

APPLICATIONS OF COGNITIVE-BEHAVIORAL THERAPY

PSCL 530a: Spring 2025 Fridays 10:30 - 12:30

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Zoom Meeting ID: 994 8351 5000 Passcode: 754636

January 17		CBT for Anxiety Disorders: A comprehensive approach for confronting feared situations		campus
January 24		Development and Evolution of the Unified Protocol: A conversation with Dr. David Barlow		zoom
January 31	Adm	CBT for Depression: As simple as the A-B-C'S		zoom
February 7	Adm	Working with suicidal clients: Helping high-risk clients during high-risk times		zoom
February 14		CBT Play Therapy	(SK)	campus ?
February 21		The Socratic Method of Psychotherapy: Integrating ancient philosophy with contemporary psychotherapy		campus
February 28		CBT for couples' therapy: Improving communication, cooperation, and commitment		campus
March 7	CFM	CBT with children and teens	(AAM)	zoom
March 14		Spring Break		
March 21		CBT for early episode psychosis	(HS + JR)	campus
March 28		Emotion regulation strategies	(JY)	zoom
April 4	CFM	Positive Psychology	(WH)	campus
April 11		Dialectical Behavior Therapy	(DBP)	zoom
April 18		CBT for Eating Disorders	(LW)	campus
April 25		Student presentations: Anticipating the 4 th Wave in Psychotherapy Loose ends and long-term plans		

Updated: 12/06/2024

PREFERRED PREREQUISITES:

In order to register for PSCL 530, students must have already successfully completed PSCL 529a: Cognitive-Behavioral Theory and Therapy. In addition, I hope all students have already completed the following courses: PSCL 404: Learning Theory, PSCL 524: Advanced Psychopathology, and PSCL 527: Introduction to Intervention.

PROFESSIONAL BEHAVIOR:

All students will be expected to know and follow all policies 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 to 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 in 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, 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 with your CBT supervisor and 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.

Furthermore, **professional behavior extends into the classroom**. Please arrive on time for all class meetings and be prepared to discuss the material. Class meetings are most effective when they involve an interactive discussion of topics and issues. During class meetings, laptop computers can be used to connect via Zoom, take notes from class, or share your slides during your presentation. Please do not use your laptop for internet searches or electronic communications which can be disruptive to the rest of class. Further, please do not use your cell phone during class. Please keep in mind that most faculty members never observe your performance in session, so their impression of your maturity and professionalism derives from interactions in the classroom and social encounters.

CLINICAL EXPERIENCE:

Students are expected to carry 1-3 clients through the practicum, typically providing outpatient psychotherapy on a weekly basis. 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 follows a calendar year, not an academic year. Thus, you should plan to meet with your client even when school is not in session. Typically, throughout spring semester, students are expected to carry up to three clients concurrently. Seeing several clients each week has several important functions. First, it helps to ease the waiting list as part of the community service we provide through our clinic. Second, it highlights the professional responsibility we accept as part of becoming a clinical psychologist to use our training to be helpful to others. Third, it helps trainees to reduce their overinvolvement and personal investment in client attendance and client improvement. Fourth, it aids in clinical training, helping a therapist to see how much of the direction and impact of therapy derives from the client versus from the therapist. The clinic coordinators, faculty instructor, or your CBT supervisor will arrange for appropriate

clients. At this point in CBT training, it is essential that you move beyond one client / one session per week. It is vital to learn how to manage a modest case load, and search for published resources that can help to improve your assessment and treatment plan. If you are contacted about a new client, you are expected to accept the referral and adjust your weekly schedule to accommodate the clinical demands. Furthermore, from a training perspective, having more than one client takes pressure off of your expectations that your client will attend each session and improve from the work. Having more than one client concurrently provides you with opportunities to learn how much of therapy derives from your role as therapist versus the client's personality and pathology.

INDIVIDUAL SUPERVISION:

Plan to meet with your supervisor once each week. 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 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.

DOCUMENTATION OF SERVICES:

Students are expected to document the services that are provided by weekly process notes, intake reports, and discharge summaries. Progress notes must be written before the end of the day on the same day of the therapy session. Because of possible legal risk, progress notes cannot be written the day after the session or later. Be timely in your notes. It is best to write progress notes immediately after the session has ended.

When training has finished, all client paperwork and discharge summaries will be due one month after terminating with a client. All papers will be retained by the Psychology Training Clinic Director and stored in secured digital files. Your grade will remain an Incomplete until you finish all clinical work and all paperwork.

CLINIC POLICIES:

Students are expected to know and follow all policies described in the student handbook pertaining to the CWRU Psychotherapy Training Clinic. Also, we will follow the APA Ethical Guidelines, CWRU Policies on Ethics, and the CWRU Policy on classroom behavior.

REVIEW PAPER OR CLASS PRESENTATION:

In order to expand your learning about psychotherapy, please review the published literature and prepare a comprehensive review paper (20 pages) or a powerpoint presentation (20 minutes). Keep your focus on the most important theory, research, and published case examples. Remain immersed within the field of clinical psychology. Avoid straying into allied topics including: social psychology, developmental issues, biological factors, neuroanatomical locations, statistical analyses, or cultural views. The presentation should remain focused on clinical psychology 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? Please note that AI cannot be used to assist with your preparations for the paper or slides.

No later than April 1, send an email note to the course instructor with your intention to prepare a review paper or a powerpoint presentation. In order to be eligible to work on a powerpoint presentation, you must provide documentation that you have conducted 12 or more CBT therapy sessions since January 1. You will need to send a list of dates for each therapy session you have provided in the past three months (with no other details needed). This policy is used to push for active involvement with more than one client as part of your CBT training. If you do not or cannot provide documentation of 12 or more sessions, then you will need to submit a comprehensive review paper instead of a powerpoint presentation.

GUIDELINES FOR A REVIEW PAPER

If you will be writing the review paper, the paper must include at least 20 pages of text, and at least 20 references (total manuscript of 5,000 – 6,000 words counting text and references), primarily relying on 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).

GUIDELINES FOR A POWERPOINT PRESENTATION

If you will be preparing a 15-20 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 and you avoid reading the text from your slides. It becomes too easy for presenters to read their notes, get lost in trivial details, and lose your connection with the audience. Trust yourself to remember the important issues and lessons you have learned while preparing your talk and share what you have learned with your friends and classmates.

TOPIC OF THE PAPER OR PRESENTATION

I want you to push toward a new area in CBT. I want your thoughts about a “4th wave of psychotherapy”. What is needed? What is lacking? Why have we omitted these strategies so far? Be realistic but creative. Describe one new approach to therapy that is clearly aligned with CBT. Do your best to aim broadly for a useful broad-based approach to mental illness. Avoid a narrow target based on age, diagnostic problem, and client personal characteristic. Review the literature, with an emphasis on published journal articles. You will be expected to explain:

Why is this an important evolution of CBT?

What is the heritage: theoretical and practical forerunners to this approach?

What is the theory behind this approach to therapy?

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?

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 and stay clearly within the bounds of CBT. Omit research that was conducted on nonclinical samples, online surveys, or mTurk methodology.

It may help to view the new APA journal called Practice Innovations:

https://www.apa.org/pubs/journals/pri?utm_campaign=apa_publishing&utm_medium=direct_email&utm_source=businessdevelopment&utm_content=pri_callforpapers_2022prigeneral_02032022&utm_term=btn_learnmore

Practice Innovations serves practitioners by publishing clinical, practical, and research articles on current and evolving standards, practices, and methods in professional mental health practice. Designed as a cross-disciplinary publication with a multi-theoretical scope, the journal supports innovation and the highest standards of care in mental health practice. Coverage areas include population-based practice issues, procedure or technique-based practice issues, diagnosis-based practice issues, and service delivery models.

Required Readings: Selected Journal Articles – each week, please read at least two articles of your choice.

Note: The syllabus includes a range of papers that you can seek out if interested. Most of these readings will be available via the flash drive or 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. Additional readings may be marked with plus (+) to reflect other papers that I have found useful. I include additional readings in a folder labeled Xtra readings, in case you might find the topic interesting. These are often older papers that have retained their merit, or specific studies that present important research findings. Again, I apologize for the heavy reliance on my own publications, but I feel that my own clinical work has greatly helped to shape my views about psychotherapy, and I hope to convince you of the value of some of my opinions. 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.

Each week, prior to class, please read at least two articles. **At least 24 hours before our class meeting**, submit by email one question from each reading. Please only submit questions that you would like answers, and please feel free to ask these questions during our class meetings.

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 two 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. In terms of professional manner, it is important for you to attend each class, arriving on time, and not being distracted by electronics (i.e., smart phone or

computer). Furthermore, you are expected to participate in class discussions, moving away from the role of a passive student who sits quietly and takes notes. Use class time to explore various aspects of psychological treatments as they relate to your own clinical work and theoretical preferences.

In some class meetings, the second hour will 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.

CLASS SCHEDULE AND READING LIST:

Please choose at least two papers to read each week. Most, if not all, of these readings are available on the flash drive or through my LibraryBox. Again, I have a few identified with a * or a + to indicate articles I found quite useful. However, you are free to read any papers of your choosing. Each week prior to at the start of class, email a list of the articles that you had read, and score them * (very useful), + (somewhat helpful), or - (should be removed from the reading list) along with one question from each article you read.

January 17:

CBT FOR ANXIETY DISORDERS

Abramowitz, J. and colleagues. (2018). New directions in cognitive-behavioral of treatment of OCD: Theory, research, and practice. *Behavior Therapy, 49*, 311-322.

Ahmadzad-Asi, M., et al. (2022). Systematic review and meta-analysis of the placebo effect in panic disorder: Implications for research and clinical practice. *Australian and New Zealand Journal of Psychiatry, 56* (9), 1130-1141.

Alves, F., Figueiredo, D. V., & 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.

Aslam, S. Y., Zortea, T., & Salkovskis, P. (2024). The cognitive theory of panic disorder: A systematic narrative review. *Clinical Psychology Review, 102*483.

Barlow, D., Allen, L., & Choate, M. (2004). Toward a unified treatment for emotional disorders. *Behavior Therapy, 35*, (2) 205-230.

Carl, M., et al. (2020). Psychological and pharmacological treatments for generalized anxiety disorder (GAD): A meta-analysis of randomized controlled trials. *Cognitive Behaviour Therapy, 49* (1), 1-21.

Collimore, K., & Rector, N. (2014). Treatment of anxiety disorders with comorbid depression: A survey of expert CBT clinicians. *Cognitive and Behavioral Practice, 21*, 485-493.

Córcoles, D., Guerrero, L., Malagon, A., Bellsolà, M., Gonzalez, A. M., León, J., ... & Mane, A. (2024). Hoarding behaviour: special features and complications in real-world clinical practice. *International Journal of Psychiatry in Clinical Practice*, 28(1), 17-26.

David, J., Crone, C., & Norberg, M. (2022). A critical review of cognitive behavioural therapy for hoarding disorder: How can we improve outcomes? *Clinical Psychology & Psychotherapy*, 29(2), 469-488.

DiFilippo, J., & Overholser, J.C. (1999). Cognitive-behavioral treatment of panic disorder: Confronting situational precipitants. *Journal of Contemporary Psychotherapy*, 29, (2) 99-113.

Farquhar, K., & Caiazza, R. (2020). Cognitive Behavioral Therapy for Hoarding Disorder in an older female. *Clinical Case Studies*, 19(3), 205-221.

Ferrando, C., & Selai, C. (2021). A systematic review and meta-analysis on the effectiveness of exposure and response prevention therapy in the treatment of Obsessive-Compulsive Disorder. *Journal of Obsessive-Compulsive and Related Disorders*, 31, 100684.

