemedicine and e-Health, 23 (10), 779-804.

Nitzburg, G., & Farber, B. (2019). Patterns of utilization and a case illustration of an interactive text-based psychotherapy delivery system. *Journal of Clinical Psychology, 75*, 247-259.

Overholser, J.C. (2012). Adapting computerized treatments into traditional psychotherapy for depression. *Studies in Health Technology and Informatics, 181*, 32-36.

Overholser, J.C. (2013). Technology-Assisted Psychotherapy (TAP): Adapting computerized treatments into traditional psychotherapy for depression. *Journal of Contemporary Psychotherapy, 43* (4), 235-242.

Pauley, D., Cuijpers, P., Papola, D., Miguel, C., & Karyotaki, E. (2023). Two decades of digital interventions for anxiety disorders: A systematic review and meta-analysis of treatment effectiveness. *Psychological Medicine, 53,* 567-579.

Pyne, J., Fortney, J., Tripathi, S., Maciejewski, M., Edlund, M., & Williams, D. (2010). Cost-effectiveness analysis of a rural telemedicine collaborative care intervention for depression. *Archives of General Psychiatry*, *67*(8), 812-821.

Reger, M., & Gahm, G. (2009). A meta-analysis of the effects of internet-and computer-based cognitive-behavioral treatments for anxiety. *Journal of Clinical Psychology*, *65*(1), 53-75.

Rothbaum, B. (2019). Using virtual reality to help our patients in the real world. *Depression and Anxiety, 26 (3)*, 209-211.

Rowen, J., Giedgowd, G., & Demos, A. (2023). Effectiveness of videoconferencing psychotherapy delivered by novice clinicians in a training clinic. *Training and Education in Professional Psychology, 17* (2), 158-166.

Saenz, J., Sahu, A., Tarlow, K., & Chang, J. (2019). Telepsychology: Training perspectives. *Journal of Clinical Psychology,*

Sethi, S., Campbell, A., & Ellis, L. (2010). The use of computerized self-help packages to treat adolescent depression and anxiety. *Journal of Technology in Human Services*, *28*(3), 144-160.

Simpson, S. (2009). Psychotherapy via videoconferencing: A review. *British Journal of Guidance and Counseling, 37* (3), 271-286.

Varker, T., Brand, R. M., Ward, J., Terhaag, S., & Phelps, A. (2019). Efficacy of synchronous telepsychology interventions for people with anxiety, depression, posttraumatic stress disorder, and adjustment disorder: A rapid evidence assessment. *Psychological Services, 16(*4), 621.

Waltman, S., Landry, J., Pujol, L., & Moore, B. (2020). Delivering evidence-based practices via telepsychology: Illustrative case series from military treatment facilities. *Professional Psychology: Research and Practice*, 51 (3), 205-213.

Widdershoven, R., Wichers, M., Kuppens, P., Hartmann, J., Menne-Lothmann, C., Simons, C., & Bastiaansen, J. (2019). Effect of self-monitoring through experience sampling on emotion differentiation in depression. *Journal of Affective Disorders, 244,* 71-77.

Wright, J., Owen, J., Richards, D., Eells, T., Richardson, T., Brown, G., ... & Thase, M. (2019).

Computer-assisted cognitive-behavior therapy for depression: a systematic review and meta-analysis. *Journal of Clinical Psychiatry*, *80*(2), 3573.

Week 4 **Identifying Targets for Therapy**

Find a recent article using a single-case research design.
Look in Behavior Therapy, Behavior Research and Therapy,
Journal of Behaviour Therapy and Experimental Psychiatry, or
Journal of Applied Behavior Analysis.
Be prepared to share your findings with the class.

American Psychological Association. (2006). Evidence-based practice in psychology. *American Psychologist, 61* (4), 271-285.

* Barlow, D., Bullis, J., Comer, J., & Ametaj, A. (2013). Evidence-based psychological treatments: An update and a way forward. *Annual Review of Clinical Psychology, 9*, 1-27.

Beck, J.G. and colleagues. (2014). Principles for training in evidence-based psychology. *Clinical Psychology: Science and Practice, 21 (4)*, 410-424.

Becker-Haimes, E., Tabachnick, A., Last, B., Stewart, R., Hasan-Granier, A., & Beidas, R. (2020). Evidence base update for brief, free, and accessible youth mental health measures. *Journal of Clinical Child & Adolescent Psychology*, *49*(1), 1-17.

Beidas, R. et al., (2015). Free, brief, and validated: Standardized instruments for low-resource mental health settings. *Cognitive and Behavioral Practice, 22*, 5-19.

Brooks, S., & Kutcher, S. (2001). Diagnosis and measurement of adolescent depression: A review of commonly utilized instruments. *Journal of Child and Adolescent Psychopharmacology, 11* (4), 341-376.

Chambless, D., & Ollendick, T. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology, 52* (1), 685-716.

Craske, M. (2018). Honoring the past, envisioning the future. *Behavior Therapy, 49* 151-164.

Gazzillo, F., Dimaggio, G., & Curtis, J. T. (2021). Case formulation and treatment planning: How to take care of relationship and symptoms together. *Journal of Psychotherapy Integration*, *31*(2), 115.

Green, L., & Glasgow, R. (2006). Evaluating the relevance, generalization, and applicability of research. *Evaluation & the Health Professions, 29* (1), 126-153.

Geurtzen, N., et al. (2020). Patients' perceived lack of goal clarity in psychological treatments: Scale development and negative correlates. *Clinical Psychology and Psychotherapy, 27*, 915-924.

Haynes, S., Mumma, G., & Pinson, C. (2009). Idiographic assessment: Conceptual and psychometric foundations of individualized behavioral assessment. *Clinical Psychology Review, 29* (2), 179-191.

* Holman, G., & Koerner, K. (2014). Single case designed in clinical practice. *Journal of Contextual Behavioral Science, 3*, 138-147.

