

Psyc 695: Advanced Practicum in Clinical Psychology

Cognitive-Behavioral Therapy for Depression and Anxiety in Adults

Fall 2016, Mon 1-4:50 1030D SGM

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OVERVIEW

The purpose of the fall semester of di-prac is to provide you with foundational skills in treating the two most common presenting problems in clinical settings: depression and anxiety. We will discuss broad conceptualizations of the symptoms of these disorders from a cognitive-behavioral framework, as well as develop individual case formulation skills. We will primarily focus our attention on developing skills in cognitive-behavioral therapy and exposure therapy (to be expanded upon next semester with additional methods). Throughout the year we will also focus on solidifying your skills in maintaining professional and ethical behavior, and considering case formulation and intervention from a multicultural perspective.

CLINICAL REQUIREMENTS

Students in their first year of di-prac are required to carry an average of 3 therapy hours per week, and those in their second year and beyond are required to spend an average of 4 hours per week in direct clinical service. Given increasing hours needed for internship, it is recommended that students carry at least 4 hours throughout most of their training at USC.

It is required that at least half of your clinical hours are related to this di-prac, and suggested you **maintain at least 3 cases in the di-prac** to obtain the best training experience. Any more than 2 cases outside di-prac should be approved by the instructors. Any less than 3 cases inside the di-prac must be approved by the instructors. Recommendations are made on when to add additional cases in the Course Schedule section, but should be modified to fit your best interests when applicable.

In addition, each week you should enter clinical hours you accumulate into Time2Track. We should be able to obtain an accurate reflection of your clinical hours and experiences at any time throughout the year to help us work together to identify what you need in your clinical training. We will be monitoring this on an ongoing basis. Finally, it is also expected that you adhere to all clinic procedures. By proceeding in this class, you are certifying you have read the most recent version of the Clinic Policies and Procedures Manual located in google drive. As always, please ask if you have questions.

CLASS STRUCTURE

Each week that someone needs a new case, we will discuss the cases available at the PSC and assign new cases to therapists. It is expected that you contact an assigned case shortly after it is given to you, and to follow up appropriately (e.g., you should be able to contact the client and set up an appointment prior to the next class meeting). If you have any questions about how quickly to call a case or how follow-up should be conducted, ask us!

We will devote a significant portion of our time to discussing the readings, including conducting role plays and applying the materials we discuss to your current or past cases. You are expected to review the readings and **bring at least two or more key issues to discuss. These discussion points must be posted on blackboard by 5pm on Sunday evenings before the class date.** Postings should be put in the appropriate section (labeled by

class date), and you **must post even if you are going to miss the class**. Everyone should take a moment to log on and read the discussion points prior to class. You are free (and encouraged) to submit posts prior to the deadline. This tool can be found in Blackboard by clicking Tools along the side and then clicking on the Discussion Board icon.

The questions/discussion points should be thought-provoking and go beyond the material presented. You can raise issues, present a different perspective to the readings, offer a resolution to a controversy, suggest a study to address an important problem, discuss clinical (de-identified) experience with the issue, etc. The idea is to apply the reading material to generate ideas of your own. Please try to go beyond the readings and demonstrate thinking about the readings (e.g., “Do individuals with depression have negative patterns of thinking?” or “Is ERP an effective treatment for OCD?” is not appropriate).

Time does not permit the full acknowledgement and conversation about each person’s submitted discussion points each week. It is recommended you indicate with an ** discussion points you really hope the class will focus on, so that those items are prioritized.

Each of you will be responsible for leading a portion of the discussion on the readings once during the semester. You can prioritize issues brought up in the discussion points on blackboard, and bring additional ideas of your own to the discussion. You will sign up for a date in our first class meeting. You should provide an integrated discussion – don’t simply list each person’s discussion points, but be selective and guide the conversation for about 30 minutes.

Group Supervision

The other main portion of class time will be devoted to group supervision and case presentations. You should **be prepared** for supervision. This includes taking some time to think about your cases, evaluate what went well/wrong with the therapy session, devising plans for upcoming sessions, being able to articulate your impressions of the case or what you need help with, etc. We will also try to keep our focus on the case conceptualization, which we will revisit and revise as necessary in order to devise treatment plans based on formulation. Supervision will also be supplemented with individual supervision as needed, usually every other week and by request. That is, you will meet every other week with Shannon AND every other week with Bob. When you have an individual supervision meeting scheduled, it is typically not necessary to discuss the case in group supervision that week unless there is a pressing issue, or an issue requiring discussion of the whole group.

