

## PSYCHOLOGY 862-002: COGNITIVE BEHAVIORAL THERAPY WITH ADULTS I

Instructor: Sarah Fischer Nowaczyk, Ph. D.

and Joanna Marino, Ph. D.

Office: DKH, Room 2044

Meeting Time: Mon 9:30-12:10

Emergency Phone: (706) 296-0233

Email: snowaczy@gmu.edu

### Course Description:

This course is designed to instruct you in the theory, principles, and application of cognitive-behavioral therapy for a variety of psychological problems. From a theoretical perspective, we will review behavioral theory, the cognitive model of emotion, and the basic steps in forming a cognitive-behavioral conceptualization. From an applied perspective, we will review the principles of conducting cognitive-behavioral therapy, basic behavioral and cognitive techniques, and how to apply these techniques using a coherent cognitive-behavioral conceptualization.

This course will utilize several modes of learning, including readings, lecture, discussion, example video/audiotapes, homework, role plays, presentations, and supervision of actual clinical cases. Each aspect of the coursework is **essential** to the development of your ability to apply cognitive-behavioral therapy. Initially, class time will be comprised of didactic instruction, but as the semester progresses, we will begin to split class time between didactics and group supervision of cases. I will not use tests or other methods to grade you, and the grades will simply be "Satisfactory" or "No Credit." This should not, however, give you the impression that you can "slide by" on readings or assignments. Receiving credit for the course will require (a) completion of all didactic elements of the course and (b) appropriate and ethical conduct in the delivery of therapy. This includes record-keeping and other associated clinic duties.

The course is not intended to convey that cognitive-behavioral therapy is the only acceptable therapy to practice. Rather, it is intended to inform you of (a) the problems for which cognitive-behavioral therapy has been shown to be efficacious and/or effective, (b) the steps and techniques involved in conducting cognitive-behavioral therapy, and (c) the flexibility of this therapy when it is based on a coherent case conceptualization. A list of treatment manuals for various psychological problems will be provided for your reference, but you will not be expected to learn each manual. Rather, you will learn the theory that underlies the application of the therapy to any problem.

### Course Goals:

1. To foster the development of your professional identity as a therapist.
2. To learn the basic tenets and principles of behavioral theory and cognitive theory.
3. To learn how to develop a comprehensive and cohesive cognitive-behavioral case conceptualization.
4. To understand how issues of diversity (e.g., age, race, ethnicity, culture, sexual orientation, etc.) can be incorporated into a cognitive-behavioral conceptualization.
5. To learn behavioral and cognitive therapy techniques, and to develop a basic level of competence in applying these techniques in practice situations (e.g., role plays).
6. To be able to develop a basic treatment plan based on a cognitive-behavioral case conceptualization.
7. To begin to be able to carry out a basic cognitive-behavioral treatment plan, understanding how the case conceptualization will drive all therapeutic activity.
8. To appreciate the importance of the therapeutic relationship to cognitive-behavioral therapy.
9. To understand existing knowledge regarding the potential influence of race, ethnicity, age, sex, sexual orientation, and other forms of diversity on the effects of treatment and on treatment delivery.

### Technology Usage:

Important announcements and study questions may be distributed by email and must be distributed by Mason email (see official policy statement below). ***Please note that email cannot be considered confidential, so no identifying information regarding clinical cases should be included in email.***

**Mason Official Policy:** Mason uses electronic mail to provide official information to students. Examples include communications from course instructors, notices from the library, notices about academic standing, financial aid information, class materials, assignments, questions, and instructor feedback. Students are responsible for the content of university communication sent to their mason e-mail account, and are required to activate that account and check it regularly.

### Disabilities:

If you are a student with disability and you need academic accommodations, please see me and contact the Disability Resource Center (DRC) at 709-993-2474. All academic accommodations must be arranged through that office. Please note that accommodations MUST BE MADE BEFORE grades are assigned. I cannot adjust your grade after the fact.

### Presentation

You must choose a disorder or condition and an evidence based treatment manual as the basis for a presentation to the class. Your presentation should consist of information regarding epidemiology of the diagnosis or condition, common co-occurring conditions or other factors affecting treatment, research documenting the efficacy of the particular manual/treatment that you chose, hypothesized mechanisms of action for the effectiveness of the intervention, and a presentation of the manual. If you have information about an actual case that would add to your presentation, you may include that in the presentation if it will not break the client's confidentiality agreement. Please provide me with your choices for the disorder/condition and manual by mid semester. Everyone must choose a different disorder and manual. More information about the presentation will be provided later in the semester.