Kazdin, A. (2019). Single-case experimental designs: Evaluating interventions in research and clinical practice. *Behaviour Research and Therapy, 117*, 3-17.

Kratochwill, T., Hitchcock, J., Horner, R., Levin, J., Odom, S., Rindskopf, D, and Shadish, W. (2013). Single-Case Intervention Research Design Standards. *Remedial and Special Education,* 34 (1) 26–38.

Lane, K., Wolery, M., Reichow, B., & Rogers, L. (2007). Describing baseline conditions. *Journal of Behavioral Education, 16* (3), 224-234.

Long, C., & Hollin, C. (1995). Single case design. *Clinical Psychology and Psychotherapy, 2* (3), 177-191.

Lundervold, D., & Belwood, M. (2000). The best kept secret in counseling: Single-case (n=1) experimental designs. *Journal of Counseling & Development, 78*, 92-102.

Maric, M. and colleagues. (2015). Evaluating statistical and clinical significance of intervention effects in single-case experimental designs. *Behavior Therapy, 46,* 230-241.

Morgan, D., & Morgan, R. (2001). Single-participant research design: Bringing science to managed care. *American Psychologist, 56*, (2) 119-127.

Odom, S., & Strain, P. (2002). Evidence-based practice in early intervention / early childhood special education: Single-subject design research. *Journal of Early Intervention, 25* (2), 151-160.

Overholser, J. (1991). Prompting and fading in the treatment of compulsive checking. *Journal of Behavior Therapy and Experimental Psychiatry, 22*, (4) 271-279.

* Persons, J. (2016). Science in practice in Cognitive Behavior Therapy. *Cognitive and Behavioral Practice. 23*, 454-458.

Persons, J. (2023). How to conduct research in your private practice. *Cognitive and Behavioral Practice*, *30*(2), 195-207.

Persons, J. (2023). How to build a research database from data you collect to guide your clinical work. *Cognitive and Behavioral Practice, 30*, 35-44.

Piccirillo, M., Beck, E., & Rodebaugh, T. (2019). A clinician's primer for idiographic research: Considerations and recommendations. *Behavior Therapy, 50*(5), 938-951.

Rachman, S. (2015). The evolution of behaviour therapy and cognitive behaviour therapy. *Behavior Research and Therapy, 64*, 1-8.

Ray, D., and colleagues. (2010). Single case design in child counseling research. *Counselor Education & Supervision, 49* (3), 193-208.

Rizvi, S., & Nock, M. (2008). Single case experimental designs for the evaluation of treatments for self-injurious and suicidal behaviors. *Suicide and Life-Threatening Behavior, 38* (5), 498-510.

+ Rosen, G., & Davison, G. (2003). Psychology should list Empirically Supported Principles of Change (ESPs) and not credential trademarked therapies or other treatment packages. *Behavior Modification, 27* (3), 300-312.

Smith, J. (2012). Single-case experimental designs. *Psychological Methods, 17* (4), 510-550.

Thompson, B., Twohig, M., & Luoma, J. (2021). Psychological flexibility as shared process of change in acceptance and commitment therapy and exposure and response prevention for obsessive-compulsive disorder: A single case design study. *Behavior Therapy*, *52*(2), 286-297.

Trull, T., & Ebner-Priemer, U. (2013). Ambulatory assessment. *Annual Review of Clinical Psychology, 9,* 151-176.

Vilardaga, R., Bricker, J., & McDonell, M. (2014). The promise of mobile technologies and single case designs for the study of individuals in their natural environment. *Journal of Contextual Behavioral Science, 3*, 148-153.

Woody, S., Weisz, J., & McLean, C. (2005). Empirically supported treatments: Ten years later. *The Clinical Psychologist, 58* (4), 5-11.

Week 5 **Exposure-Based Treatments**

* Abramowitz, J. (2013). The practice of exposure therapy: Relevance of cognitive-behavioral theory and extinction theory. *Behavior Therapy, 44*, 548-558.

Athey, A., & Overholser, J.C. (2016). Learning from physical pain to help with the management of emotional pain. *Journal of Contemporary Psychotherapy, 46* (3), 119-127.

Boettcher, H., & Barlow, D. (2019). The unique and conditional effects of interoceptive exposure in the treatment of anxiety: A functional analysis. *Behaviour Research and Therapy, 117*, 65-78.

Brown, L., Zandberg, L., & Foa, E. (2019). Mechanisms of change in prolonged exposure therapy for PTSD: Implications for clinical practice. *Journal of Psychotherapy Integration, 29*(1), 6-14.

Bryan, R. and colleagues. (2023). Habituation of distress during exposure and its relationship to treatment outcome in post-traumatic stress disorder and prolonged grief disorder. European *Journal of Psychotraumatology, 14* (2), 2193525.

Craske, M. and colleagues. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behavior Research and Therapy, 58*, 10-23.

DeHouer, J. (2020). Revisiting classical conditioning as a model for anxiety disorders: A conceptual analysis and brief review. *Behavior Research and Therapy, 127*, 103558.

Eftekhari, A., Stines, L., & Zoellner, L. (2006). Do you need to talk about it? Prolonged Exposure for the treatment of chronic PTSD. *The Behavior Analyst, 7* (1), 70-83.

Foa, E. (2011). Prolonged exposure therapy: Past, present, and future. *Depression and Anxiety, 28*, 1043-1047.

* Foa, E., & McLean, C. (2016). The efficacy of exposure therapy for anxiety-related disorders and its underlying mechanisms. *Annual Review of Clinical Psychology, 12,* 1-28.

* Jones, M.C. (1924). A laboratory study of fear: The case of Peter. *Pedogogical Seminary and Journal of Genetic Psychology, 31*, 308-315.

Jones, M.C. (1924). The elimination of children's fears. *Journal of Experimental Psychology, 7*, 382-390.

* Mansell, W. (2008). The Seven C's of CBT. *Behavioural and Cognitive Psychotherapy, 36*, 641-649.