Please note – with 4 people seeing up to 4 cases each, the group supervision time goes FAST! This means you will have to think about doing a **focused** presentation on what you need during the weeks you are only getting supervision on that case in group. You should also prioritize your cases (e.g., if you need a lot of help with Client A, but have a clear plan for Client B, you may decide to spend almost all of your allotted time on Client A). We will discuss and model how to do this at the beginning of the semester. This will necessarily require at least a few minutes of preparation before each group supervision to ensure you get the assistance you need (i.e., doing it “on the fly/off the cuff” will likely not be helpful to you!).

The second piece of group supervision is being a peer supervisor to others in the group. The feedback you have for your peers is often as vitally important as anything we have to offer as the supervisors! Please participate even if you feel like you don’t quite know what you are doing yet – this is an excellent way to learn, as well as to learn how to provide feedback in a thoughtful and appropriate manner. This semester we will primarily focus on developing comfort with providing feedback to peers in the group supervision format. We will build on this next semester by having at least one session where we all watch the same therapy session to

discuss it together, and also provide an opportunity once during the semester for one-on-one peer supervision that you receive supervision on (i.e., supervision of supervision).

VIDEO RECORDING AND VIEWING

Please remember to record all sessions, and to check that the equipment is in proper working order. For group supervision, you should always have at least 1 5-minute segment to discuss/present in supervision. We may not always be able to watch a clip, but would like the ability to incorporate most weeks. Let's all keep each other on track and try to watch some clips together as a group, as this is an excellent way to facilitate learning from your colleagues.

You should **review a minimum of one of your therapy sessions (by watching the video) at least once per week**, preferably one which will correspond with discussion in an individual meeting with the case supervisor. It is helpful if you ***let your supervisor*** know which session you focused on before your supervision meeting, as this will focus the supervision discussion. As part of this process, most weeks during the semester (see the Between Session Practice sections for each class), **you are asked to submit a brief reflection on the video you watched. This entails writing down 1-2 observations/questions**. Perhaps you note a section or a statement you want to discuss in supervision, you wonder how a piece of the session could have gone better, you feel when you explored X in session you did it well and want to confirm this observation with your supervisor. In essence, *this is an exercise in self-reflection and a way for you to guide what you need out of supervision more*. You will turn in the brief observation (this should NEVER be more than a page – handwritten or typed your choice) to the supervisor you are meeting with individually that week, and it is hoped this will be a part of that week's supervision discussion. This is not expected to take much additional time from watching the video – ideally you are writing the observation(s) while you are watching the video.

Once during the semester you will **score one of your own videos for adherence to the Cognitive Therapy Rating Scale** (in the Syllabus folder on blackboard). Shannon will also score and meet with you to discuss. This can be one of the cases under Shannon's or Bob's supervision, your choice. This is also an excellent exercise in self-reflection and self-assessment, a core competency for lifelong learning as a psychologist.

SUPERVISION

As noted above, you should come prepared for supervision, both group and individual. Bob and Shannon will each discuss with you their expectations as supervisors (which may not be identical, and this is good practice for your learning and adaptation!). It is expected the form of supervision will likely shift as the year progresses, from you needing more directive feedback toward the beginning to you developing greater independence as the year progresses. We hope you will bring up important issues you want to discuss in supervision each week. If your client cancels and you have nothing to discuss, it is certainly permissible to cancel your supervision session, but consider it a potentially useful opportunity to ***get a different type of supervision*** – perhaps there's more time for role play, discussion of professional development, revisiting your clients' case conceptualizations, getting clarification on course topics, etc. Consider not cancelling or ending early, but instead making use of the opportunity to get a different type of growth or to have a different type of conversation.

PROGRESS NOTES AND INTAKES

You should complete a note for your session in a timely fashion (i.e., within 24-48 hours). If there is any instance of risk assessment or mandatory reporting, these notes are required to be completed ***immediately*** (i.e., minutes after you see the client), and we should also be contacted in these instances. You should also document **every single contact** with the client, including any messages, emails, or letters. As part of quality clinical care, you should also periodically (typically weekly) complete follow-up assessments (i.e., ongoing monitoring) with your clients and these should be documented in your progress notes. The level of detail

required for notes varies on the type of progress note (contact note, session note, or incident note). We will discuss these issues in detail on the first day of class, and examples are available to you in google drive.