Week	Topic	Readings
1	Introduction Evidence Based Practice and Empirically Supported Treatments	Task Force Report (1993) Stirman et al., (2003) APA (2006) Jensen-Doss et al., (2011)
2	Structure in Therapy Functional Analysis	Jacobson et al. (1996) Butler et al. (2006) Beck (2011): Ch. 1, 2, 4, 5, 7
3	Behavioral Theory of Depression Behavioral Activation Relaxation Techniques	Jacobson et al. (2001) Beck (2011): Ch. 15 Craske & Barlow (2006): Ch. 5
4	Behavioral Theory of Anxiety Exposure Therapy	Tryon (2005) Glassgold (2009) Barlow Chapters 1 and 4
5	Cognitive Theory	Beck (2011): Ch. 3 pp. 137-140, 158-162, 198-205, 228-233 Beck (2005): pp. 17-39
6	Automatic Thoughts	Beck (2011): Ch. 9-11
7	Automatic Thoughts (cont.)	Beck (2011): Ch. 12 Beck (2005): pp. 209-226; Ch. 11
8	Automatic Thoughts (cont.) Intermediate and Core Beliefs	Beck (2011): Ch. 13; Ch. 14
9	Automatic Thoughts (cont.) Intermediate and Core Beliefs (cont.)	Beck (2005): pp. 63-68; 77-85 Beck (2011): Ch. 16
10	Integrated Cognitive-Behavioral Conceptualization	Persons (2005) Barlow (2008): Ch. 5
11	Catch-up and Case Conceptualizations	<i>Prepare CB conceptualization of current case to present in class</i>
12	Treatment Planning Course of Treatment	Beck (2011): Ch. 17-20 pp. 284-286, 292-299
13	Integrating Cultural Considerations Skill Review	Hinton et al., 2006 Davis et al., 2008
14	Wrap-Up Winter Break Planning for Active Cases	Beck (2011): Ch. 21

## Reading List

### Required Texts

- Barlow, D. H. (2008). *Clinical handbook of psychological disorders: A step-by-step treatment manual* (4<sup>th</sup> ed.). New York: Guilford.
- Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2<sup>nd</sup> ed.). New York: Guilford.
- Beck, J. S. (2005). *Cognitive therapy for challenging problems: What to do when the basic don't work*. New York: Guilford.

### Articles/Chapters/Workbooks

- Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavior therapy: A review of meta-analyses. *Clinical Psychology Review, 26*, 17-31.
- Craske, M. G., & Barlow, D. B. (2006). *Mastery of your anxiety and worry* (2<sup>nd</sup> ed.): Workbook. New York: Oxford.
- Jacobson, N. S., Dobson, K. S., Truax, P. A., Addis, M. E., Koerner, K., Gollan, J. K., Gortner, E., & Prince, S. E. (1996). A component analysis of cognitive-behavioral treatment for depression. *Journal of Consulting and Clinical Psychology, 64*, 295-304.
- Jacobson, N. S., Martell, C. R., & Dimidjian, S. (2001). Behavioral activation treatment for depression: Returning to contextual roots. *Clinical Psychology: Science and Practice, 8*, 255-270.
- Persons, J. B. (2005). Empiricism, mechanism, and the practice of cognitive-behavior therapy. *Behavior Therapy, 36*, 107-118.
- Tryon, W. W. (2005). Possible mechanisms for why desensitization and exposure therapy work. *Clinical Psychology Review, 25*, 67-95.
- Report of the Task Force on Promotion and Dissemination of Psychological Procedures (1993)
- Stirman, S., W., DeRubeis, R. J., Crits-Christoph, P., & Brody, P. E. (2003). Are samples in randomized controlled trials of psychotherapy representative of community outpatients? A new methodology and initial findings. *Journal of Consulting and Clinical Psychology, 71*(6), 963-972.
- Hinton, et al. (2006). Cognitive behavior therapy for Cambodian refugees with PTSD and co-morbid panic attacks. *Cognitive and Behavioral Practice, 13*, 271-281.
- Glassgold, J. M. The Case of Felix: An Example of Gay-Affirmative, Cognitive-Behavioral Therapy. *Pragmatic Case Studies in Psychotherapy*, <http://pcsp.libraries.rutgers.edu> Volume 5, Module 4, Article 1, pp. 1-21, 12-06-09
- Davis, R. G., et al., (2008). Treatment Barriers for Low-Income, Urban African Americans With Undiagnosed Posttraumatic Stress Disorder. *Journal of Traumatic Stress, Vol. 21, No. 2*, 218–222.
- APA (2006). Evidence Based Practice In Psychology. *American Psychologist, 61*, 271-285.
- Jensen-Doss, A. (2011). Practice involves more than treatment: How can evidence based assessment catch up to evidence based treatment? *Clinical Psychology: Science and Practice, 18*, 173-177.