Fischer, C., Heider, J., Schröder, A., & Taylor, J. (2020). "Help! I'm afraid of driving!" Review of driving fear and its treatment. *Cognitive Therapy and Research*, 44, 420-444.

Foa, E., Simpson, H., Gallagher, T., Wheaton, M., Gershkovich, M., Schmidt, A., ... & Rosenfield, D. (2022). Maintenance of wellness in patients with obsessive-compulsive disorder who discontinue medication after exposure/response prevention augmentation: A randomized clinical trial. *JAMA Psychiatry*, 79(3), 193-200.

* Himle, M., & Franklin, M. (2009). The more you do it, the easier it gets: Exposure and Response Prevention for OCD. *Cognitive and Behavioral Practice*, 16, 29-39.

* Hjemdal, O., Hagen, R., Nordahl, H., & Wells, A. (2013). Metacognitive Therapy for generalized anxiety disorder: Nature, evidence and an individual case illustration. *Cognitive and Behavioral Practice*, 20 (3), 301-313.

Hofmann, S. (2010). Recent advances in the psychosocial treatment of social anxiety disorder. *Depression and Anxiety*, 27, 1073-1076.

Hopko, D., Robertson, S., & Lejuez, C. (2006). Behavioral activation for anxiety disorders, *The Behavior Analyst*, 7 (2), 212-232.

Hudson, J., McLellan, L., Eapen, V., Rapee, R., Wuthrich, V., & Lyneham, H. (2023). Combining CBT and sertraline does not enhance outcomes for anxious youth: A double-blind randomised controlled trial. *Psychological Medicine*, 53(5), 1741-1749.

* LaForest, M., et al. (2016). Effectiveness of an In Virtuo exposure and response prevention treatment using cognitive-behavioral therapy for obsessive-compulsive disorder. *Frontiers in ICT*, 7, article 99.

LaFreniere, L., & Newman, M. (2020). Exposing worry's deceit: Percentage of untrue worries in Generalized Anxiety Disorder Treatment. *Behavior Therapy*, 51, 413-423.

- Leahy, R. (2002). Improving homework compliance in the treatment of generalized anxiety disorder. *Journal of Clinical Psychology - In Session*, 58, (5) 499-511.
- Lee, R., McMillan, D., Delgadillo, J., Alexander, R., & Lucock, M. (2024). Cognitive change before sudden gains in cognitive behavioural therapy for panic disorder. *Behavioural and Cognitive Psychotherapy*, 52(2), 107-118.
- Lehnert, K. & Overholser, J. (1995). Cognitive-behavioral treatment of panic disorder: Symptom reduction and development of self. *Anxiety Disorders Practice Journal*, 2, (1) 63-83.
- McDonald, S., Melkonian, M., Karin, E., Dear, B., Titov, N., & Wootton, B. (2023). Predictors of response to cognitive behavioural therapy (CBT) for individuals with obsessive-compulsive disorder (OCD): A systematic review. *Behavioural and Cognitive Psychotherapy*, 51, 302-319.
- McKay, D. et al. (2015). Efficacy of cognitive-behavioral therapy for obsessive-compulsive disorder. *Psychiatry Research*, 225, 236-246.
- Mitte, K. (2005). Meta-analysis of cognitive-behavioral treatments of Generalized Anxiety Disorder: A comparison with pharmacotherapy. *Psychological Bulletin*, 131, (5), 785-795
- Muroff, J., & Otte, S. (2019). Innovations in CBT treatment for hoarding: Transcending office walls. *Journal of Obsessive-Compulsive and Related Disorders*, 23, 100471.
- Newman, M., & Stiles, W. (2006). Therapeutic factors in treating anxiety disorders. *Journal of Clinical Psychology*, 62 (6), 649-659.
- Olatunji, B. et al. (2013). Cognitive-behavioral therapy for obsessive-compulsive disorder: A meta-analysis of treatment outcome and moderators. *Journal of Psychiatric Research*, 47, 33-41.
- Ost, L. and colleagues. (2015). Cognitive behavioral treatments of obsessive-compulsive disorder. *Clinical Psychology Review*, 40, 156-169.
- Ost, L. and colleagues. (2022). Cognitive behavioral treatments of obsessive-compulsive disorder in routine clinical care. *Behavior Research and Therapy*, 159, 104170.
- Ost, L., & Ollendick, T. (2017). Brief, intensive, and concentrated brief cognitive behavioral treatments for anxiety disorders in children. *Behavior Research and Therapy*, 97, 134-145.
- Ost, L.-G., Enebrink, P., Finnes, A., Ghaderi, A., Havnen, A., Kvale, G., Salomonsson, S., & Wergeland, G.J. (2023). Cognitive behavior therapy for adult anxiety disorders in routine clinical care: A systematic review and meta-analysis. *Clinical Psychology: Science and Practice*, 30(3), 272-290.
- Otto, M. (1999). Cognitive-behavioral therapy for social anxiety disorder: Model, methods, and outcome. *Journal of Clinical Psychiatry*, 60, (Suppl. 9), 14-19.
- Overholser, J.C. (1991). Prompting and fading in the exposure treatment of compulsive checking. *Journal of Behavior Therapy and Experimental Psychiatry*, 22, (4) 271-279.

Overholser, J.C. (1995). Cognitive and behavioral aspects of the treatment of compulsive rituals. *Journal of Contemporary Psychotherapy*, 25 (2), 89-103.

Overholser, J.C. (1996). Cognitive-behavioral treatment of driving phobia: The development of applied coping skills. *Anxiety Disorders Practice Journal*, 2, 97-114.

Overholser, J.C. (1999). Cognitive-behavioral treatment of obsessive-compulsive disorder. *Journal of Contemporary Psychotherapy*, 29, (4) 369-382.

* Overholser, J.C. (2000). Cognitive-behavioral treatment of panic disorder. *Psychotherapy*, 37 (3), 247-256.

Overholser, J.C., & Nasser, E. (2000). Cognitive-behavioral treatment of generalized anxiety disorder. *Journal of Contemporary Psychotherapy*, 30, (2) 149-161.

Overholser, J.C. (2002). Cognitive-behavioral treatment of social phobia. *Journal of Contemporary Psychotherapy*, 32, (2/3) 125-144.

Papola, D., Ostuzzi, G., Tedeschi, F., Gastaldon, C., Purgato, M., Del Giovane, C., ... & Barbui, C. (2022). Comparative efficacy and acceptability of psychotherapies for panic disorder with or without agoraphobia: Systematic review and network meta-analysis of randomised controlled trials. *British Journal of Psychiatry*, 221(3), 507-519.

Papola, D., Miguel, C., Mazzaglia, M., Franco, P., Tedeschi, F., Romero, S. A., ... & Barbui, C. (2024). Psychotherapies for generalized anxiety disorder in adults: a systematic review and network meta-analysis of randomized clinical trials. *JAMA Psychiatry*, 81(3), 250-259.

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.

Plaisted, H., Waite, P., Gordon, K., & Creswell, C. (2021). Optimising exposure for children and adolescents with anxiety, OCD and PTSD: A systematic review. *Clinical Child and Family Psychology Review*, 24, 348-369.

Powell, C., Chiu, C., Sun, X., & So, S. (2024). A meta-analysis on the efficacy of low-intensity cognitive behavioural therapy for generalised anxiety disorder. *BMC psychiatry*, 24(1), 10.

Rabasco, A., McKay, D., Smits, J., Powers, M., Meuret, A., & McGrath, P. (2022). Psychosocial treatment for panic disorder: An umbrella review of systematic reviews and meta-analyses. *Journal of Anxiety Disorders*, 86, 102528.

Radomsky, A., et al. (2010). Cognitive-behavior therapy for compulsive checking in OCD. *Cognitive and Behavioral Practice*, 17, 119-131.

Randall, C. & McNeil, D. (2017). Motivational interviewing as an adjunct to cognitive-behavioral therapy for anxiety disorders: A critical review of the literature. *Cognitive and Behavioral Practice*, 24 (3), 296-311.

- Reid, J., Laws, K., Drummond, L., Vismara, M., Grancini, B., Mpavaenda, D., & Fineberg, N. (2021). Cognitive behavioural therapy with exposure and response prevention in the treatment of obsessive-compulsive disorder: A systematic review and meta-analysis of randomised controlled trials. *Comprehensive Psychiatry*, *106*, 152223.
- Rodebaugh, T., Holaway, R., & Heimberg, R. (2004). The treatment of social anxiety disorder. *Clinical Psychology Review*, *24* (7), 883-908.
- Song, Y., Li, D., Zhang, S., Jin, Z., Zhen, Y., Su, Y., ... & Li, X. (2022). The effect of exposure and response prevention therapy on obsessive-compulsive disorder: A systematic review and meta-analysis. *Psychiatry Research*, *317*, 114861.
- Sørensen, K., Råbu, M., Wilberg, T., & Berthelsen, E. (2019). Struggling to be a person: Lived experience of avoidant personality disorder. *Journal of Clinical Psychology*, *75*(4), 664-680.
- Spencer, S., and colleagues. (2023). Cognitive-behavioral therapy for obsessive-compulsive disorder. *Psychiatric Clinics of North America*, *46*, 167-180.
- Stangier, U. (2016). New developments in cognitive-behavioral therapy for social anxiety disorder. *Current Psychiatry Reports*, *18* (25) 1-8.
- Strauss, A., Huppert, J., Simpson, H., & Foa, E. (2018). What matters more? Common or specific factors in cognitive behavioral therapy for OCD: Therapeutic alliance and expectations as predictors of treatment outcome. *Behaviour Research and Therapy*, *105*, 43-51.
- Van Oppen, P., & Arntz, A. (1993). Cognitive therapy for obsessive-compulsive disorder. *Behavior Research and Therapy*, *32* (1), 79-87.
- van Roessel, P., Rodríguez, P., Frost, R., & Rodríguez, C. (2023). Hoarding disorder: Questions and controversies. *Journal of Obsessive-Compulsive and Related Disorders*, *37*, 100808.
- Wells, A., & Papageorgiou, C. (2001). Brief cognitive therapy for social phobia: A case series. *Behaviour Research and Therapy*, *39* (6), 713-720.
- Wolitzky-Taylor, K., & LeBeau, R. (2023). Recent advances in the understanding and psychological treatment of social anxiety disorder. *Faculty Reviews*, *12* (8).
- Wong, K. P., Lai, C. Y. Y., & Qin, J. (2023). Systematic review and meta-analysis of randomised controlled trials for evaluating the effectiveness of virtual reality therapy for social anxiety disorder. *Journal of Affective disorders*.
- Würz, A., & Sungur, M. (2009). Combining Cognitive Behavioural Therapy and Pharmacotherapy in the treatment of anxiety disorders: True gains or false hopes? *Psychiatry and Clinical Psychopharmacology*, *19*(4), 436-446.

January 24: **Development and Evolution of the Unified Protocol**

Agras, W.S., Leitenberg, H., & Barlow, D. (1968). Social reinforcement in the modification of agoraphobia. *Archives of General Psychiatry*, 19, 423–427.

Barlow, D. (1981). On the relation of clinical research to clinical practice: Current issues, new directions. *Journal of Consulting and Clinical Psychology*, 49, 147–156.

Barlow, D. (1986). The causes of sexual dysfunction: The role of anxiety and cognitive interference. *Journal of Consulting and Clinical Psychology*, 54, 140–148.

Barlow, D., Blanchard, E., Vermilyea, J., Vermilyea, B., & Di Nardo, P. (1986). Generalized anxiety and generalized anxiety disorder: Description and reconceptualization. *American Journal of Psychiatry*, 143, 40–44.