ONGOING CASE PRESENTATIONS AND END OF SEMESTER CASE WRITE-UP AND PRESENTATION

Throughout the semester you will be doing mini case presentations in the way you describe your client to the class to ask for assistance during group supervision. You are also asked to **present a case formulation for one of your clients partway through the semester using the Beck or Persons diagram** (though another diagram of your choice could be used with prior approval). This diagram and an example are provided for you in the Syllabus folder on blackboard.

The end of semester case write-up and presentation is a bit more comprehensive, and intended to help you think very carefully about a case – to help you link your case formulation to the interventions you are using.

On blackboard in the Syllabus folder, you will find a description of what is expected for the case write-up. There is a corresponding document which provides you an example of a write-up that adheres to these instructions (also in Syllabus section, entitled, “Model end of semester case write-up”).

In addition, on the last day of class you will be asked to prepare a formal case presentation, lasting about 15 minutes. You should use the template provided on blackboard (in the Syllabus section, entitled “End of semester case presentation”). The verbal presentation generally follows what you will be doing for the case write-up, although it is less detailed in some ways, and asks you to do an extra component by reviewing a relevant research topic. This is an opportunity to get feedback about your conceptualization and treatment plan in a more formal way, and to practice relaying clinical information to an audience.

Finally, there is **1 brief write-up related to Ethics**. For the ethics paper, you will consider an ethical issue that presented itself with one of your cases over the course of the semester. Think broadly for ideas for this topic. Examples include: risk assessment issue; values conflict with your client; mismatch between therapist and client treatment goals; concern about a client behavior which may be harming them; considering whether something could be construed as a dual role or a breach of a client’s confidentiality; concern about care the client is receiving through another provider; considerations about terminating therapy; conflict between a legal and ethical issue. **You should use the Ethical Steps in Decision Making** (located in Syllabus folder) to help you walk through the relevant ethical issues and decision making process for this issue. Though this is due at the end of the semester, **it is recommended you complete this when an issue of this sort comes up**, and using the decision making framework as a tool in thinking through the issue.

ROLE PLAYS

You should read the assigned readings with consideration of how techniques would be translated into actual behavior with a client. Each person will be asked to sign up ahead of time to participate in 2 role plays over the course of the semester. It is expected you will prepare for the role play by reading about the technique. It is NOT expected that you perform the technique perfectly (or even well!). What we discover is that it can be extremely challenging to read about something that sounds great, and then actually enact it. That’s why we practice with one another. The goal here is to fully participate and that is all!

Role plays are a useful technique in general, and we may also engage in role plays from time to time within supervision. Also, please speak up if you would like to be given another opportunity to role play a technique or issue with a client. This is a great way to work through issues with a case and to get practice with feedback.

READINGS FROM EXPERIENCING CBT FROM THE INSIDE OUT

There is a special addition to this year's class. Research on learning and memory suggests that practicing techniques oneself facilitates learning. In particular, within psychology, it is clear that psychologists enhance learning from workshops by applying the techniques to themselves. Applying techniques to oneself is also a great way to learn what might be confusing to you about CBT, hopefully before trying it with a client. In addition, this will help you further develop a core competency as a psychologist to engage in self-reflection. The ability to reflect on one's own strengths and weaknesses, cultural biases, and your own psychological blindspots is an important one. In addition, this activity will help you practice self-care (the book will hopefully help you feel *better* about whatever topic you focus on!).

As such, the book is aimed at helping you practice CBT techniques each and every week (which will also facilitate empathy building over client difficulty in homework follow through!). You are NOT expected to share what you write down, even if what you choose to work on is something related to the professional realm (e.g., your confidence as a therapist). You are certainly WELCOME to share, but are not EXPECTED to do so. However, you are expected to actually complete the assignments and ***use this experience to come to class with questions and observations about CBT***. In a lot of cases, we are learning about the technique in class, then practicing it as a role play and practicing it on oneself, thus hopefully really facilitating your learning. I also commit to filling it out every week with you, so we are all in the same boat together.

CLASSROOM ETIQUETTE

It is expected that you attend every class and are on time. If there is any reason you will be late or absent, please notify us by email as soon as you have this information (and remind us the week of). Similarly, for individual supervision, it is important to try to keep your regularly scheduled bi-weekly appointment. Speaking for myself, Fall is a busy time where I am also teaching another class with office hours, etc., so I may be unable to reschedule with you. ***Please treat our appointments as a class time that can't be easily rescheduled.***

Please silence your phone during class and only monitor it if you are expecting an emergency phone call. Please do not use phones or laptops for checking email, surfing the web, instant messaging, etc., etc. One common problem is that students are on their computers reading, writing notes, checking email, etc. while their colleagues are presenting their cases. It is extremely important that you also provide feedback and give your peers your full attention because: you have very valuable feedback to provide; hearing about other cases is a way of quadrupling your caseload in terms of learning; and, as mentioned previously, it is the beginning of learning how to provide supervisory feedback to others. In general, I would prefer ***minimal computer usage*** throughout class. If you must use it to take notes, please take the note and then disengage from your screen.