McLean, C. P., Levy, H. C., Miller, M. L., & Tolin, D. F. (2022). Exposure therapy for PTSD: A meta-analysis. *Clinical Psychology Review*, *91*, 102115.

Mineka, S., & Zinbarg, R. (2006). A contemporary learning theory perspective on the etiology of anxiety disorders: It's not what you thought it was. *American Psychologist, 61*(1), 10-26.

Peterman, J., Read, K., Wei, C., & Kendall, P. (2015). The art of exposure: Putting science into practice. *Cognitive and Behavioral Practice, 22*, 379-392.

Rector, N., Richter, M., Katz, D., & Leybman, M. (2019). Does the addition of cognitive therapy to exposure and response prevention for obsessive compulsive disorder enhance clinical efficacy? A randomized controlled trial in a community setting. *British Journal of Clinical Psychology, 58*(1), 1-18.

Rothbaum, B. (2009). Using virtual reality to help our clients in the real world. *Depression and Anxiety, 26*, 209-211.

Sloan, D., Marx, B., Acierno, R., Messina, M., Muzzy, W., Gallagher, M., ... & Sloan, C. (2023). Written exposure therapy vs prolonged exposure therapy in the treatment of posttraumatic stress disorder: A randomized clinical trial. *JAMA Psychiatry*, *80* (11), 1093-1100.

Watson, J.B. (1913). Psychology as the behaviorist views it. *Psychological Review, 20 (2)*, 158-177.

Watson, J.B. & Morgan, J. (1917). Emotional reactions and psychological experimentation. *American Journal of Psychology, 28 (2)*, 163-174.

* Watson, J.B. & Raynor, R. (1920). Conditioned emotional reactions. *Journal of Experimental Psychology, 3(1)*, 1-14.

Watson, J. B. (1913). Psychology as the behaviorist views it. *Psychological Review,* reprinted *Psychological Review*, (1994) *101*(2), 248.

Wilson, G.T. (1997). Science and treatment development: Lessons from the history of behavior therapy. *Behavior Therapy, 28*, 547-558.

Week 6 **Reinforcement-based Procedures**

Balan, I., et al., (2016). Integrating Motivational Interviewing with brief behavioral activation therapy: Theoretical and practical considerations. *Cognitive and Behavioral Practice, 23*, 205-220.

Boswell, J., Iles, B., Gallagher, M., & Farchione, T. (2017). Behavioral activation strategies in cognitive-behavioral therapy for anxiety disorders. Psychotherapy, 54(3), 231.

* Chartier, I., & Provencher, M. (2013). Behavioural activation for depression: Efficacy, effectiveness, and dissemination. *Journal of Affective Disorders, 145*, 292-299.

Cuijpers, P., vanStraten, A., & Warmerdam, L. (2007). Behavioral activation treatments of depression: A meta-analysis. *Clinical Psychology Review, 27*, 318-326.

Dimidjian, S., and colleagues (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* (4), 658-670.

Dimidjan, S. et al. (2011). The origins and current status of behavioral activation treatments for depression. *Annual Review of Clinical Psychology, 7,* 1-38.

Doll, C., McLaughlin, T., & Barretto, A. (2013). The token economy: A recent review and evaluation. *International Journal of Basic and Applied Science* 2(1), 131-149.

Farchione, T., Boswell, J., & Wilner, J. (2017). Behavioral activation strategies for major depression in transdiagnostic cognitive-behavioral therapy: An evidence-based case study. Psychotherapy, 54(3), 225.

Forbes, C. (2020). New directions in behavioral activation. *Clinical Psychology Review, 79,* 101860.

Gatzounis, R., and colleagues. (2012). Operant learning theory in pain and chronic pain rehabilitation. *Current Pain and Headache Reports, 16*, 117-126.

Goldfried, M., & Castonguay, L. (1993). Behavior therapy: Redefining strengths and limitations. *Behavior Therapy, 24*, 505-526.

Goldfried, M. (2003). Cognitive-behavior therapy: Reflections on the evolution of a therapeutic orientation. *Cognitive Therapy and Research, 27*, (1), 53-69.

Hackenberg, T. (2009). Token reinforcement: A review and analysis. *Journal of the Experimental Analysis of Behavior, 91* (2), 257-286.

Herrod, J. and colleagues. (2023). Applications of the Premack Principle: A review of the literature. *Behavior Modification, 47* (1), 219-246.

Hershenberg, R., Paulson, D., Gros, D., & Acierno, R. (2015). Does amount and type of activity matter in Behavioral Activation? *Behavioural and Cognitive Psychotherapy, 43 (4)*, 396-411.

* Hopko, D., Lejuez, C., Ruggiero, K., & Eifert, G. (2003). Contemporary behavioral activation treatments for depression: Procedures, principles, and progress. *Clinical Psychology Review, 23*, 699-717.

Kanter, J. et al., (2008). Making behavioral activation more behavioral. *Behavior Modification, 32* (6), 780-803.

Lejeuz, C., Hopko, D., & Hopko, S. (2001). A brief behavioral activation treatment for depression: Treatment manual. *Behavior Modification, 25* (2), 255-286.

Lyubomirsky, S., & Layous, K. (2013). How do simple positive activities increase well-being. *Current Directions in Psychological Science, 22* (1), 57-62.

* Martell, C. (2013). Misconceptions and misunderstandings of behavioral activation. *Psychologia, 56,* 131-137.

Pass, L. and colleagues. (2018). Brief behavioral activation treatment for depressed adolescents delivered by nonspecialist clinicians: A case illustration. *Cognitive and Behavioral Practice, 25*, 208-224.

Richards, D. et al. (2016). Cost and outcome of Behavioural Activation versus Cognitive Behavioural Therapy for Depression. *The Lancet, 388* (10047 - August), 871-880.

Stallard, P. (2002). Cognitive behaviour therapy with children and young people: A selective review of key issues. *Behavioural and Cognitive Psychotherapy, 30*, 297-309.