Barlow, D. (1991a). Disorders of emotion. *Psychological Inquiry*, 2, 58–71.

Barlow, D. (1991b). Introduction to the special issue on diagnosis, dimensions, and DSM-IV: The science of classification. *Journal of Abnormal Psychology*, 100, 243–244.

Barlow, D., Brown, T., & Craske, M. (1994). Definitions of panic attack and panic disorder in DSM-IV: Implications for research. *Journal of Abnormal Psychology*, 103, 553–564.

Barlow, D. (1996). Health care policy, psychotherapy research, and the future of psychotherapy. *American Psychologist*, 51, 1050–1058.

Chorpita, B., & Barlow, D. (1998). The development of anxiety: The role of control in the early environment. *Psychological Bulletin*, 124, 3–21.

Barlow, D., Gorman, J., Shear, M., & Woods, S. (2000). Cognitive-behavioral therapy, imipramine or their combination for panic disorder: A randomized controlled trial. *JAMA*, 283, 2529–2536.

Barlow, D. (2000). Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory. *American Psychologist*, 55(11), 1245–1263.

Bouton, M., Mineka, S., & Barlow, D. (2001). A modern learning-theory perspective on the etiology of panic disorder. *Psychological Review*, 108, 4–32.

Barlow, D. (2004). Psychological treatments. *American Psychologist*, 59(9), 869–878.

Barlow, D., Allen, L., & Choate, M. (2004). Toward a unified treatment for emotional disorders. *Behavior Therapy*, 35, 205–230.

Barlow, D., & Nock, M. (2009). Why can't we be more idiographic in our research? *Perspectives on Psychological Science*, 4(1),

Barlow, D. (2010). Negative effects from psychological treatments: A perspective. *American Psychologist*, 65(1), 13–20.

McHugh, R., & Barlow, D. (2010). Dissemination and implementation of evidence-based

psychological interventions: A review of current efforts. *American Psychologist*, 65(2), 73–84.

Barlow, D. (2011). A prolegomenon to clinical psychology: Two 40-year odysseys. In D.H. Barlow (Ed.), *The Oxford handbook of clinical psychology* (pp. 3–20). New York, NY: Oxford University Press.

Ciraulo, D., Barlow, D., Gulliver, S., Farchione, T., Morissette, S., Kamholz, B., ... Knapp, C. (2013). The effects of venlafaxine and cognitive behavioral therapy alone and combined in the treatment of co-morbid alcohol use-anxiety disorders. *Behaviour Research and Therapy*, 51(11), 729–735.

Barlow, D. (2014). The neuroscience of psychological treatments. *Behaviour Research and Therapy*, 62, 143–145.

Barlow, D., Ellard, K., Sauer-Zavala, S., Bullis, J., & Carl, J. (2014). The origins of neuroticism. *Perspectives on Psychological Science*, 9(5), 481–496.

Barlow, D., Sauer-Zavala, S., Carl, J., Bullis, J., & Ellard, K. (2014). The nature, diagnosis, and treatment of neuroticism: Back to the future. *Clinical Psychological Science*, 2(3), 344–365.

Barlow D., Farchione T., Bullis J., et al. (2017). The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders Compared With Diagnosis-Specific Protocols for Anxiety Disorders A Randomized Clinical Trial. *JAMA Psychiatry*, 74(9), 875–884.

January 31:

CBT FOR DEPRESSION

American Psychological Association. (2022). Summary of the clinical practice guideline for the treatment of depression across three age cohorts. *American Psychologist*, 77 (6), 770-780.

Beck, A.T., Rush, A.J., Shaw, B., Emery, G., DeReubeis, R., & Hollon, S. (2024). *Cognitive therapy of depression* (2nd edition). New York: Guilford.

Callesen, P., Jensen, A. & Wells, A. (2014). Metacognitive therapy in recurrent depression: A case replication series in Denmark. *Scandinavian Journal of Psychology*, 55, 60–64.

Carter, J., Jordan, J., McIntosh, V., Frampton, C., Lacey, C., Porter, R., & Mulder, R. (2022). Long-term efficacy of metacognitive therapy and cognitive behaviour therapy for depression. *Australian & New Zealand Journal of Psychiatry*, 56(2), 137-143.

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

Ciharova, M., Furukawa, T., Efthimiou, O., Karyotaki, E., Miguel, C., Noma, H., ... & Cuijpers, P. (2021). Cognitive restructuring, behavioral activation and cognitive-behavioral therapy in the treatment of adult depression: A network meta-analysis. *Journal of Consulting and Clinical Psychology*, 89(6), 563-574.

Craighead, W.E., & Dunlop, B. (2014). Combination psychotherapy and antidepressant medication treatment for depression: For whom, when, and how. *Annual Review of Psychology*, 65, 267-300.

Cuijpers, P. and colleagues. (2008). Psychotherapy for depression in adults: A meta-analysis of comparative outcome studies. *Journal of Consulting and Clinical Psychology*, 76 (6), 909-922.

Cuijpers, P. and colleagues. (2010) The combination of active medication to combined treatments of psychotherapy and pharmacotherapy for adult depression: A meta-analysis. *Acta Psychiatrica Scandinavica*, 121, 415-423.

Cuijpers, P. (2017). Four decades of outcome research on psychotherapies for adult depression: An overview of a series of meta-analyses. *Canadian Psychology*, 58(1), 7-19.

Cuijpers, P., Karyotaki, E., Ciharova, M., Miguel, C., Noma, H., & Furukawa, T. (2021). The effects of psychotherapies for depression on response, remission, reliable change, and deterioration: A meta-analysis. *Acta Psychiatrica Scandinavica*, 144, 288-299.

Cuijpers, P., Miguel, C., Harrer, M., Plessen, C.Y., Ciharova, M., Ebert, D., & Karyotaki, E. (2023). Cognitive behavior therapy vs. control conditions, other psychotherapies, pharmacotherapies and combined treatment for depression: A comprehensive meta-analysis including 409 trials with 52,702 patients. *World Psychiatry*, 22, 105-115.

Ekers, D., Richards, D., & Gilbody, S. (2008). A meta-analysis of randomized trials of behavioural treatment of depression. *Psychological Medicine*, 38, 611-623.

Furukawa, T. et al. (2017). Initial severity of depression and efficacy of cognitive-behavioural therapy: Individual-participant data meta-analysis of pill-placebo controlled trials. *British Journal of Psychiatry*, 210, 190-196.

Hallford, D., and colleagues. (2023). Reducing anhedonia in major depressive disorder with Future Event Specificity Training (FEST): A randomized controlled trial. *Cognitive Therapy and Research*, 47 (1), 20-37.

Hollon, S., Cohen, Z., Singla, D., & Andrews, P. (2019). Recent developments in the treatment of depression. *Behavior Therapy*, 50(2), 257-269.

* Hollon, S., & Ponniah, K. (2010). A review of empirically supported psychological therapies for mood disorders in adults. *Depression and Anxiety*, 27, 891-932.

Hundt, N. and colleagues. (2013). The relationship between use of CBT skills and depression treatment outcome. *Behavior Therapy*, 44, 12-26.

* Lejucz, C., Hopko, D., LePage, J., Hopko, S., & McNeil, D. (2001). A brief behavioral activation treatment for depression. *Cognitive and Behavioral Practice*, 8, 164-175.

LeMoult, J., & Gotlib, I. (2019). Depression: A cognitive perspective. *Clinical Psychology Review*, 69, 51-66.

Lin, T., & Farber, B. (2021). Trajectories of depression in psychotherapy: How client

characteristics predict clinical improvement. *Journal of Clinical Psychology*, 77, 1354-1370.

Moncrieff, J., & Kirsch, I. (2015). Empirically derived criteria cast doubt on the clinical significance of antidepressant-placebo differences. *Contemporary Clinical Trials*, 43, 60-62.

Moncrieff, J., Cooper, R., Stockmann, T., Amendola, S., Hengartner, M., & Horowitz, M. (2022). The serotonin theory of depression: A systematic umbrella review of the evidence. *Molecular Psychiatry*, 1-14.

Öst, L., and colleagues. (2023). Cognitive behavior therapy for adult depressive disorders in routine clinical care: A systematic review and meta-analysis. *Journal of Affective Disorders*, 331, 322-333.

Overholser, J.C. (1995). Cognitive-behavioral treatment of depression: Part II. Techniques for improving social functioning. *Journal of Contemporary Psychotherapy*, 25, (3) 205-222.

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. (1996). Cognitive-behavioral treatment of depression: Part IV. Improving problem-solving skills. *Journal of Contemporary Psychotherapy*, 26, (1) 43-57.

Overholser, J.C. (1996). Cognitive-behavioral treatment of depression: Part V. Enhancing self-esteem and self-control. *Journal of Contemporary Psychotherapy*, 26, (2) 163-176.

Overholser, J.C. & Schubert, D. (1996). Cognitive-behavioral treatment of depression: Part VI. Incorporating psychotropic medications. *Journal of Contemporary Psychotherapy*, 26, (3) 235-250.

Overholser, J.C. (1996). Cognitive-behavioral treatment of depression: Part VII. Coping with precipitating events. *Journal of Contemporary Psychotherapy*, 26, (4) 337-360.

Overholser, J.C. & Silverman, E. (1998). Cognitive-behavioral treatment of depression: Part VIII. Developing and utilizing the therapeutic relationship. *Journal of Contemporary Psychotherapy*, 28, 199-214.

Overholser, J.C. (1998). Cognitive-behavioral treatment of depression: Part IX. Confronting predisposing factors. *Journal of Contemporary Psychotherapy*, 28, 289-305.

Overholser, J.C. (1998). Cognitive-behavioral treatment of depression: Part X. Reducing the risk of relapse. *Journal of Contemporary Psychotherapy*, 28, (4) 381-396.

* Overholser, J.C. (2003). Cognitive-behavioral treatment of depression: A three-stage model to guide treatment planning. *Cognitive and Behavioral Practice*, 10 (2), 231-239.

Overholser, J.C. (2012). Treating depression during a recession: Psychotherapy with indigent clients, *Journal of Contemporary Psychotherapy*, 42 (1), 1-6.

Overholser, J.C., & Peak, N. (2020). Comprehensive treatment of depression: As simple as the A-B-C'S. *Journal of Contemporary Psychotherapy*, 50,

Ramnero, J. and colleagues. (2016). A learning theory account of depression. *Scandinavian Journal of Psychology*, 57, 73-82.

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

Sommers-Flanagan, J., & Sommers-Flanagan, R. (1996). Efficacy of antidepressant medication with depressed youth: What psychologists should know. *Professional Psychology: Research and Practice*, 27 (2), 145-153.

Spinhoven, P. et al. (2018). The effects of cognitive behavior therapy for depression on repetitive negative thinking: A meta-analysis. *Behavior Research and Therapy*, 106, 71-85.

Sturmey, P. (2009). Behavior activation is an evidence-based treatment for depression. *Behavior Modification*, 33 (6). 818-829.

Suárez-Delucchi, N., Keith-Paz, A., Reinel, M., Fernandez, S., & Krause, M. (2022). Failure in psychotherapy: a qualitative comparative study from the perspective of patients diagnosed with depression. *Counselling Psychology Quarterly*, 35(4), 842-866.

Taylor, A., Tallon, D., Kessler, D., Peters, T., Shafran, R., Williams, C., & Wiles, N. (2020). An expert consensus on the most effective components of cognitive behavioural therapy for adults with depression. *Cognitive Behaviour Therapy*, 49 (3), 242-255.