Class participation is clearly emphasized throughout this syllabus, and facilitated by the use of submitted discussion questions, class discussion leading, and role play.

BLACKBOARD

As noted throughout the syllabus, a variety of important materials for the di-prac are provided on blackboard. In addition to readings, there is the discussion forum for the discussion points submissions, as well as the Syllabus section which discusses the main assignments for this course.

SUMMARY OF CLASS ASSIGNMENTS

- Weekly viewing of at least one therapy video in its entirety with accompanying brief reflection (on weeks where it is listed in the Between Session Practice section (***9/12, 9/19, 9/26, 10/3, 10/17, 10/24, 10/31, 11/7***); to be turned in to the supervisor whose case you are reflecting on)

- Weekly submission of 2 discussion points for readings by **5pm every Sunday**
- Weekly entering of hours in Time2Track
- Notes always prepared and brought to supervision sessions (should be written no later than 48 hours after session)
- Intakes completed in a timely fashion (i.e., after approximately 2-3 sessions)
- Termination summaries completed in a timely fashion (i.e., approximately 1 week after the end of treatment)
- Participation in class role plays and role play feedback; preparation for 2 assigned role plays (***sign up first day of class and note date***)
- One tape submitted for scoring on Cognitive Therapy Rating Scale (and self-evaluated by you) (***due Wednesday 11/23 by 5pm***)
- Leading one discussion portion of class over the course of the semester (***sign up first day of class and note date***)
- One case conceptualization, adhering to Beck's or alternate approved format, presented on diagram and orally to group (***present in class on 10/17***)
- End of semester case conceptualization presentation (***presented in last class***) and report (***due 12/9***), adhering to guidelines given to you on blackboard
- Brief ethics paper, adhering to ethics decision making guidelines provided on blackboard (***due 12/9***)

REQUIRED BOOKS FOR THIS CLASS

Here are the required books for this semester. Other readings are provided on blackboard. Many readings come from books available in the PSC, so you are always welcome to borrow and read directly from the source as opposed to the pdf copy. There are a lot of books, but I feel very strongly that these are excellent additions to your personal library that you will pull out time and time again. I will have a few copies of each in the PSC, though they may not be available every week, depending on others usage.

Persons, J.B. (2008). *The Case Formulation Approach to Cognitive-Behavior Therapy*. Guilford. (Available on Amazon for \$28)

Wenzel, A., Dobson, K.S., & Hays, P.A. (2016). *Cognitive Behavioral Therapy Techniques and Strategies*. APA. (Available on Amazon for \$70 or for \$50 through APA if you are a member).

Bennett-Levy, J., Thwaites, R., Haarhoff, B., & Perry, H. (2015). *Experiencing CBT from the Inside Out: A Self-Practice/Self-Reflection Workbook for Therapists*. Guilford. (Available from Amazon for \$35).

Hays, P.A. (2016). *Addressing Cultural Complexities in Practice: Assessment, Diagnosis, and Therapy, 3rd Edition*. APA. (Available on Amazon for \$60, or for \$50 through APA's website for members).

There are also a variety of excellent treatment manuals and resources for depression and anxiety available in the PSC. If there are additional books you think would be helpful, please let the front desk or Shannon know.

The other books I reference throughout the syllabus with chapters are:

Abramowitz, J.S., Deacon, B.J., & Whiteside, S.P.H. (2011). *Exposure therapy for anxiety: Principles and Practice*. Guilford.

Beck, J. (2011). *Cognitive Behavioral Therapy, Second Edition: Basics and Beyond*. Guilford.

Leahy, R. (2003). *Cognitive Therapy Techniques: A Practitioner's Guide*. Guilford. (Available on Amazon for \$46, used copies for about \$30).