Verhoeven, J., and colleagues. (2023). Antidepressants or running therapy: Comparing effects on mental and physical health in patients with depression and anxiety disorders. *Journal of Affective Disorders*, *329*, 19-29.

Week 7 **Bringing Action and Emotion into Psychotherapy**

* Cronin, T. and colleagues. (2015). Integrating between-session interventions (homework) in therapy: The importance of the therapeutic relationship and cognitive case conceptualization. *Journal of Clinical Psychology, 71* (5), 439-450.

Elliott, R., & Greenberg, L. (2007). The essence of process-experiential / emotion-focused therapy. *American Journal of Psychotherapy, 61* (3), 241-254.

* Garcia, R. et al. (2006). Application of Functional Analytic Psychotherapy. *The Behavior Analyst Today, 7* (1), 1-18.

Greenberg, L. (2004). Emotion-Focused Therapy. *Clinical Psychology and Psychotherapy, 11*, 3-16.

Greenberg, L. (2006). Emotion-Focused Therapy: A synopsis. *Journal of Contemporary Psychotherapy, 36*, 87-93.

Greenberg, L. (2010). Emotion-Focused Therapy: An overview. *Turkish Psychological Counseling and Guidance Journal, 4* (33), 1-12.

Greenberg, L. (2012). Emotions, the great captains of our lives: Their role in the process of change in psychotherapy. *American Psychologist*, 697-707.

Kanter, J., et al. (2005). Toward a comprehensive functional analysis of depression. *The Behavior Analyst, 6* (1), 65-81.

Kanter, J. et al. (2005). In vivo processes in cognitive therapy for depression. *Psychotherapy Research, 15* (4), 366-373.

Kazantzis, N. et al. (2010). Meta-analysis of homework effects in cognitive and behavioral therapy. *Clinical Psychology: Science and Practice, 17*, 144-156.

Kazantzis, N. and colleagues. (2016). Quantity and quality of homework compliance: A meta-analysis of relations with outcome in cognitive behavior therapy. *Behavior Therapy, 47*, 755-772.

Kazantzis, N. & Miller, A. (2022). A comprehensive model of homework in Cognitive Behavior Therapy. *Cognitive Therapy and Research, 46*, 247-257.

Kohlenberg, R. et al. (2002). Enhancing Cognitive Therapy for depression with Functional Analytic Psychotherapy. *Cognitive and Behavioral Practice, 9*, 213-229.

Mausbach, B. et a. (2010). The relationship between homework compliance and therapy outcomes. *Cognitive Therapy and Research, 34*, 429-438.

Overholser, J.C. (2004). Contemporary psychotherapy: Moving beyond a therapeutic dialogue. *Journal of Contemporary Psychotherapy, 34* (4), 365-374.

Sachsenweger, M. et al. (2015). Pessimism and homework in CBT for depression. *Journal of Clinical Psychology, 71* (12), 1153-1172.

* Tompkins, M. (2002). Guidelines for enhancing homework compliance. *Journal of Clinical Psychology, 58*, (5) 565-576.

Tsai, M., Yard, S., & Kohlenberg, R. (2014). Functional Analytic Psychotherapy: A behavioral relational approach to treatment. *Psychotherapy, 51* (3), 364-371.

Week 8 Open Topic

Week 9 Class cancelled due to conference travel

Week 10 **Confronting Negative Thoughts and Irrational Beliefs**

* David, D. and colleagues (2004). REBT Depression Manual. Cluj-Napoca, Romania.

David, D., and colleagues. (2005). A synopsis of Rational-Emotive Behavior Therapy: Fundamental and applied research. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 23* (3), 175-221.

David, D., and colleagues. (2018). 50 years of rational-emotive and cognitive-behavioral therapy: A systematic review and meta-analysis. *Journal of Clinical Psychology, 74*, 304-318.

Dryden, W. (2011). Albert Ellis and Rational Emotive Behavior Therapy. *Journal of Rational Emotive and Cognitive-behavioral Therapy, 29*, 211-229.

Dryden, W. (2012). Dealing with procrastination: The REBT approach and a demonstration session. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 30, 264-281.

* Dryden, W. (2012). The ABCs of REBT. *Journal of Rational-Emotive and Cognitive-Behavioral Therapy, 30*, 133-172.

Dryden, W. (2013). On rational beliefs in Rational Emotive Behavior Therapy: A theoretical perspective. *Journal of Rational-Emotive and Cognitive-Behavioral Therapy, 31(1)*, 39-48.

Dryden, W. (2020). Awfulizing: Some conceptual and therapeutic considerations. *Journal of Rational-Emotive and Cognitive-Behavioral Therapy, 38*, 295-305.

Dryden, W. (2020). Single-session one-at-a-time therapy: A personal approach. *Australian and New Zealand Journal of Family Therapy, 41*, 283-301.

Ellis, A. (1969). Rational-emotive therapy. *Journal of Contemporary Psychotherapy, 1*, 82–90.

Ellis, A. (1973). My philosophy of psychotherapy. *Journal of Contemporary Psychotherapy, 6*, 13–18.

Ellis, A. (1976). The rational-emotive view. *Journal of Contemporary Psychotherapy, 8*(1), 20–28.

Ellis, A. (1979). The issue of force and energy in behavioral change. *Journal of Contemporary Psychotherapy, 10*, 83–97.

Ellis, A. (1982). Must most psychotherapists remain as incompetent as they are now? *Journal of Contemporary Psychotherapy, 13*, 17–28.

* Ellis, A. (2003). Helping people get better rather than merely feel better. *Journal of Rational-Emotive & Cognitive-Behavioral Therapy, 21*, 169-181.

Iftene, F. and others. (2015). Rational-emotive and cognitive-behavior therapy versus pharmacotherapy versus REBT/CBT plus pharmacotherapy in the treatment of major depressive disorder in youth. *Psychiatry Research, 225,* 687-694.

Kabadayi, F., & Yuksel, G. (2021). Rational-Emotive Behavior Therapy for dysfunctional anger: A case study. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 39*, 522-537.