Thase, M. & Wright, J. (1991). Cognitive behavior therapy manual for depressed inpatients: A treatment protocol outline. *Behavior Therapy*, 22, 579-595.

Vittengl, J., Clark, L., Thase, M., & Jarrett, R. (2019). Could treatment matching patients' beliefs about depression improve outcomes? *Behavior Therapy*, 50(4), 765-777.

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 Veterans Affairs.

Whiston, A., Bockting, C., & Semkowska, M. (2019). Towards personalising treatment: a systematic review and meta-analysis of face-to-face efficacy moderators of cognitive-behavioral therapy and interpersonal psychotherapy for major depressive disorder. *Psychological Medicine*, 49(16), 2657-2668.

February 7:

CBT WHEN WORKING WITH SUICIDAL CLIENTS

Altavini, C., Ascitti, A., Solis, A., & Wang, Y. (2022). Revisiting evidence of primary prevention of suicide among adult populations: a systematic overview. *Journal of Affective Disorders*, 297, 641-656.

American Psychiatric Association. (2010). *Practice guidelines for the assessment and treatment of*

patients with suicidal behaviors. APA.

- * Berk, M. and colleagues. (2004). A cognitive therapy intervention for suicide attempters: An overview of the treatment and case examples. *Cognitive and Behavioral Practice, 11*, 265-277.
- Calati, R., & Courter, P. (2016). Is psychotherapy effective for reducing suicide attempt and non-suicidal self-injury rates? *Journal of Psychiatric Research, 79* (1), 1-20.
- Cuijpers, P. and colleagues. (2013). The effects of psychotherapy for adult depression on suicidality and hopelessness. *Journal of Affective Disorders, 144*, 183-90.
- De Jaegere, E., Stas, P., van Heeringen, K., Dumon, E., van Landschoot, R., & Portzky, G. (2023). Future-oriented group training for suicidal individuals: A randomized controlled trial. *Suicide and Life-Threatening Behavior, 53* (2), 270-281.
- Diefenbach, G. J., Rudd, M.D., Merling, L., Davies, C., Katz, B., & Tolin, D. (2021). Brief Cognitive-Behavioral Therapy for Suicidal Inpatients. *Cognitive and Behavioral Practice, 28*(2), 224-240.
- Dixon, M., Hyer, S., & Snowden, D. (2021). Suicide in primary care: How to screen and intervene. *International Journal of Psychiatry in Medicine, 56*(5), 344-353.
- Fartacek, C., Kunrath, S., Aichhorn, W., & Plöderl, M. (2023). Therapeutic alliance and change in suicide ideation among psychiatric inpatients at risk for suicide. *Journal of Affective Disorders, 323*, 793-798.
- Foster, A., Alderman, M., Safin, D., Aponte, X., McCoy, K., Caughey, M., & Galynker, I. (2021). Teaching suicide risk assessment: spotlight on the therapeutic relationship. *Academic Psychiatry, 45*(3), 257-261.
- Fox, K. and colleagues. (2020). Interventions for suicide and self-injury. *Psychological Bulletin, 146* (12), 1117-1145.
- Ghahramanlou-Holloway, M., Cox, D., & Greene, F. (2012). Post-admission cognitive therapy: A brief intervention for psychiatric inpatients admitted after a suicide attempt. *Cognitive and Behavioral Practice, 19*, 233-244.
- Gutierrez, P., Joiner, T., Hanson, J., Avery, K., Fender, A., Harrison, T., ... & Rogers, M. L. (2021). Clinical utility of suicide behavior and ideation measures: Implications for military suicide risk assessment. *Psychological Assessment, 33*(1), 1-13.
- Hogan, M., & Grumet, J. (2016). Suicide prevention: An emerging priority for health care. *Health Affairs, 35* (6), 1084-1090.
- Huggett, C., Gooding, P., Haddock, G., Quigley, J., & Pratt, D. (2022). The relationship between the therapeutic alliance in psychotherapy and suicidal experiences: A systematic review. *Clinical Psychology & Psychotherapy, 29*, 1203-1235.
- Itzhaky, L. et al. (2022). Twenty-six years of psychosocial interventions to reduce suicide risk in

- adolescents: Systematic review and meta-analysis. *Journal of Affective Disorders*, 300, 511-531.
- Kivelä, L., Krause-Utz, A., Mouthaan, J., Schoorl, M., de Kleine, R., Elzinga, B., ... & Antypa, N. (2019). Longitudinal course of suicidal ideation and predictors of its persistence—A NESDA study. *Journal of Affective Disorders*, 257, 365-375.
- Klonsky, E., May, A., & Saffer, R. (2016). Suicide, suicide attempts, and suicidal ideation. *Annual Review of Clinical Psychology*, 12, 307-330.
- Lindh, Å., Dahlin, M., Beckman, K., Strömsten, L., Jokinen, J., Wiktorsson, S., ... & Runeson, B. (2019). A Comparison of suicide risk scales in predicting repeat suicide attempt and suicide: A clinical cohort study. *Journal of Clinical Psychiatry*, 80 (6).
- Liu, R., Bettis, A., & Burke, T. (2020). Characterizing the phenomenology of passive suicidal ideation: a systematic review and meta-analysis of its prevalence, psychiatric comorbidity, correlates, and comparisons with active suicidal ideation. *Psychological Medicine*, 50(3), 367-383.
- Marchetti, I., Alloy, L. B., & Koster, E. H. (2023). Breaking the vise of hopelessness: Targeting its components, antecedents, and context. *International Journal of Cognitive Therapy*, 16, 285-319.
- Meichenbaum, D. 35 years of working with suicidal patients: Lessons learned. Available online at the Melissa Institute: https://www.melissainstitute.org/documents/35_Years_Suicidal_Patients.pdf
- O'Connell, P., Durns, T., & Kious, B. (2021). Risk of suicide after discharge from inpatient psychiatric care: A systematic review. *International Journal of Psychiatry in Clinical Practice*, 25(4), 356-366.
- Overholser, J.C. (1995). Treatment of suicidal patients: A risk-benefit analysis. *Behavioral Sciences and the Law*, 13 (1), 81-92.
- Overholser, J.C., Braden, A., & Dieter, L. (2012). Understanding suicide risk: Identification of high risk groups during high risk times. *Journal of Clinical Psychology*, 68 (3), 334-348.
- Overholser, J.C., & Athey, A. (2015). Suicide prevention for mental health professionals. *Directions in Mental Health Counseling*, 25 (12), 159-172.
- Overholser, J.C., & Ridley, J. (2015). *From sad to worse: Mood disorders and suicide risk*. In D. Lamis and N. Kaslow (eds.), *Advancing the science of suicidal behavior* (pp. 373-390). Nova Science Publishers.
- Pettit, J. W., Buitron, V., & Green, K. L. (2018). Assessment and management of suicide risk in children and adolescents. *Cognitive and Behavioral Practice*, 25(4), 460-472.
- Reger, M., Luxton, D., Tucker, R., Comtois, K., Keen, A., Landes, S., ... & Thompson, C. (2017). Implementation methods for the caring contacts suicide prevention intervention. *Professional Psychology: Research and Practice*, 48(5), 369-377.
- Shea, S. (1998). The chronological assessment of suicide events. *Journal of Clinical Psychiatry*, 59

(Supp. 20), 58-72.

Sohal, A., & Murphy, D. (2023). A longitudinal analysis of person-centred therapy with suicidal clients. *Counselling and Psychotherapy Research*, 23 (1), 20-30.

Sommers-Flanagan, J., & Shaw, S. L. (2017). Suicide risk assessment: What psychologists should know. *Professional Psychology: Research and Practice*, 48(2), 98-106.

Spirito, A., & Overholser, J.C. (2003). The suicidal child: Assessment and management of adolescents after a suicide attempt. *Child and Adolescent Psychiatric Clinics of North America*, 12, 649-665.

Stanley, B. and colleagues. (2009). Cognitive-behavioral therapy for suicide prevention (CBT-SP): Treatment model, feasibility, and acceptability. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48 (10), 1005-1013.

Stanley, B. & Brown, G. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19, 256-264.

Stanley, B. et al. (2012). Cognitive-Behavioral Therapy for suicide prevention: Treatment model, feasibility and acceptability. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48 (10), 1005-1013.

Veterans Affairs. (2013). *Practice guideline for assessment and management for patients at risk of suicide*. U.S. Department of Veterans Affairs.

Ward-Ciesielski, E., & Rizvi, S. (2021). The potential iatrogenic effects of psychiatric hospitalization for suicidal behavior: A critical review and recommendations for research. *Clinical Psychology: Science and Practice*, 28(1), 60-71.

Wasserman, D. and colleagues. (2012). The European Psychiatric Association guidance on suicide treatment and prevention. *European Psychiatry*, 27, 129-141.

February 14:

COGNITIVE-BEHAVIORAL PLAY THERAPY

Either of these first two chapters should be read to obtain an overview of CBPT. Because they address different aspects of CBPT, and provide different case examples, those child clinical students with interest in young children should read both articles.

Knell, S.M. (1999). Cognitive Behavioral Play Therapy. In S.W. Russ & T. Ollendick (Eds.). *Handbook of psychotherapies with children and families*. (pp.385-404). New York: Plenum. [This book is available at Kelvin Smith Library, RJ 504.H3619]

Knell, S.M. (2003). Cognitive-Behavioral Play therapy. In C.E. Schaefer (Ed). *Foundations of Play therapy*. (pp. 175-191). NY: Wiley.

Optional Readings: Child clinical students are encouraged to read this chapter:

Knell, S.M. & Dasari, M (2009). CBPT: Implementing and integrating CBPT into Clinical Practice. In A. Drewes (Ed.). *The Effective Blending of Play Therapy and Cognitive Behavioral Therapy: A convergent approach*. (321-352). NY: Wiley.

Other optional readings: These chapters deal with CBPT with a variety of presenting problems. Those interested in the process of CBPT, might be particularly interested in reading the chapter on selective mutism, which not only provides transcripts of a session, but descriptions of the process of deciding what to say/do in CBPT.

Knell, S.M. & Dasari, M. (2006). Cognitive-Behavioral Play Therapy for Children with Anxiety and Phobias. In H. G. Kaduson & C.E. Schaefer (Ed.). *Short term therapies with children*. (2nd ed). (pp.22-50). NY: Guilford.

Knell, S.M. & Ruma, C.D. (2003). Play therapy with a sexually abused child. In M. A. Reinecke, F.M. Dattilio, & A. Freeman (Eds). *Cognitive Therapy with children and adolescents: A casebook for clinical practice*. (2nd ed). (pp 338-368). NY: Guilford.

Knell, S.M. (1993). To show and not tell: Cognitive-Behavioral Play Therapy in the Treatment of Elective Mutism. In T. Kottman & C. Schaefer (Eds.). *Play Therapy in Action: A Casebook for Practitioners*. (pp. 169-208). New Jersey: Jason Aronson

February 21:

THE SOCRATIC METHOD

Clark, G., & Egan, S. (2015). The Socratic method in cognitive behavioural therapy. *Cognitive Therapy and Research*, 39, 863-879.

Elder, L. & Paul, R. (2007). Critical thinking: The art of Socratic questioning: Part II. *Journal of Developmental Education*, 31 (2), 32-33.

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

Overholser, J.C. (1993). Elements of the Socratic method: II. Inductive reasoning. *Psychotherapy*, 30, (1) 75-85.

Overholser, J.C. (1994). Elements of the Socratic method: III. Universal definitions. *Psychotherapy*, 31, (2) 286-293.