8/22 INTRODUCTION, LOGISTICS, AND THE INTAKE (Class 1)

(Pre-class orientation – 12-1; orient to PSC procedures)

READING/ACTIVITY PRIOR TO TODAY'S CLASS:

- 1) Watch risk assessment training video (for those who haven't seen it; on IVS, just type risk in the search box)
- 2) Review Syllabus (on blackboard)
- 3) Review Giving Constructive Feedback form (on blackboard)
- 4) Review Case presentation sheet (on blackboard)
- 5) **Cultural Formulation Interview** and MINI (on blackboard)
- 6) Chapter 1, Wenzel et al.: Assessment and Case Conceptualization
- 7) Chapter 1, Persons: What is the Case Formulation Approach to Cognitive-Behavior Therapy?
- 8) Bonus: "Therapist and Patient as Fellow Travelers" (on blackboard)

Optional Readings:

- 1) Beck, chapter 4: The Evaluation Session (for more info on doing the initial evaluation from Judy Beck's perspective) (on blackboard)
- 2) Beginning chapters (before module 1) from *Experiencing CBT from the Inside Out* (to get a sense of what you'll be doing using that book)

AGENDA:

Discussion of di-prac procedures and expectations:

- 1) Course requirements
- 2) In-class role plays
- 3) Class lead
- 4) Class expectations
- 5) Supervision
- 6) When you should contact cases and what to say
- 7) Review giving constructive feedback form
- 8) Documentation, Time2Track entry
- 9) Introducing a case to the di-prac

The Intake:

- 1) What information should be gathered as part of an intake
- 2) Discuss the pros and cons of conducting a diagnostic interview
- 3) Interrupting – when and how to do it
- 4) What is a case formulation and how does the goal of forming one inform the intake assessment
- 5) Using the Cultural Formulation Interview and the MINI as part of the intake process
- 6) Role playing the intake process

BETWEEN SESSION PRACTICE:

- 1) Practice using the CFI and the MINI with a peer and record – bring clips to show your best and worst moments in the interview to the next class
- 2) Generate additional questions or thoughts you have about the intake process
- 3) Submit discussion points for next class

8/29 INTAKE (CONTINUED); INTRODUCTION TO CBT (Class 2)

READINGS/ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) Module 1, Bennett-Levy et al.: Identifying a Challenging Problem
- 2) Chapter 5, Persons: Beginning the Therapeutic Relationship and Obtaining a Problem List
- 3) Chapter 7, Persons: Monitoring Progress
- 4) Chapter 1, Hays: The New Reality: Diversity and Complexity
- 5) Swift, J.K., et al. (2015). Using client outcome monitoring as a tool for supervision. *Psychotherapy, 52*, 180-184. (on blackboard)
- 6) Bonus: "Take Notes of Each Session" (on blackboard)

Optional Readings:

- 1) Beck, chapter 3: Cognitive Conceptualization (to read more about formulating cases from a CBT perspective) (on blackboard)
- 2) Beck, chapter 17: Homework (to fill in some blanks you might have about homework and its use in therapy) (on blackboard)

AGENDA:

The Intake (continued):

- 1) What questions did practicing bring up?
- 2) 3 session limit to intake process (let's get started with treatment, that's what your client wants!)
- 3) Review everyone's best/worst clips and discuss
- 4) Practice any additional pieces
- 5) How to choose measures to supplement the intake

Introduction to CBT

- 1) Review basic tenets of the CBT model, case conceptualization
- 2) Discuss the clinical science approach of ongoing monitoring and the different forms it can take
- 3) Discuss any challenges/CBT questions arising from completing 1st module

Di-prac logistics

- 1) Assign cases – decide when to call and discuss supervision of the first session
- 2) Any questions/confusion?

BETWEEN-SESSION PRACTICE:

- 1) Call assigned client(s) and schedule first appointment
- 2) Submit discussion points

NO CLASS (& CLINIC IS CLOSED) ON MONDAY, SEPTEMBER 5

9/12 SESSION STRUCTURE AND BEHAVIORAL STRATEGIES (Class 3)

READINGS/ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) Module 2, Bennett-Levy et al.: Formulating the Problem and Preparing for Change
- 2) Chapter 2, Hays: Essential Therapist Knowledge and Qualities
- 3) Chapter 2, Wenzel et al.: Session Structure and Behavioral Strategies
- 4) Chapter 3, Wenzel et al.: Problem Solving
- 5) Chapter 6, Persons: Developing an Initial Case Formulation and Setting Treatment Goals
- 6) Bonus: "When Your Patient Weeps" (on blackboard)

Optional Readings:

- 1) Martell chapters 4 through 7 on Behavioral Activation (for more specifics on using behavioral activation) (on blackboard)
- 2) Beck, chapter 6: Behavioral Activation (for a similar but differently worded description of behavioral activation) (on blackboard)
- 3) Dobson & Dobson (2013). In-session structure and collaborative empiricism. *Cognitive and Behavioral Practice, 20*, 410-418 (on blackboard).