McMahon, J. (2011). REBT: Past, present, and future. *Journal of Rational-Emotive and Cognitive-Behavioral Therapy, 29*, 228-238.

* Overholser, J.C. (2003). Rational-Emotive Behavior Therapy: An interview with Albert Ellis. *Journal of Contemporary Psychotherapy, 33*, (3) 187-204.

Week 11 **Cognitive Restructuring Approaches**

Batmaz, S. (2014). The conceptual foundations of Metacognitive Therapy. *Journal of Cognitive Behavioral Psychotherapy and Research, 3*, 11-17.

Beck, A.T., & Dozois, D. (2011). Cognitive Therapy: Current Status and Future Directions. *Annual Review of Medicine, 62*, 397-409.

* Beck, A.T., & Haigh, E. (2014). Advances in cognitive theory and therapy: The generic cognitive model. *Annual Review of Clinical Psychology, 10*, 1-24.

Beck, A. T. (2019). A 60-year evolution of cognitive theory and therapy. Perspectives on Psychological Science, 14(1), 16-20.

Carter, J. et al. (2022). Long-term efficacy of metacognitive therapy and cognitive therapy for depression. Australian & New Zealand Journal of Psychiatry, 56 (2), 137-143.

* Hofmann, S., Amundson, G., & Beck, A.T. (2013). The science of Cognitive Therapy. *Behavior Therapy, 44*, 199-212.

Masley, S., et al. (2012). A systematic review of the evidence base for Schema Therapy. *Cognitive Behaviour Therapy, 41* (3), 185-202.

Moorey, S. (2023). Three ways to change your mind: an epistemic framework for cognitive interventions. *Behavioural and Cognitive Psychotherapy, 51*(3), 187-199.

Normann, N. et al. (2014). The efficacy of metacognitive therapy for anxiety and depression: A meta-analytic review. *Depression and Anxiety, 31,* 402-411.

Overholser, J.C. (1995). Cognitive-behavioral treatment of depression: Part III. Reducing cognitive biases. *Journal of Contemporary Psychotherapy, 25*, (4) 311-329.

Overholser, J.C. (2011). Collaborative empiricism, guided discovery, and the Socratic method: Core processes for effective Cognitive Therapy. *Clinical Psychology: Science and Practice, 18*, 62-66.

* Overholser, J.C. (2018). From puddles to potholes: The role of overvalued beliefs in emotional problems. *Journal of Contemporary Psychotherapy*, 48(1), 41-50.

Wells, A. (2005). Detached mindfulness in cognitive therapy: A metacognitive analysis and ten techniques. *Journal of Rational-Emotive and Cognitive-Behavioral Therapy, 23* (4), 337-

* Wells, A. (2008). Metacognitive Therapy: Cognition applied to regulating cognition. *Behavioral and Cognitive Psychotherapy, 36*, 651-658.

Week 12 **Relaxation-based interventions**

Find and listen to at least one audio recording of relaxation instructions at - https://students.case.edu/wellness/info/relaxation/

+ Davis, D. & Hayes, J. (2011). What are the benefits of Mindfulness? A practice review of psychotherapy-related research. *Psychotherapy, 48* (2), 198-208.

Dimidjian, S., & Segal, Z. (2015). Prospects for a clinical science of Mindfulness-based intervention. *American Psychologist, 70* (7), 593-620.

Eberth, J., & Sedlmeier, P. (2012). The effects of mindfulness meditation: A meta-analysis. *Mindfulness, 3,* 174-189.

Garrote-Caparrós, E., Bellosta-Batalla, M., Moya-Albiol, L., & Cebolla, A. (2022). Effectiveness of mindfulness-based interventions on psychotherapy processes: A systematic review. *Clinical Psychology & Psychotherapy, 29*(3), 783-798.

Goldberg, S., Riordan, K., Sun, S., & Davidson, R. (2022). The empirical status of mindfulness-based interventions: A systematic review of 44 meta-analyses of randomized controlled trials. *Perspectives on Psychological Science, 17*(1), 108-130.

Goyal, M., et al. (2014). Meditation programs for psychological stress and well-being: A systematic review and meta-analysis. *JAMA Internal Medicine, 174* (3), 357-368.

* Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice, 10*, (2), 144-156.

Kabat-Zinn, J. (2011). Some reflections on the origins of MBSR, skillful means, and the trouble with maps. *Contemporary Buddhism, 12* (1), 281-306.

Kraines, M., et al. (2022). Mindfulness-based stress reduction and Mindfulness-based cognitive therapy for depression: A systematic review of cognitive outcomes. *Mindfulness, 13,* 1126-1135.

Manzoni, G. and colleagues. (2008). Relaxation training for anxiety: A ten-years systematic review with meta-analysis. *BMC Psychiatry*, 8, 1-12.

* Overholser, J. (1990). Passive relaxation training with guided imagery: A transcript for clinical use. *Phobia Practice and Research Journal, 3*, 107-122.

Overholser, J. (1991). The use of guided imagery in psychotherapy: Modules for use with passive relaxation training. *Journal of Contemporary Psychotherapy, 21*, 159-172.

Schmelefske, E., Per, M., Khoury, B., & Heath, N. (2022). The effects of mindfulness-based interventions on suicide outcomes: A meta-analysis. *Archives of Suicide Research, 26* (2), 447-464.

Tang, Y., Holzel, B., & Posner, M. (2015). The neuroscience of mindfulness meditation. *Nature Reviews Neuroscience, 16* (4), 213-225.

Teasdale, J., & Chaskalson, M. (2011). How does mindfulness transform suffering? Part 1 *Contemporary Buddhism,* 12 (1), 90-102.

Teasdale, J., & Chaskalson, M. (2011). How does mindfulness transform suffering? Part 2 *Contemporary Buddhism,* 12 (1), 103-124.