Overholser, J.C. (1995). Elements of the Socratic method: IV. Disavowal of knowledge. *Psychotherapy*, 32, (2) 283-292.

Overholser, J.C. (1996). Elements of the Socratic method: V. Self-improvement. *Psychotherapy*, 33, (4) 549-559.

Overholser, J.C. (2010). Psychotherapy according to the Socratic method: Integrating ancient philosophy with contemporary cognitive therapy. *Journal of Cognitive Psychotherapy*, 24 (4), 354-363.

Overholser, J.C. (2011). Collaborative empiricism, guided discovery, and the Socratic method: Core processes for effective cognitive therapy. *Clinical Psychology: Science and Practice*, 18 (1), 62-66.

- * Overholser, J.C. (2013) Guided discovery: Problem-solving therapy integrated within the Socratic method. *Journal of Contemporary Psychotherapy*, 2013, 43 (2), 73-82.

Overholser, J.C. (2015). Positive psychotherapy according to the Socratic method. *Journal of Contemporary Psychotherapy*, 45 (2), 137-142.

Overholser, J.C. (2017). Cognitive therapy and the Socratic method. *Advances in Cognitive Therapy*, 18 (3), 6-8.

- * Overholser, J.C. (2018). Guided Discovery: The path self-awareness and self-control according to the Socratic method. *International Journal of Cognitive Therapy*, 11, 124-139.

Overholser, J.C. (2018). *The Socratic method of psychotherapy*. Columbia University Press.
<https://cup.columbia.edu/book/the-socratic-method-of-psychotherapy/9780231183291>

Overholser, J.C., & Beale, E. (2023). The art and science behind Socratic questioning and guided discovery: A research review. *Psychotherapy Research*, 33 (7), 946-956.

Paul, R. & Elder, L. (2007). Critical thinking: The art of Socratic questioning. *Journal of Developmental Education*, 31 (1), 36-37.

Paul, R. & Elder, L. (2008). Critical thinking: The art of Socratic questioning: Part III. *Journal of Developmental Education*, 31 (3), 34-35.

Seligman, M., Parks, A., & Steen, T. (2004). A balanced psychology and a full life. *Philosophical Transactions of the Royal Society for Biological Sciences*, 359 (No. 1449), 1379-1381.

February 28: **COGNITIVE-BEHAVIORAL COUPLES THERAPY**

Baucom, D., Whisman, M., & Paprocki, C. (2012). Couple based interventions for psychopathology. *Journal of Family Therapy*, 34, 250-270.

- * Benson, L., McGinn, M., & Christensen, A. (2012). Common principles of couple therapy. *Behavior Therapy*, 43 (1), 25-35.

Bowman, L., & Fine, M. (2000). Client perceptions of couples therapy: Helpful and unhelpful aspects. *American Journal of Family Therapy*, 28, 295-310.

Bradbury, T., & Bodenmann, G. (2020). Interventions for couples. *Annual Review of Clinical Psychology*, 16, 99-123.

Chapman, A., & Dehle, C. (2002). Bridging theory and practice: A comparative analysis of

integrative behavioral couple therapy and cognitive behavioral couple therapy. *Cognitive and Behavioral Practice*, 9 (2), 150-163.

Csajbók, Z., & Berkics, M. (2022). Seven deadly sins of potential romantic partners: The dealbreakers of mate choice. *Personality and Individual Differences*, 186, 111334.

Dattilio, F. (2001). Cognitive-behavior family therapy: Contemporary myths and misconceptions. *Contemporary Family Therapy*, 23, (1) 3-18.

Dattilio, F. (2002). Homework assignments in couple and family therapy. *Journal of Clinical Psychology - In Session*, 58, (5) 535-547.

* Davis, S., Lebow, J., & Sprenkle, D. (2012). Common factors of change in couple therapy. *Behavior Therapy*, 43, 36-48.

Doss, B., Roddy, M., Wiebe, S., & Johnson, S. (2022). A review of the research during 2010–2019 on evidence-based treatments for couple relationship distress. *Journal of Marital and Family Therapy*, 48(1), 283-306.

Fischer, D. J., & Fink, B. C. (2014). Clinical processes in behavioral couples therapy. *Psychotherapy*, 51(1), 11.

Gurman, A., & Burton, M. (2014). Individual therapy for couple problems: Perspectives and pitfalls. *Journal of Marital & Family Therapy*, 40 (4), 470-483.

Madden, L., & Timulak, L. (2024). It takes three to tango: clients' experiences of couple therapy-A meta-analysis of qualitative research studies. *Counselling Psychology Quarterly*, 37(1), 1-24.

O'Farrell, T., & Fals-Stewart, W. (2000). Behavioral couples therapy for alcoholism and drug abuse. *Journal of Substance Abuse Treatment*, 18, (1) 51-54.

Provenzi, L., Menichetti, J., Coin, R., & Aschieri, F. (2017). Psychological assessment as an intervention with couples: Single case application of collaborative techniques in clinical practice. *Professional Psychology: Research and Practice*, 48(2), 90-97.

Rathgeber, M., Bürkner, P. C., Schiller, E. M., & Holling, H. (2019). The efficacy of emotionally focused couples therapy and behavioral couples therapy: A meta-analysis. *Journal of Marital and Family Therapy*, 45(3), 447-463.

Roddy, M. and colleagues. (2020). Meta-analysis of couple therapy. *Journal of Consulting and Clinical Psychology*, 88 (7), 583-593.

Shadish, W., & Baldwin, S. (2005). Effects of behavioral marital therapy: A meta-analysis of randomized controlled trials. *Journal of Consulting and Clinical Psychology*, 73 (1), 6-14.

Snyder, D., Heyman, R., & Haynes, S. (2005). Evidence-based approaches to assessing couples distress. *Psychological Assessment*, 17 (3), 288-307.

Snyder, D., Castellani, A., & Whisman, M. (2006). Current status and future directions in couple

therapy. *Annual Review of Psychology*, 57, 317-344.

Wood, N., and colleagues. (2005). What works for whom: A meta-analytic review of marital and couples therapy in reference to marital distress. *American Journal of Family Therapy*, 33, 273-287.

March 7: **CBT - PARENT TRAINING with Children and Teens**

Armstrong, K., & Kimonis, E. (2013). Parent–Child Interaction Therapy for the treatment of Asperger’s disorder in early childhood: A case study. *Clinical Case Studies*, 12(1), 60-72.

Chacko, A. and colleagues. (2009). Enhancing traditional behavioral parent training for single mothers of children with ADHD. *Journal of Clinical Child & Adolescent Psychology*, 38 (2), 206-218.

Chronis, A., and colleagues. (2004). Enhancements to the behavioral parent training paradigm for families of children with ADHD: Review and future directions. *Clinical Child & Family Psychology Review*, 7, (1), 1-27.

+ Garcia, R., & Velasco, L. (2014). Parent-Child Interaction Therapy. *Papeles del Psicólogo*, 35 (3), 169-180.

Herschell, A., Calzada, E., Eyberg, S., & McNeil, C. (2002). Clinical issues in Parent-Child Interaction Therapy. *Cognitive and Behavioral Practice*, 9 (1), 16-27.

Kaminski, J., Valle, L., Filene, J., & Boyle, C. (2008). A meta-analytic review of components associated with parent training program effectiveness. *Journal of Abnormal Child Psychology*, 36, 567-589.

Lundahl, B., Risser, H., & Lovejoy, M. (2006). A meta-analysis of parent training. *Clinical Psychology Review*, 26, 86-104.

Matson, J., Mahan, S., & LoVullo, S. (2009). Parent training: A review of methods for children with developmental disabilities. *Research in Developmental Disabilities*, 30, 961-968.

* Matson, M., Mahan, S., & Matson, J. (2009). Parent training: A review of methods for children with autism spectrum disorders. *Research in Autism Spectrum Disorders*, 3, 868-875.

Michelson, D., Davenport, C., Dretzke, J., Barlow, J., & Day, C. (2013). Do evidence-based interventions work when tested in the “real world”? *Clinical Child and Family Psychology Review*, 16, 18-34.

Nixon, R. (2002). Treatment of behavior problems in preschoolers: A review of parent training programs. *Clinical Psychology Review*, 22, 525-546.

N’zi, A., Lucash, R., Clionsky, L., & Eyber, S. (2017). Enhancing Parent–Child Interaction Therapy with motivational interviewing techniques. *Cognitive and Behavioral Practice*, 24(2), 131-141.

Pearl, E. (2009). Parent management training for reducing oppositional and aggressive behavior in preschoolers. *Aggression and Violent Behavior, 14*, 295-305.

Pitillas, C. (2020). Common therapeutic elements of interventions aiming at enhancing parent-child early relationships. *Psychoanalytic Psychology, 37* (1), 28-36.

Reyno, S., & McGrath, P. (2006). Predictors of parent training efficacy for child externalizing behavior problems – a meta-analytic review. *Journal of Child Psychology and Psychiatry, 47* (1), 99-111.

+ Thomas, R., Abell, B., Webb, H., Avdagic, E., & Zimmer-Gembeck, M. (2017). Parent-Child Interaction Therapy: A meta-analysis. *Pediatrics, 140*(3), e20170352.

Topitzes, J., Mersky, J., & McNeil, C. (2015). Implementation of parent-child interaction therapy within foster care: An attempt to translate an evidence-based program within a local child welfare agency. *Journal of Public Child Welfare, 9* (1), 22-41.

March 21 **CBT for Early Episode Psychosis**

Cella, M., Roberts, S., Pillny, M., Riechle, M., O'Donoghue, B., Lyne, J., Tomlin, P., Valmaggia, L., & Preti, A. (2023). Psychosocial and behavioural interventions for the negative symptoms of schizophrenia: A systematic review of efficacy meta-analyses. *British Journal of Psychiatry, 223*, 321-333.

de Pablo, G. S., Rodriguez, V., Besana, F., Civardi, S. C., Arienti, V., Garceo, L. M., ... & Arango, C. (2024). Umbrella Review: Early-Onset Psychosis: Atlas of the Meta-Analytical Evidence. *Journal of the American Academy of Child & Adolescent Psychiatry, 63* (7), 684-697.

Heijden-Hobus, I., Rosema, B., Vorstman, J., Kas, M., Franke, S., Boonstra, N., & Sommer, I. (2023). Personal preferences for treatment and care during and after a first episode psychosis: A qualitative study. *Early Intervention in Psychiatry, 1-10*.

Heriot-Maitland, C. (2024). Position paper—CFT for psychosis. *Psychology and Psychotherapy: Theory, Research and Practice, 97*(1), 59-73.

Iswanti, D. I., Nursalam, N., Fitryasari, R., Mendrofa, F. A. M., & Kandar, K. (2024). Family Empowerment Strategies for Relapse Prevention in Individuals with Schizophrenia: A Scoping Review. *Journal of Psychosocial Nursing and Mental Health Services, 62*(5), 19-27.

Iswanti, D. et al. (2023). Including families in schizophrenia treatment: A systematic review. *International Journal of Public Health Science, 12* (3), 1155-1164.

Jolley, S., & Grice, S. (2024). State of the art in psychological therapies for psychosis: Family interventions for psychosis. *Psychology and Psychotherapy: Theory, Research and Practice, 97*(1), 19-33.

Lepage, M., Bowie, C. R., Montreuil, T., Baer, L., du Sert, O. P., Lecomte, T., ... & Malla, A. K.

(2023). Manualized group cognitive behavioral therapy for social anxiety in first-episode psychosis: a randomized controlled trial. *Psychological Medicine*, 53(8), 3335-3344.