AGENDA:

- 1) Role play explaining the CBT model (Shannon to role play)
- 2) Watch video or demo of a behavioral strategy
- 3) Discussion of Session Structure
- 4) Discussion of Behavioral Strategies within CBT (exposure will come later!)
- 5) Developing a Problem List (& why you should be comprehensive in your approach)
- 6) Discuss questions/observations about CBT from Module 2

BETWEEN SESSION PRACTICE:

- 1) Work on writing the pieces of the intake you've conducted so far
- 2) Submit discussion points
- 3) Reflection on therapy video

9/19 AUTOMATIC THOUGHTS, COGNITIVE RESTRUCTURING, AND SOCRATIC DIALOGUE **(CLASS 4; CLASS LEAD: _____)**

READINGS/ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) Module 3, Bennett-Levy et al.: Using Behavioral Activation to Change Patterns of Behavior
- 2) Chapter 3, Hays: Doing Your Own Cultural Assessment
- 3) Chapter 4, Wenzel et al.: Cognitive Restructuring of Automatic Thoughts
- 4) Leahy, chapter 1: Eliciting Thoughts and Assumptions (on blackboard)
- 5) Padesky, C.A. (1993). *Socratic Questioning: Changing Minds or Guiding Discovery?* Keynote address presented at the European Congress of Behavioural and Cognitive Therapies, London. (on blackboard)

Optional Readings:

- 1) Leahy, chapter 2: Evaluating and Challenging Thoughts (book in clinic; for further demonstration of techniques to use)
- 2) Rutter, J.G., & Friedberg, R. (1999). Guidelines for the effective use of Socratic dialogue in cognitive therapy. *Innovations in Clinical Practice: A Sourcebook*. (on blackboard; for further reading on Socratic Dialogue.

AGENDA:

- 1) Role play activity schedule (_____ will role play)
- 2) Watch video/demo of thought challenging
- 3) Discuss cognitive restructuring, Socratic dialogue and guided discovery
- 4) Discuss observations/questions from Module 3

BETWEEN SESSION PRACTICE:

- 1) Finish writing first intake
- 2) Call additional clients (if not done already)
- 3) Submit discussion points
- 4) Reflection on therapy video

9/26 CHALLENGING UNDERLYING BELIEFS
(CLASS 5; CLASS LEAD: _____)

READINGS/ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) Module 4, Bennett-Levy et al.: Identifying Unhelpful Thinking and Behavior
- 2) Chapter 6, Wenzel et al.: Cognitive Restructuring for Underlying Beliefs
- 3) Chapter 4, Hays: Let's Talk: Finding the Right Words
- 4) Beck, chapters 13-14: Identifying and Modifying Intermediate and Core Beliefs (on blackboard)
- 5) Clark, G.I., & Egan, S.J. (2015). The Socratic method in cognitive behavioural therapy: A narrative review. *Cognitive Therapy Research*, 39, 863-879. (on blackboard)

Optional Readings: (all for additional techniques for examining thoughts)

- 1) Leahy, chapter 9 (emotional schema book): Cognitive Restructuring (on blackboard)
- 2) Leahy, chapter 5: Information Processing and Logical Errors (book in clinic)
- 3) Leahy, chapter 9: examining and challenging cognitive distortions (book in clinic)

AGENDA:

- 1) Role play challenging automatic thoughts (_____ will role play)
- 2) Watching video/demo of challenging underlying beliefs
- 3) Discuss underlying beliefs and assumptions
- 4) Discuss observations/questions from Module 4

BETWEEN SESSION PRACTICE:

- 1) Work on writing up 2nd intake
- 2) Submit discussion points
- 3) Reflection on therapy video

10/3 CHALLENGING UNDERLYING BELIEFS (CONT'D) AND CBT CASE CONCEPTUALIZATION
(CLASS 6; CLASS LEAD: _____)

READINGS/ACTIVITIES PRIOR TO CLASS:

- 1) Module 5: Using Cognitive Techniques to Modify Unhelpful Thinking and Behavior
- 2) Chapter 5, Hays: Understanding Clients' Identities and Contexts
- 3) Chapter 7, Persons: Using the Formulation to Develop a Treatment Plan and Obtain the Patient's Consent to It

- 4) Chapter 8, Persons: The Therapeutic Relationship
- 5) Chapter 10: Decision Making in the Therapy Session