Williams, J., & Kabat-Zinn, J. (2011). Mindfulness: Diverse perspectives on its meaning, origins, and multiple applications at the intersection of science and dharma. *Contemporary Buddhism, 12* (1), 1-18.

Williams, J., & Kabat-Zinn, J. (2013). *Mindfulness: Diverse perspectives on its meaning, origins, and applications*. New York: Taylor and Frances.

Week 13 **Expressive Writing in therapy**

* Cummings, J., Hayes, A., Saint, S., & Park, J. (2014). Expressive writing in psychotherapy. *Professional Psychology: Research and Practice, 45* (5), 378-386.

Esterling, B. et al. (1999). Empirical foundations for writing in prevention and psychotherapy. *Clinical Psychology Review, 19* (1), 79-96.

Guastella, A. & Dadds, M. (2008). Cognitive behavioural emotion writing tasks. *Journal of Behavior Therapy and Experimental Psychiatry, 39*, 558-566.

Kaltenbach, E. et al., (2020). Trajectories of posttraumatic stress symptoms during and after Narrative Exposure Therapy (NET) in refugees. *BMC Psychiatry, 20,* 312.

Krpan, K. et al. (2013). An everyday activity as a treatment for depression: The benefits of expressive writing for people diagnosed with major depressive disorder. *Journal of Affective Disorders, 150*, 1148-1151.

* Meichenbaum, D. (1988). Stress Inoculation Training. *The Counseling Psychologist, 16* (1), 69-90.

Meichenbaum, D. (1993). Changing conceptions of cognitive behavior-modification: Retrospect and prospect. *Journal of Consulting and Clinical Psychology, 61*, 202-204.

Meichenbaum, D. A constructive / narrative perspective on trauma and resilience. Available through the Melissa Institute.org:

Meichenbaum, D. (2019). Roadmap to resilience. Word Press.
https://roadmaptoresilience.wordpress.com/
https://mail.google.com/mail/u/0/#inbox/FMfcgxwHNDCsxWjvjwSPSQbsDmNxVLzl?projector=1

Meichenbaum, D. (2005). Stress Inoculation training: A preventive and treatment approach. In P. M. Lehrer, R. L. Woolfolk & W. S. Sime (Eds), Principles and Practice of Stress Management (3rd Edition). Guilford Press. Available through the Melissa Institute:
https://melissainstitute.org/wp-content/uploads/2015/10/Stress_Inoculation_052806.pdf

Meichenbaum, D. (2007). Stress Inoculation Training: A preventative and treatment approach. in P. M. Lehrer, R. L. Woolfolk & W. S. Sime, Principles and Practice of Stress Management (3rd Edition). Guilford Press. (2007).

Meichenbaum, D. (2015). A constructive narrative perspective on trauma and resilience: The role of cognitive and affective processes. Chapter included in the American Psychological Association Handbook of Trauma Psychology

Pennebaker J. (1993). Putting stress into words: health, linguistic, and therapeutic implications. *Behavior Research and Therapy, 31* (6), 539-548.

Pennebaker, J. (2018). Expressive writing in psychological science. *Perspectives on Psychological Science, 13* (2), 226-229.

Reinhold, M., and colleagues. (2018). Effects of expressive writing on depressive symptoms - A meta-analysis. *Clinical Psychology: Science and Practice, 25*, e12224.

* Robjant, K., & Fazel, M. (2010). The emerging evidence for Narrative Exposure Therapy: A review. *Clinical Psychology Review, 30* (8), 1030–1039.

Sools, A., & Schuhmann, C. (2014). Theorizing the narrative dimension of psychotherapy and counseling. *Journal of Contemporary Psychotherapy, 44* (3), 191-200.

Travagin, G. et al. (2015). How effective are expressive writing interventions for adolescents. *Clinical Psychology Review, 36*, 42-55.

Westerhof, G., & Slatman, S. (2019). In search of the best evidence for life review therapy to reduce depressive symptoms in older adults: A meta-analysis of randomized clinical trials. *Clinical Psychology: Science and Practice, 26* (4), e12301.

Week 14 Thanksgiving Holiday

Week 15 **Third Wave Therapies:** Student Presentations (no folder of readings)

Alves, F., Figueiredo, D., & Vagos, P. (2023). Acceptance and Commitment Therapy for social anxiety disorder in adolescence: Preliminary appraisal based on a case study approach. *Clinical Case Studies*, *22* (4), 343-362.

Carr, A., & Finnegan, L. (2015). The Say 'Yes" to Life Program: A positive psychology group intervention for depression. *Journal of Contemporary Psychotherapy, 45* (2), 109-118.

Copobianco, L., & Nordahl, H. (2023). A brief history of metacognitive therapy: From cognitive science to clinical practice. *Cognitive and Behavioral Practice, 30*, 45-54.

Gander, F., Proyer, R., Ruch, W., & Wyss, T. (2013). Strength-based positive interventions. *Journal of Happiness Studies, 14*, 1241-1259.

Goncalves, M. (2023). Acceptance and commitment therapy and its unacknowledged influences: Some old wine in a new bottle? *Clinical Psychology & Psychotherapy, 30*, 1-9.

Ingram, R., & Snyder, C.R. (2006). Blending the good with the bad. *Journal of Cognitive Psychotherapy, 20* (2), 117-122.

Kashdan, T. & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review, 30*, 865-878.

Lyubomirsky, S., & Layous, K. (2013). How do simple positive activities increase well-being? *Current Directions in Psychological Science, 22* (1), 57-62.

McKnight, P., & Kashdan, T. (2009). Purpose in life as a system that creates and sustains health and well-being. *Review of General Psychology, 13* (3), 242-251.

McLoughlin, S., & Roche, B. (2023). ACT: A process-based therapy in search of a process. *Behavior Therapy*, *54* (6), 939-955.

Nuttgens, S. (2023). Of interventive doppelgangers and other barriers to evidence-based practice in psychotherapy. *Journal of Psychotherapy Integration, 33* (1), 20-33.