Newman-Taylor, K., & Bentall, R. (2024). Cognitive behavioural therapy for psychosis: The end of the line or time for a new approach? *Psychology and Psychotherapy: Theory, Research and Practice*, 91 (1), 4-18.

Pozza, A., & Dèttore, D. (2020). Modular cognitive-behavioral therapy for affective symptoms in young individuals at ultra-high risk of first episode of psychosis: Randomized controlled trial. *Journal of Clinical Psychology*, 76(3), 392-405.

Smith, L. and colleagues. (2003). *Cognitive Behavioral Therapy for psychotic symptoms: A manual*. Perth, Australia: Centre for Clinical Interventions.

van der Heijden-Hobus, I., Rosema, B., Vorstman, J., Kas, M., Franke, S., Boonstra, N., & Sommer, I. (2024). Personal preferences for treatment and care during and after a First Episode Psychosis: A qualitative study. *Early Intervention in Psychiatry*, 18(6), 415-424.

Wang, H., Hu, N., Chai, J., Huang, W., Yang, H., Zhou, X., ... & Li, Y. (2024). The efficacy of social skills training (SST) and social cognition and interaction training (SCIT) for negative symptoms: A meta-analysis. *European Journal of Psychiatry*, 38(2), 100246.

March 28

Emotion Regulation Strategies and Social Responsibility Therapy

Eckhardt, C., & Dye, M. (2000). The cognitive characteristics of maritally violent men: Theory and evidence. *Cognitive Therapy and Research*, 24, (2) 139-158.

Fincham, F. (2000). Family violence: A challenge for behavior therapists. *Behavior Therapy*, 31 (4), 685-693.

Kazdin, A. (1987). Treatment of antisocial behavior in children. *Psychological Bulletin*, 102 (2), 187-203.

Overholser, J.C. & Moll, S. (1990). Who's to blame?: Attributions regarding causality in spouse abuse. *Behavioral Sciences and the Law*, 8 (2), 107-120.

Overholser, J.C. (2005). Contemporary Psychotherapy: Promoting personal responsibility for therapeutic change. *Journal of Contemporary Psychotherapy*, 35 (4), 369-376.

Yokley, J. Social Responsibility Therapy. [click here for link to web site www.forensicare.org]

April 11:

DBT and the THIRD WAVE APPROACHES IN CBT

Alba, M., Bailey, K., Coniglio, K., Finkelstein, J., & Rizvi, S. (2022). Risk management in dialectical behavior therapy: Treating life-threatening behaviors as problems to be solved.

Psychotherapy, 59 (2), 163-167.

Asarnow, J., Berk, M., Bedics, J., Adrian, M., Gallop, R., Cohen, J., ... & McCauley, E. (2021). Dialectical Behavior Therapy for Suicidal Self-Harming Youth: Emotion Regulation, Mechanisms, and Mediators. *Journal of the American Academy of Child & Adolescent Psychiatry*, 69 (9) 1105-1115.

+ Ben-Porath, D. (2004). Strategies for securing commitment to treatment from individuals diagnosed with borderline personality disorder. *Journal of Contemporary Psychotherapy*, 34 (3), 247-263.

+ Ben-Porath, D., Federici, A., Wisniewski, L., & Warren, M. (2014). Dialectical behavior therapy: Does it bring about improvements in affect regulation in individuals with eating disorders? *Journal of Contemporary Psychotherapy*, 44 (4), 245-251.

Bonavitacola, L. et al. (2019). Clinical guidelines for improving dialectical thinking in DBT. *Cognitive and Behavioral Practice*, 26, 547-561.

Ciesinski, N., Sorgi-Wilson, K., Cheung, J., Chen, E., & McCloskey, M. (2022). The effect of dialectical behavior therapy on anger and aggressive behavior: A systematic review with meta-analysis. *Behaviour Research and Therapy*, 104122.

Granato, H., Wilks, C., Miga, E., Korlund, K., & Linehan, M. (2015). The use of dialectical behavior therapy and prolonged exposure to treat comorbid dissociation and self-harm: The case of a client with borderline personality disorder and posttraumatic stress disorder. *Journal of Clinical Psychology*, 71 (8), 805-815.

Harned, M., Korlund, K., & Linehan, M. (2014). A pilot randomized controlled trial of dialectical behavior therapy with and without the dialectical behavior therapy prolonged exposure protocol for suicidal and self-injuring women with borderline personality disorder and PTSD. *Behaviour Research and Therapy*, 55, 7-17.

Heerebrand, S., Bray, J., Ulbrich, C., Roberts, R., & Edwards, S. (2021). Effectiveness of dialectical behavior therapy skills training group for adults with borderline personality disorder. *Journal of Clinical Psychology*, 77, 1573-1590.

Juarascio, A., and colleagues. (2018). Just-in-time adaptive interventions: A novel approach for enhancing skill utilization and acquisition in cognitive behavioral therapy for eating disorders. *International Journal of Eating Disorders*, 51, 826-830.

Katz, L., & Korlund, K. (2020). Principles of behavioral assessment and management of “Life-Threatening Behavior” in dialectical behavior therapy. *Cognitive and Behavioral Practice*, 27(1), 30-38.

Koons, C. (2008). Dialectical Behavior Therapy. *Social Work in Mental Health*, 6 (1/2), 109-132.

Kothgassner, O., Goreis, A., Robinson, K., Huscsava, M. M., Schmahl, C., & Plener, P. (2021). Efficacy of dialectical behavior therapy for adolescent self-harm and suicidal ideation: a systematic review and meta-analysis. *Psychological Medicine*, 51, 1057-1067.

Limbrunner, H. M., Ben-Porath, D. D., & Wisniewski, L. (2011). DBT telephone skills coaching with eating disordered clients: Who calls, for what reasons, and for how long? *Cognitive and Behavioral Practice, 18*(2), 186-195.

- * Linehan, M., & Wilks, C. (2015). The course and evolution of dialectical behavior therapy. *American Journal of Psychotherapy, 69* (2), 97-110.

Lynch, T. et al. (2006). Mechanisms of change in Dialectical Behavior Therapy. *Journal of Clinical Psychology, 62* (4), 459-480.

- * Lynch, T. et al. (2007). Dialectical Behavior Therapy for Borderline Personality Disorder. *Annual Review of Clinical Psychology, 3*, 181-205.

McCauley, E., Berk, M., Asarnow, J., Adrian, M., Cohen, J., Korslund, K., ... & Linehan, M. (2018). Efficacy of dialectical behavior therapy for adolescents at high risk for suicide: a randomized clinical trial. *JAMA Psychiatry, 75*(8), 777-785.

McMain, S. and colleagues. (2009). A randomized trial of dialectical behavior therapy versus general psychiatric management for borderline personality disorder. *American Journal of Psychiatry, 166* (12), 1365-1374.

Mehlum, L., Tørmoen, A., Ramberg, M., Haga, E., Diep, L., Laberg, S., Larsson, B, Stanley, B., Miller, A., Sund, A., & Grøholt, B. (2014). Dialectical behavior therapy for adolescents with repeated suicidal and self-harming behavior: a randomized trial. *Journal of the American Academy of Child & Adolescent Psychiatry, 53* (10), 1082-1091.

Miller, T., & Kraus, R. (2007). Modified Dialectical Behavior Therapy and problem solving for obsessive-compulsive personality disorder. *Journal of Contemporary Psychotherapy, 37*, 79-85.

Neacsiu, A., Eberle, J., Kramer, R., Wiesmann, T., & Linehan, M. (2014). Dialectical behavior therapy skills for transdiagnostic emotion dysregulation: A pilot randomized controlled trial. *Behaviour Research and Therapy, 59*, 40-51.

Rizvi, S., & Sayrs, J. (2020). Assessment-driven case formulation and treatment planning in dialectical behavior therapy: Using principles to guide effective treatment. *Cognitive and Behavioral Practice, 27*(1), 4-17.

- * Rizvi, S., & Ritschel, L. (2014). Mastering the art of chain analysis in Dialectical Behavior Therapy. *Cognitive and Behavioral Practice, 21*, 335-349.

Robins, C., & Chapman, A. (2004). Dialectical Behavior Therapy: Current status, recent developments, and future directions. *Journal of Personality Disorders, 18* (1), 73-89.

Shea, L. (2021). The courage to be: Using DBT skills to choose who to be in uncertainty. *Journal of Humanistic Psychology, 61*(2), 260-274.

Soler, J. and colleagues. (2009). Dialectical behaviour therapy skills training compared to standard group therapy in borderline personality disorder: A 3-month randomized controlled clinical trial. *Behaviour Research and Therapy, 47*, 353-358.

Swales, M., Heard, H., & Williams, J.M.G. (2000). Linehan's Dialectical Behaviour therapy for borderline personality disorder. *Journal of Mental health*, 9 (1), 7-23.

Swales, M., & Dunkley, C. (2020). Principles of skills assessment in Dialectical Behavior Therapy. *Cognitive and Behavioral Practice*, 27, 18-29.

April 18: **CBT FOR EATING DISORDERS**

* Agras, W.S. et al. (2017). Evolution of cognitive-behavioral therapy for eating disorders. *Behavior Research & Therapy*, 88, 26-36.

Agras, W.S. (2019). Cognitive behavior therapy for the eating disorders. *Psychiatric Clinics of North America*, 42, 169-179.

Alckmin-Carvalho, F. and colleagues. (2018). Evidence-based psychotherapy for treatment of anorexia nervosa in children and adolescents: A systematic review. *Archives of Clinical Psychiatry*, 45 (2), 41-48.

Anderson, D., & Maloney, K. (2001). The efficacy of cognitive-behavioral therapy on the core symptoms of bulimia nervosa. *Clinical Psychology Review*, 21, (7) 971-988.

Anderson, D., Lundgren, J., Shapiro, J., & Paulosky, C. (2004). Assessment of eating disorders: Review and recommendations for clinical use. *Behavior Modification*, 28 (6), 763-782.

Atwood, M., & Friedman, A. (2020). A systematic review of enhanced cognitive behavioral therapy (CBT-E) for eating disorders. *International Journal of Eating Disorders*, 53(3), 311-330.

Bhatnagar, K., Wisniewski, L., Solomon, M., & Heinberg, L. (2013). Effectiveness and feasibility of a cognitive-behavioral group intervention for body image disturbance in women with eating disorders. *Journal of Clinical Psychology*, 69(1), 1-13.

Centre for Clinical Interventions (2023). *Disordered eating: Break free from ED*. Government of Western Australia.
<https://www.cci.health.wa.gov.au/Resources/Looking-After-Yourself/Disordered-Eating>

Chen, E. and colleagues. (2015). Adapting dialectical behavior therapy for outpatient adult anorexia nervosa. *International Journal of Eating Disorders*, 48 (1), 123-132.

Cockell, S., Zaitsoff, S., & Geller, J. (2004). Maintaining change following eating disorder treatment. *Professional Psychology: Research and Practice*, 35 (5), 527-534.

Cooper, M., Wells, A., & Todd, G. (2004). A cognitive model of bulimia nervosa. *British Journal of Clinical Psychology*, 43 (1), 1-16.

Dahlenburg, S., Gleaves, D., & Hutchinson, A. (2019). Anorexia nervosa and perfectionism: A meta-analysis. *International Journal of Eating Disorders*, 52, 219-229.

Denison-Day, J., and colleagues. (2018). Improving motivation to change amongst individuals with eating disorders: A systematic review. *International Journal of Eating Disorders*, 51, 1033-1050.