Optional Readings:

- 1) Leahy, chapter 10: Modifying Need for Approval (book in clinic; for more challenging underlying beliefs)
- 2) Leahy, chapter 11: Challenging Self-Criticism (book in clinic; for more challenging underlying beliefs)

AGENDA:

- 1) Role play identifying underlying thoughts (_____ will role play)
- 2) Discuss Persons readings and current understanding of case conceptualization and its use
- 3) Observations/questions from completing Module 5

BETWEEN-SESSION PRACTICE:

- 1) Finish 2nd intake
- 2) Submit discussion points
- 3) Weekly therapy video reflection

10/10 CASE CONCEPTUALIZATION (CONT'D) AND BEHAVIORAL EXPERIMENTS
(CLASS 7; CLASS LEAD: _____)

READINGS/ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) Module 6, Bennett-Levy et al.: Reviewing Progress
- 2) Chapter 6, Hays: Creating a Positive Therapeutic Alliance
- 3) Chapter 12, Persons: Decision Making Over the Course of Therapy
- 4) McManus, F., et al. (2012). Examining the effects of thought records and behavioral experiments in instigating belief change. *Journal of Behavioral Therapy and Experimental Psychiatry*, 43, 540-547. (on blackboard)
- 5) Fennell, M., et al. (2004). Depression (chapter 10). *Oxford Guide to Behavioural Experiments in Cognitive Therapy*. Oxford University Press. (on blackboard)
- 6) Bonus: "Use Your Own Feelings as Data" (on blackboard)

AGENDA:

- 1) Role play challenging underlying beliefs (_____ will role play)
- 2) Watch culturally responsive video
- 3) Did we learn anything new or different about therapeutic alliance development reading the Hays chapter (compared to Persons)?
- 4) Observations/questions from Module 6 and experience using book thus far
- 5) Discuss behavioral experiments

BETWEEN SESSION PRACTICE:

- 1) Cognitive formulation for 1 client
- 2) Submit discussion points
- 3) Add another case (if not done already)
- 4) (No therapy reflection paper due this week)

10/17 CASE CONCEPTUALIZATION (CONT'D) AND EXPOSURE THERAPY

(CLASS 8; CLASS LEAD: _____)

READINGS ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) (Don't forget to bring materials for case formulation discussion today!)
- 2) Module 7, Bennett-Levy et al.: Identifying Unhelpful Assumptions and Constructing New Alternatives
- 3) Chapter 7, Hays: Conducting a Culturally Responsive Assessment
- 4) Abramowitz et al., Chapter 3: The Nature and Treatment of Clinical Anxiety (on blackboard)
- 5) Abramowitz et al., Chapter 4: Treatment Planning I: Functional Assessment (on blackboard)
- 6) Abramowitz et al., Chapter 5: Treatment Planning II: Hierarchy Development and Treatment Engagement (on blackboard)

AGENDA:

- 1) Present formulations
- 2) Watch behavioral experiment
- 3) Discuss exposure therapy and functional assessment
- 4) Observations/questions from completing Module 7

BETWEEN SESSION PRACTICE:

- 1) Submit discussion points
- 2) Work on intake write-up for 3rd case
- 3) Therapy reflection paper

10/24 EXPOSURE THERAPY AND SOCIAL ANXIETY

(CLASS 9; CLASS LEAD: _____)

READINGS/ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) Module 8, Bennett-Levy et al.: Using Behavioral Experiments to Test Unhelpful Assumptions against New Alternatives
- 2) Chapter 8, Hays: Using Standardized Tests in a Culturally Responsive Way
- 3) Abramowitz et al., Chapter 6: Implementing Exposure Therapy: An Overview
- 4) Abramowitz et al., Chapter 9: Social Concerns
- 5) Fang, A. et al. (2013). Social mishap exposures for social anxiety disorder: An important treatment target. *Cognitive and Behavioral Practice*, 20, 213-220. (on blackboard)

AGENDA:

- 1) Role play behavioral experiment (_____ will role play)
- 2) Watch exposure therapy video/demo
- 3) Discuss exposure, particularly for social anxiety
- 4) Observations/questions from Module 8

BETWEEN SESSION PRACTICE:

- 1) Submit discussion points
- 2) Weekly therapy reflection
- 3) Finish write-up for 3rd case

10/31 EXPOSURE THERAPY FOR OCD
(CLASS 10; CLASS LEAD: _____)