Overholser, J.C. (2015). Positive Psychology and the Socratic Method. *Journal of Contemporary Psychotherapy, 45* (2), 137-142.

Peseschkian, N., Biland, F., & Cope, T. (2010). Symptom, conflict and conflict-resolution. *International Journal of Psychotherapy, 14* (1), 39-49.

Pietrowsky, R., & Mikutta, J. (2012). Effects of positive psychology interventions in depressive patients. *Psychology, 3* (12), 1067-1073.

Ryan, R., Huta, V., & Deci, E. (2008). Living well: A self-determination theory perspective on eudaimonia. *Journal of Happiness Studies, 9*, 139-170.

Ryff, C. (1989). Happiness is everything, or is it? *Journal of Personality and Social Psychology, 57* (6), 1069-1081.

Ryff, C., & Singer, B. (2008). Know thyself and become what you are. *Journal of Happiness Studies, 9*, 13-39.

Seligman, M., & Csikszentimihalyi, M. (2000). Positive psychology. *American Psychologist, 55* (1), 5-14.

Seligman, M., Parks, A., & Steen, T. (2004). A balanced psychology and a full life. Philosophical *Transactions of the Royal Society for Biological Sciences, 359* (1449), 1379-1381.

Seligman, M., & Pawelski, J. (2003). Positive Psychology: FAQs. *Psychological Inquiry, 14* (2), 159-163.

Seligman, M., Rashid, T., & Parks, A. (2006). Positive psychotherapy. *American Psychologist, 61* (8), 774-788.

Sharma, S. (2013). Can positive psychotherapy meet the basic principles of effectiveness as outlined by Grawe? International Journal of Psychotherapy, 17 (1), 42-52.

Sin, N., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions. *Journal of Clinical Psychology: In Session, 65* (5), 467-487.

Steger, M., Kashdan, T., & Oishi, S. (2008). Being good by doing good: Daily eudaimonic activity and well-being. *Journal of Research in Personality, 42*, 22-42.

Toussaint, L., & Friedman, P. (2009). Forgiveness, gratitude, and well-being: The mediating role of affect and beliefs. *Journal of Happiness Studies, 10*, 635-654.

Appendix: Ethical Guidelines for Beginning Therapists

This set of ethical guidelines is an integration of the CWRU Psychology Training Clinic Policies and Procedures, APA's Ethical Principles of Psychologists and Code of Conduct, and the experiences of several advanced psychology trainees. These guidelines are not meant to be exhaustive, but rather to highlight vital information that could be helpful to know when starting to see clients 2nd year. Although not all of you will see clients for CBT practica at the CWRU Psychology Training Clinic, it is important to familiarize yourself with these guidelines as beginning psychology trainees. Overall, the core ethical guidelines presented below apply to any placement you have.

Clinic address
- 11635 Euclid Avenue, Room 427, Cleveland, OH 44106
- Phone: (216) 368-0719

Clinic Policy (HIPPA)

- Clinic funds are available for postage, so psychology trainees who wish to send clinic mail may deliver their envelopes to the office staff.

- Competence (Ethical Standard #2):

  - Boundaries of competence: "Psychologists provide services, teach, and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study, or professional experience" (APA, 2003, p. 4). Thus, you will not see clients with the following presentations, as they have been deemed outside our area of competence: psychosis, medication seeking, high suicide risk, or violent.

Record Keeping and Fees (Ethical Standard #6)

  - "Extraneous and irrelevant material should be kept to an absolute minimum, as should material that is sensitive or potentially damaging to the client or others. Any personal opinions, speculations, or unsubstantiated claims should be excluded from the client's record" (Clinic Policy, p. 8).

  - Personal notes and supervision notes may be kept separately from the client's file and should not contain any identifying information unless they are in a securely locked location.

  - See APA Record Keeping Guidelines (2007) for more detailed information. For exact suggestions regarding client file content:

http://www.apa.org/practice/guidelines/record-keeping.aspx?item=7#

- Session Notes

  - Process notes should not contain any identifying information. If process notes will be removed from the client file for supervisor signatures, client name should be left off the note until it is permanently returned to the file.

- All notes must be signed by psychology trainee (you)
  - Never postdate any notes nor forge your supervisor's signature
  - You should write and sign your notes on the day of each session. If possible, your supervisor can sign the paperwork within 2 weeks.
- Any emergencies (e.g., suicidality) need to be documented; safety contracts or suicide assessments should be signed by your supervisor in a timely manner.

- Attendance Log: Record whether the client came, cancelled, or no showed
  - Legally obligated to record payment information each session

- All communication (e.g., phone, email) needs to be documented in the client file; retain copies of all written correspondences you have had with the client

- Payment: Clinic policy states that clients must pay their session fees at the time of service. If a client owes in excess of $500, services must be discontinued until payment is received.

- In general, therapists should avoid accepting gifts from clients. There are no strict rules about this practice in the Ethics Code, so therapist/supervisor judgment is key. Gifts should not substitute for payment. Gifts that are deemed excessive or that the client has gone out of his/her way to procure should generally not be accepted.

Keep in mind that you are writing a legal document (e.g., progress notes, attendance log). You should be writing reports/progress notes assuming that a client may eventually request his/her records. Although this will hopefully be a rarity during graduate school as well as your career, maintenance of proper records will be a key part of your defense if you are sued in a malpractice lawsuit. The client's record serves to show that you as the clinician have properly diagnosed and provided adequate treatment to the client.

Confidentiality (Ethical Standard #4)

Confidentiality is one of the most important aspects of the therapy process. It is also the area in which beginning therapists most frequently violate ethical boundaries (Fly, van Bark, Weinman, Kitchner, & Lang, 1997). First, it is your primarily responsibility to ensure that your client's information and his/her file is properly stored and protected (APA, 2003). Misplaced and lost files are serious ethical infractions. Second, when meeting with your client for the first time, it is important to discuss confidentiality. Clients will have reviewed confidentiality at intake and will have signed a Limits of Confidentiality form, but the therapist should review confidentiality, as well. It is important that your client knows that because you are being supervised, you will be discussing the case with your supervisor. During the intake with one of the clinic coordinators, the client will also consent to be audio- or videotaped for the purposes of supervision. As such, it is your responsibility to make sure that these recordings are kept secure. After meeting with your supervision about a session, you must erase that audio or video recording.