- * Fairburn, C., Zafra, C., & Roz, S. (2003). Cognitive behaviour therapy for eating disorders. *Behavior Research and Therapy*, 41, (5), 509-528.
- * Federici, A., & Wisniewski, L. (2013). An intensive DBT program for patients with multidagnostic eating disorder presentations. *International Journal of Eating Disorders*, 46 (4), 322-331.

Gorrell, S., Loeb, K., & LeGrange, D. (2019). Family-based treatment of eating disorders: A narrative review. *Psychiatric Clinics of North America*, 42, 193-204.

Griffiths, C., and colleagues. (2018). A systematic review of the effectiveness of Acceptance and Commitment Therapy (ACT) for body image dissatisfaction and weight self-stigma in adults. *Journal of Contemporary Psychotherapy*, 48, 189-204.

Hay, P. et al. (2014). Royal Australian and New Zealand College of Psychiatrists clinical practice guidelines for the treatment of eating disorders. *Australian and New Zealand Journal of Psychiatry*, 48 (11), 1-62.

Hilbert, A., Petroff, D., Herpertz, S., Pietrowsky, R., Tuschen-Caffier, B., Vocks, S., & Schmidt, R. (2020). Meta-analysis on the long-term effectiveness of psychological and medical treatments for binge-eating disorder. *International Journal of Eating Disorders*, 53(9), 1353-1376.

Juarascio, A. S., Parker, M. N., Lagacey, M. A., & Godfrey, K. M. (2018). Just-in-time adaptive interventions: A novel approach for enhancing skill utilization and acquisition in cognitive behavioral therapy for eating disorders. *International Journal of Eating Disorders*, 51(8), 826-830.

Linardon, J. and colleagues. (2017). Dropout from cognitive-behavioral therapy for eating disorders: A meta-analysis of randomized, controlled trials. *International Journal of Eating Disorders*, 51 (5), 381-391.

Marcus, M., and colleagues. (2003). Cognitive-behavioral interventions in the management of severe pediatric obesity. *Cognitive and Behavioral Practice*, 10, (2) 147-156.

Marks, A. (2019). The evolution of our understanding and treatment of eating disorders over the past 50 years. *Journal of Clinical Psychology*, 75, 1380-1391.

Navarro-Haro, M., and colleagues. (2018). Dialectical Behavior Therapy in the treatment of borderline personality disorder and eating disorders comorbidity. *Cognitive Therapy and Research*, 42, 636-649.

Patmore, J. (2020). Therapist self-disclosure in the treatment of eating disorders: A personal perspective. *Journal of Clinical Psychology*, 76(2), 266-276.

Reilly, E. et al. (2017). Expanding exposure based treatments for eating disorders. *International Journal of Eating Disorders*, 50, 1137-1141.

Treasure, J. and colleagues. (2015). New treatment approaches for severe and enduring eating

disorders. *Physiology and Behavior*, 152, 456-465.

Watson, H., & Bulik, C. (2013). Update on the treatment of anorexia. *Psychological Medicine*, 43, 2477-2500.

Wilson, G.T. and colleagues. (2002). Cognitive-behavioral therapy for bulimia nervosa: Time course and mechanisms of change. *Journal of Consulting and Clinical Psychology*, 70 (2), 267-274.

* Wisniewski, L., & Kelly, E. (2003). The application of dialectical behavior therapy to the treatment of eating disorders. *Cognitive and Behavioral Practice*, 10, (2) 131-138.

April 25: **The future of psychological treatments: (no folder of readings)**
The Fourth Wave of Psychotherapy Evolution

Blackwell, S., & Heidenreich, T. (2021). Cognitive Behavior Therapy at the crossroads. *International Journal of Cognitive Therapy*, 14(1), 1-22.

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

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

Extra Topics and Supplemental Readings

Confronting interpersonal factors in therapy: Solving chronic conflict or recurrent interpersonal clashes

Bell, A., & D’Zurilla, T. (2009). Problem solving therapy for depression: A meta-analysis. *Clinical Psychology Review*, 29, 348-353.

Cuijpers, P., van Straten, A., & Warmerdam, L. (2007). Problem solving therapy for depression: A meta-analysis. *European Psychiatry*, 22, 9-15.

Dubreucq, J., Haesebaert, F., Plasse, J., Dubreucq, M., & Franck, N. (2022). A systematic review and meta-analysis of social skills training for adults with Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders*, 52(4), 1598-1609.

Gellis, Z., & Kenaley, B. (2008). Problem-solving therapy for depression in adults: A systematic review. *Research on Social Work Practice*, 18 (2), 117-131.

Heppner, P.P., Witty, P., & Dixon, W. (2004). Problem-solving appraisal: Helping normal people lead better lives. *The Counseling Psychologist*, 32 (3), 466-472.

Laugeson, E. and others. (2012). Evidence-based social skills training for adolescents with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 42, 1025-1036.

Malouf, J., Thorsteinsson, E., & Schutte, N. (2007). The efficacy of problem solving therapy in reducing mental and physical health problems: A meta-analysis. *Clinical Psychology Review*, 27, 46-57.

Masi, C. et al (2011). A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review*, 15 (3), 219-266.

- *. Mikami, A., Jia, M., & Na, J. (2014). Social skills training. *Child and Adolescent Psychiatric Clinics of North America*, 23, 775-788.
- * Nezu, A., & Nezu, C. (2001). Problem solving therapy. *Journal of Psychotherapy Integration*, 11, (2), 187-205.
- + Nezu, A. (2004). Problem solving and behavior therapy revisited. *Behavior Therapy*, 35 (1) 1-33.
- Nezu, C., Nezu, A., & Colosimo, M. (2015). Case formulation and the therapeutic alliance in contemporary Problem-Solving Therapy (PST). *Journal of Clinical Psychology*, 71 (5), 428-438.
- Overholser, J.C. (1995). Cognitive-behavioral treatment of depression: Part II. Techniques for improving social functioning. *Journal of Contemporary Psychotherapy*, 25, (3) 205-222.
- Overholser, J.C. (1996). Cognitive-behavioral treatment of depression: Part IV. Improving problem-solving skills. *Journal of Contemporary Psychotherapy*, 26, (1) 43-57.
- Overholser, J.C. (2010). Psychotherapy that strives to encourage social interest: A simulated interview with Alfred Adler. *Journal of Psychotherapy Integration*, 20 (4), 347-363.
- Overholser, J.C. (2013). A true sense of community has no boundaries: A simulated interview with Alfred Adler. *Journal of Individual Psychology*, 69 (1), 7-23.
- *. Overholser, J.C. (2013) Guided discovery: Problem-solving therapy integrated within the Socratic method. *Journal of Contemporary Psychotherapy*, 2013, 43 (2), 73-82.
- Speed, B., and colleagues. (2018). Assertiveness Training: A forgotten evidence-based treatment. *Clinical Psychology: Science and Practice*, 25 (1), 1-20.
- Temkin, A., Beaumont, R., Wkya, K., Hariton, J., Flye, B., Sheridan, E., ... & Bennett, S. (2022). Secret Agent Society: A randomized controlled trial of a transdiagnostic youth social skills group treatment. *Research on Child and Adolescent Psychopathology*, 50(9), 1107-1119.

**CBT FOR PERSONALITY DISORDERS:
Confronting long-standing patterns of misbehavior**

American Psychiatric Association. (2001). Practice guidelines for the treatment of patients with borderline personality disorder. *American Journal of Psychiatry*, 158 (suppl. 10), 1-52.

Babi, A., and colleagues. (2023). Change processes in psychotherapy for patients presenting with Histrionic Personality Disorder. *Clinical Psychology & Psychotherapy*, 30, 60-72.

Bachrach, N., & Arntz, A. (2021). Group schema therapy for patients with cluster-C personality disorders: A case study on avoidant personality disorder. *Journal of Clinical Psychology*, 77(5), 1233-1248.

Beck, J. (2005). *Cognitive Therapy for challenging problems: What to do when the basics don't work*. New York: Guilford.

Black, D., & colleagues. (2004). The STEPPS group treatment program for outpatients with borderline personality disorder. *Journal of Contemporary Psychotherapy*, 34, (3), 193-210.

Bonavitacola, L., Miller, A. L., McGinn, L. K., & Zoloth, E. C. (2019). Clinical Guidelines for Improving Dialectical Thinking in DBT. *Cognitive and Behavioral Practice*, 26(3), 547-561.

Crisp, H., & Gabbard, G. O. (2020). Principles of psychodynamic treatment for patients with narcissistic personality disorder. *Journal of Personality Disorders*, 34(Supplement), 143-158.

Critchfield, K., & Benjamin, L.S. (2006). Principles for psychosocial treatment of personality disorder: Summary of the APA Division 12 Task Force / NASPR Review. *Journal of Clinical Psychology*, 62 (6), 661-674.

Critchfield, K. L. (2012). Tailoring common treatment principles to fit individual personalities. *Journal of Personality Disorders*, 26(1), 108-125.

Cummings, J. and colleagues. (2012). The dynamics of self-esteem in cognitive therapy for avoidant and obsessive-compulsive personality disorders. *Cognitive Therapy and Research*, 36 (4), 272-281.

Dimaggio, G., MacBeth, A., Popolo, R., Salvatore, G., Perrini, F., Raouna, A., ... & Montano, A. (2018). The problem of overcontrol: Perfectionism, emotional inhibition, and personality disorders. *Comprehensive Psychiatry*, 83, 71-78.

Dimaggio, G., and colleagues. (2011). Progressively promoting metacognition in a case of obsessive-compulsive personality disorder treated with metacognitive interpersonal therapy. *Psychology and Psychotherapy*, 84 (1), 70-83.

Dimaggio, G. et al. (2012). General principles for treating personality disorder with a prominent inhibitedness trait. *Journal of Personality Disorder*, 26 (1), 63-83.

Dimaggio, G., & Overholser, J.C. (2019). Treatment of personality disorders: An international accord. *Journal of Contemporary Psychotherapy*, 49 (1), 1-6.

Dmitryeva, N., Chernov, N., Kostyuk, G., & Lysaker, P. H. (2021). Utilizing MERIT to promote recovery in schizotypal personality disorder: An illustrative case study. *Journal of Clinical*

Psychology, 77(8), 1798-1806.

Kellett, S., & Hardy, G. (2014). Treatment of Paranoid Personality Disorder with Cognitive Analytic Therapy. *Clinical Psychology & Psychotherapy*, 21 (5), 452-464.

Lee, M., & Overholser, J.C. (2004). Cognitive-behavioral treatment of depression with comorbid borderline personality features. *Journal of Contemporary Psychotherapy*, 34, (3), 231-245.

Levy, K. N., McMain, S., Bateman, A., & Clouthier, T. (2018). Treatment of borderline personality disorder. *Psychiatric Clinics*, 41(4), 711-728.

Lind, M., Simonsen, S., & Dunlop, W. L. (2021). Incorporating narrative repair in the treatment of avoidant personality disorders: A case in point. *Journal of Clinical Psychology*, 77(5), 1176-1188.

* Merced, M. (2015). The beginning therapist and borderline personality disorder: Basic treatment principles and clinical foci. *American Journal of Psychotherapy*, 69 (3), 241-268.

Millon, T. (1984). On the renaissance of personality assessment and personality theory. *Journal of Personality Assessment*, 48(5), 450-466.

Montazeri, M. and colleagues. (2014). Effectiveness of Schema Therapy on symptoms intensity reduction and anxiety in a special case with obsessive compulsive personality disorder. *Zahedan Journal of Research in Medical Sciences*, 16 (5), 92-94.

Muran, J. C., Safran, J. D., Eubanks, C. F., & Gorman, B. S. (2018). The effect of alliance-focused training on a cognitive-behavioral therapy for personality disorders. *Journal of Consulting and Clinical Psychology*, 86(4), 384.

Ng, R. (2005). Cognitive Therapy for obsessive-compulsive personality disorder. *Hong Kong Journal of Psychiatry*, 15 (2), 50-53.

Overholser, J.C. (1987). Facilitating autonomy in passive-dependent persons: An integrative model. *Journal of Contemporary Psychotherapy*, 17, (4) 250-269.

* Overholser, J.C. (1997). Treatment of excessive interpersonal dependency: A cognitive-behavioral model. *Journal of Contemporary Psychotherapy*, 27, (4) 283-301.

Overholser, J.C. & Fine, M. (1994). Cognitive-behavioral treatment of excessive interpersonal dependency: A four-stage psychotherapy model. *Journal of Cognitive Psychotherapy*, 8, (1) 55-70.

Overholser, J.C., & Dimaggio, G. (2020). Struggling with perfectionism: When good enough is not good enough. *Journal of Clinical Psychology*, 76, 2019-2027.

Popa, C., Buicu, G., & Ardelean, M. (2012). The obsessive-compulsive personality disorder: Approached by cognitive-behavioral therapy. *Acta Medica Transilvanica*, 2 (1), 251-252.

Reid, W., & Gacono, C. (2000). Treatment of antisocial personality, psychopathy, and other characterologic antisocial syndromes. *Behavioral Sciences and the Law*, 18, (5) 647-662.

Sauer-Zavala, S., Wilner, J. G., Cassiello-Robbins, C., Saraff, P., & Pagan, D. (2019). Isolating the effect of opposite action in borderline personality disorder: A laboratory-based alternating treatment design. *Behaviour Research and Therapy*, *117*, 79-86.

Sempértegu, G. and colleagues. (2016). Schema therapy for borderline personality disorder: A comprehensive review of its empirical foundations, effectiveness and implementation possibilities. *Clinical Psychology Review*, *33*, 426-447.

Simon, W. (2009). Follow-up psychotherapy outcome of patients with dependent, avoidant, and obsessive-compulsive personality disorders. *International Journal of Psychiatry in Clinical Practice*, *13* (2), 153-165.

Sorensen, K., Rabu, M., Wilberg, T., & Berthelsen, E. (2019). Struggling to be a person: Lived experience of avoidant personality disorder. *Journal of Clinical Psychology*, *75* (4), 664-680.

Sørensen, K. D., Wilberg, T., Berthelsen, E., & Råbu, M. (2020). Subjective experience of the origin and development of avoidant personality disorder. *Journal of Clinical Psychology*, *76*(12), 2232-2248.

Valentino, V., Centonze, A., Inchausti, F., MacBeth, A., Popolo, R., Ottavi, P., ... & Dimaggio, G. (2020). Addressing maladaptive interpersonal schemas, poor metacognition and maladaptive coping strategies in Avoidant Personality Disorder: The role of experiential techniques. *Psychology Hub*, *37*(1), 19-28.

Weinberg, I., & Ronningstam, E. (2020). Dos and Don'ts in treatments of patients with Narcissistic Personality Disorder. *Journal of Personality Disorders*, *34*(Supplement), 122-142.

Weinbrecht, A. and colleagues. (2016). Avoidant personality disorder: A current review. *Current Psychiatry Reports*, *18*, 29.

COGNITIVE-BEHAVIORAL THERAPY IN GROUPS

Allredge, C., Burlingame, G., Yang, C., & Rosendahl, J. (2021). Alliance in group therapy: A meta-analysis. *Group Dynamics: Theory, Research, and Practice*, *25*(1), 13-28.

American Group Psychotherapy Association. (2007). *Practice guidelines for group psychotherapy*. AGPA web site. 1-84.

Barkowski, S. et al. (2016). Efficacy of group therapy for social anxiety disorder. *Journal of Anxiety Disorders*, *39*, 44-64.

Barlow, S., & Burlingame, G. (2006). Essential theory, processes, and procedures for successful group psychotherapy. *Journal of Contemporary Psychotherapy*, *36*, 107-112.

Bernard, H. et al. (2008). Clinical practice guidelines for group psychotherapy. *International Journal of Group Psychotherapy*, *58* (4), 455-542.

Burlingame, G. (2018). Cohesion in group therapy: A meta-analysis. *Psychotherapy, 55* (4), 384-398.

Clough, B., Spriggs, L., Stainer, M., & Casey, L. (2022). Working together: An investigation of the impact of working alliance and cohesion on group psychotherapy attendance. *Psychology and Psychotherapy: Theory, Research and Practice, 95*(1), 79-97.

Dolgin, R., Riva, M., & Owen, J. (2020). Clinical congruence of cohesion in group psychotherapy. *Professional Psychology: Research and Practice,*

Duarte, P. and colleagues. (2009). Cognitive-behavioral group therapy is an effective treatment for major depression in hemodialysis patients. *Kidney International, 76,* 414-421.

Forsyth, D. (2021). Recent advances in the study of group cohesion. *Group Dynamics: Theory, Research, and Practice, 25*(3), 213-228.

+ Greene, L. (2017) Group psychotherapy research studies that a therapist might actually read. *International Journal of Group Psychotherapy, 67,* 1-26.

Griner, D., Erekson, D. M., Beecher, M., Cattani, K., & Burlingame, G. (2022). The power of compassion in group psychotherapy. *Journal of Clinical Psychology, 78,* 1601-1612.

Herbert, J., Rheingold, A., & Goldstein, S. (2002). Brief cognitive behavioral group therapy for social anxiety disorder. *Cognitive and Behavioral Practice, 9,* (1) 1-8.

Hope, D., and colleagues. (2010). Automatic thoughts and cognitive restructuring in cognitive behavioral group therapy for social anxiety disorder. *Cognitive Therapy and Research, 34,* 1-12.

Jensen, D. et al. (2012). Taking the pulse of the group. *Professional Psychology: Research and Practice, 43* (4), 388-394.

Jonsson, H. & Hougaard, E. (2008). Group cognitive behavioural therapy for obsessive-compulsive disorder: A systematic review and meta-analysis. *Acta Psychiatrica Scandinavica, 119,* 98-106.

Leszcz, M., & Kobos, J. (2008). Evidence-Based Group Psychotherapy: Using AGPA's Practice Guidelines To Enhance Clinical Effectiveness. *Journal of Clinical Psychology, 64* (11). 1238-1260.

Leszcz, M. (2018). The evidence-based group psychotherapist. *Psychoanalytic Inquiry, 18* (4), 285-298.

Li, X., Kivlighan, D., Paquin, J., & Gold, P. (2021). What was that session like? An empirically-derived typology of group therapy sessions. *Group Dynamics: Theory, Research, and Practice, 25*(2), 107-121.

LoCoco, G., Gullo, S., Albano, G., Brugnera, A., Flückiger, C., & Tasca, G. A. (2022). The alliance-outcome association in group interventions: A multilevel meta-analysis. *Journal of Consulting and Clinical Psychology, 90*(6), 513-527.

Lomonaco, S., Scheidlinger, S., & Aronson, S. (2000). Five decades of children's group treatment - an overview. *Journal of Child and Adolescent Group Therapy, 10*, 77-96.

Lorentzen, S., Strauss, B., & Altmann, U. (2018). Process-outcome relationships in short-and long-term psychodynamic group psychotherapy: Results from a randomized clinical trial. *Group Dynamics: Theory, Research, and Practice, 22*(2), 93.

Mangione, L., Forti, R., & Iaguzzi, C. (2007). Ethics and endings in group psychotherapy. *International Journal of Group Psychotherapy, 57* (1), 25-40.

Marziliano, A., and colleagues. (2018). Measuring cohesion and self-disclosure in psychotherapy groups for patients with advanced cancer: An analysis of the psychometric properties of the Group Therapy Experience Scale. *International Journal of Group Psychotherapy, 68*, 407-427.

Südmeier, M., & Muschalla, Prof. Dr, B. (2024). Differential Effectiveness of Open Versus Closed Psychotherapy Groups: A Systematic Review. *American Journal of Psychotherapy, appi-psychotherapy*.

Overholser, J.C. (2005). Group psychotherapy and existential concerns: An interview with Irvin Yalom. *Journal of Contemporary Psychotherapy, 35* (2), 185-197.

Polnay, A. et al. (2014). Group therapy for people with bulimia nervosa. *Psychological Medicine, 44*, 2241-2254.

Schwartz, D. et al. (2016). Efficacy of group psychotherapy for obsessive-compulsive disorder. *Journal of Obsessive-Compulsive and Related Disorders, 10*, 49-61.

Schwartz, D. et al. (2017). Efficacy of group therapy for panic disorder. *Group Dynamics, 21* (2), 77-93.

Sudmeier, (2024). Open versus closed groups

Tavares, L., & Barbosa, M. (2018). Efficacy of group psychotherapy for geriatric depression: A systematic review. *Archives of Gerontology and Geriatrics, 78*, 71-80.

Weinberg, H. (2020). Online group psychotherapy: Challenges and possibilities during COVID-19—A practice review. *Group Dynamics: Theory, Research, and Practice, 24*(3), 201.

+ Yalom, I. (1966). Problems of neophyte group therapists. *International Journal of Social Psychiatry, 12*(1), 52-59.

Yalom, V., & Yalom, I. (1990). Brief interactive group psychotherapy. *Psychiatric Annals, 20*(7), 362-367.

CBT for PTSD

Boterhaven de Haan, K., et al. (2019). A schema therapy approach to the treatment of posttraumatic stress disorder. *Journal of Psychotherapy Integration*, 29 (1), 54-64.

Bouchard, S., and colleagues. (2004). Considerations in the use of exposure with children. *Cognitive and Behavioral Practice*, 11, 56-65.

Bradley, R., Greene, J., Russ, E., Dutra, L., Westen, D. (2005). A multidimensional meta-analysis of psychotherapy for PTSD. *American Journal of Psychiatry*, 162 (2), 214-227.

Ehlers, A., Clark, D., Hackmann, A., McManus, F., & Fennell, M. (2005). Cognitive therapy for post-traumatic stress disorder: Development and evaluation. *Behaviour Research and Therapy*, 43 (4), 413-431.

Feeny, N., Foa, E., Treadwell, K., & March, J. (2004). Posttraumatic Stress Disorder in youth: A critical review of the cognitive and behavioral treatment outcome literature. *Professional Psychology: Research and Practice*, 35, (5) 466-476.

Rauch, S., & Foa, E. (2006) Emotional processing theory and exposure therapy for PTSD. *Journal of Contemporary Psychotherapy*, 36, 61-65.

Harvey, A., Bryant, R., & Tarrier, N. (2003). Cognitive behaviour therapy for posttraumatic stress disorder. *Clinical Psychology Review*, 23, (3) 501-522.

Jaycox, L., Zoellner, L., & Foa, E. (2002). Cognitive-behavior therapy for PTSD in rape survivors. *Journal of Clinical Psychology / In Session*, 58 (8), 891-906.

Koucky, E., Dickstein, B., & Chard, K. (2013). Cognitive behavioral treatments for posttraumatic stress disorder: Empirical foundation and new directions. *CNS Spectrums*, 18, 73-81.

Lombardo, T., & Gray, M. (2005). Beyond exposure for posttraumatic stress disorder (PTSD) symptoms: Broad-spectrum PTSD treatment strategies. *Behavior Modification*, 29 (1), 3-9.

Turner, S., Beidel, D., & Frueh, B. (2005). Multicomponent behavioral treatment for chronic combat-related Posttraumatic Stress Disorder: Trauma Management Therapy. *Behavior Modification*, 29 (1), 39-69.

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