You will be allowed to discuss your cases in CBT class only. **You SHOULD NOT discuss your clients with any individuals besides your CBT supervisor and during group supervision in your CBT class**, unless the client has signed a release of information form, allowing you to disclose his/her identifying information to specific parties. Releases of information are required, for example, to speak with the client's spouse, family members, teachers, or other mental health providers. A rule of thumb is that any time the client's full name needs to be disclosed to a third party, a signed release of information is required. Additionally, client information cannot be communicated via email, internet, or fax.

Client files must not leave the clinic. Unless you are writing in your client's file, all files must be stored and locked in the filing cabinets located in Room 427. As you will be greeting your client in the lobby, bringing them up to the 4th floor, and walking to the therapy room, make sure to keep conversation to neutral topics (e.g., weather), as to not discuss potentially sensitive information. During sessions with your client, turn on the white noise machines located outside and inside of the therapy room. Additionally, hang the "do not disturb" sign on the door knob. As the fourth floor not only houses our clinic but also Speech and Hearing offices, using the white noise machines will help to ensure your therapy sessions are not overheard in the hallway.

All of these aspects of confidentiality are outlined in the informed consent forms (specifically, Limits of Confidentiality). The Limits of Confidentiality form states that you will not release identifying information to third parties without consent, except in the following instances: 1) Client reports threat of harm to self or others; 2) Client reports child abuse; 3) Client makes his/her mental health status an issue in court. The third instance applies only to client-initiated legal situations, and does NOT apply, for example, if the client is sued. A final circumstance outlined within Limits of Confidentiality is when outside consultation is deemed necessary. In these cases, the therapist agrees to protect the client by withholding identifying information when seeking consultation.

If the client is judged to be suicidal, you are allowed to contact individuals in order to make sure that the client stays safe. If the client CANNOT contract for safety, it is recommended that you call your supervisor (or other licensed professional if you cannot get a hold of your supervisor), the police, or Mobile Crisis (216-623-6888; Cleveland based 24/7 suicide hotline number), as the client may end up being hospitalized for his/her safety. If the client is judged to be homicidal, you must call the police and try to warn the intended victim. The Tarasoff Law states that you have the duty to warn the potential target of the client's homicidal intentions.

Parent-Child Confidentiality

Parents and legal guardians have a right to all client information if the child is under the age of 18. This includes everything in the child's file. Although caregivers have a legal right to these materials as well as session content, therapists often ask caregivers to agree to additional levels of privacy. At the onset of therapy, the therapist should consider whether it may be beneficial to keep some session content private between the therapist and the child. If so, the therapist may ask that parents allow privacy except in the cases of children reporting risk to themselves or others or report engaging in dangerous behavior. Specific case examples and further reading on what constitutes "dangerous behavior" may be helpful, as well (Koocher, 2008).

- Elements of informed consent (3.10 Ethical Standard): Adult versus Child clients

- "Obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons" (APA, 2003, p. 6)
- "Psychologists appropriately document written or oral consent, permission, and assent" (APA)
- Disclosure statement (e.g., psychology trainee (your title), being supervised)
- Limits of confidentiality discussed
- Audiotape/videotape consent obtained

Often, client seen through the CBT practicum will be transferred to another psychology trainee, if the current psychology trainee is unable to terminate with the client by the end of the respective summer. However, if the client's therapy goals have been met, it is okay to terminate with him/her yourself. This interruption of therapy can occur if the current therapist's new placement and responsibilities do not allow him/her to continue seeing the client. If this is the case, the current therapist must ensure that enough time and effort is spent on the transfer. This should include discussing and processing this interruption with the client to make sure he/she understands what will happen. Sometimes (if supervisor and client agree), it can be helpful if the new therapist is briefly brought into a session to meet the client.

Although transferring a client may be an option, it is also important to understand when termination with a client is appropriate. Psychology trainees should terminate therapy when 1) the client is no longer in need of treatment (e.g., has met his/her goals) and/or 2) the therapist is threatened or feels endangered by the client or someone who knows the client. Finally, the psychology trainee should provide client with referrals for additional care, if needed.

In general, it is contraindicated to conduct therapy with a patient currently receiving psychotherapy services elsewhere. If a client is transferring to you from a different provider, steps should be taken to coordinate care (with appropriate signed releases).

Beginning therapists often have questions about what constitutes appropriate communication with clients outside of session. Therapists should use caution when communicating via phone, voicemail, email, and text messages. Therapy content should not be documented in any unprotected form, including written text or recorded voicemails. However, sessions may be scheduled via these mediums provided that the client is comfortable with their use. Many therapists find it helpful to use the Google Voice service instead of providing clients with their personal cell phone number.

Privileged communication means that information between client and therapist is considered privileged (i.e. confidential). The client, and NOT the therapist, is said to "hold the privilege". In legal matters, the client holds the right to waive that privilege, thus allowing confidential information to be discussed. The therapist is NOT ALLOWED (even if subpoenaed to testify in court) to discuss confidential information without the client waiving his/her right. However, as outlined in the Clinic's Limits of Confidentiality form, an exception is when the client brings up his/her mental health status in court. In that case, the privileged communication is considered null. By the client discussing his/her mental health status, the client has waived the right for this information

to remain confidential.

References and Resources

Fly, B., van Bark, W., Weinman, L., Kitchner, K., & Lang, P. (1997). Ethical transgressions of psychology graduate students: Critical incidents with implications for training. *Professional Psychology: Research and Practice, 28* (5), 492-495.

Koocher, G. (2008). Ethical challenges in mental health services to children and families. *Journal of Clinical Psychology, 64* (5), 601-612.

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