READINGS/ACTIVITIES BEFORE THE NEXT CLASS

- 1) Module 9, Bennett-Levy et al.: Constructing New Ways of Being
- 2) Chapter 9, Hays: Making a Culturally Responsive Diagnosis
- 3) Abramowitz et al., Chapter 10: Unwanted Intrusive Thoughts (on blackboard)
- 4) Abramowitz et al., Chapter 12: Contamination (on blackboard)
- 5) Abramowitz, J.S., & Arch, J.J. (2014). Strategies for improving long-term outcomes in cognitive behavioral therapy for obsessive compulsive disorder: Insights from learning theory. *Cognitive and Behavioral Practice, 21*, 20-31. (on blackboard)

AGENDA:

- 1) Role play exposure for social anxiety (_____ will role play)
- 2) Watch exposure therapy video/demo for OCD
- 3) Discuss exposure for OCD
- 4) Observations/questions from Module 9

BETWEEN SESSION PRACTICE:

- 1) Submit discussion points
- 2) Weekly therapy reflection
- 3) If you want a 4th case, you should start now before it gets too close to the holidays (also think about whether you want to do a group next semester!)
- 4) Consider working on ethics paper if you haven't yet!

11/7 EXPOSURE THERAPY FOR PANIC
(CLASS 11; CLASS LEAD: _____)

READINGS/ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) Module 10, Bennett-Levy et al.: Embodying New Ways of Being
- 2) Chapter 10: Culturally Responsive Therapy: An Integrative Approach
- 3) Abramowitz et al., Chapter 11: Bodily Cues and Health Concerns (on blackboard)
- 4) Boettcher, H., et al. (in press). Origins and outlook of interoceptive exposure. *Journal of Behavioral and Experimental Psychiatry*. (blackboard)

AGENDA:

- 1) Role play for OCD exposure (_____ will role play)
- 2) Watch demo/video of interoceptive exposure
- 3) Discuss interoceptive exposure and panic disorder
- 4) Observations/questions from Module 10

BETWEEN SESSION PRACTICE:

- 1) Submit discussion points
- 2) Therapy video reflection
- 3) Consider working on ethics paper if you haven't yet!

11/14 HANDLING PROBLEMS AND DIFFICULTIES IN CBT
(CLASS 12; CLASS LEAD: _____)

READINGS/ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) Module 11, Bennett-Levy et al.: Using Behavioral Experiments to Test and Strengthen New Ways of Being
- 2) Chapter 11, Hays: Indigenous, Traditional and Other Diverse Interventions
- 3) Chapter 11, Persons: Handling Nonadherence and Treatment Failure
- 4) Beck (cog therapy for challenging problems), Chapter 12: Challenges in Modifying Assumptions (on blackboard)
- 5) Beck (cog therapy for challenging problems), Chapter 13: Challenges in Modifying Core Beliefs (on blackboard)

AGENDA:

- 1) Role play for interoceptive exposure (_____ will role play)
- 2) Discuss challenging problems, case conceptualization, and current cases in the di-prac
- 3) Observations/questions from Module 11

BETWEEN SESSION PRACTICE:

- 1) Rate video on Cognitive Therapy Rating Scale (due to Shannon before Thanksgiving)
- 2) Submit discussion points
- 3) (No therapy reflection this week)

11/21 MINDFULNESS AND RELAXATION TECHNIQUES
(CLASS 13; CLASS LEAD: _____)

READINGS/ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) Leahy, Chapter 10: Stress Reduction (on blackboard)
- 2) Orsillo & Roemer, Chapter 4: An Introduction to mindfulness: Noticing a skill you already possess (on blackboard)
- 3) Orsillo & Roemer, Chapter 5: Developing the skills of mindfulness (on blackboard)
- 4) Williams et al., Chapter 1: "Oh no, Here I go again": Why unhappiness won't let go (on blackboard)
- 5) Williams et al., Chapter 2: The healing power of awareness: Making a shift to freedom (on blackboard)
- 6) Williams et al., Chapter 3: Cultivating mindfulness: A first taste (on blackboard)

AGENDA:

- 1) Shannon to lead mindfulness exercise
- 2) Discussion of mindfulness

BETWEEN SESSION PRACTICE:

- 1) Rate video on Cognitive Therapy Rating Scale (due to Shannon before Thanksgiving)
- 2) Submit discussion points
- 3) Be working on end of semester reports
- 4) (No therapy reflection this week)

11/28 WRAP-UP (CLASS 14)

READINGS/ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) Module 12, Bennett-Levy et al.: Maintaining and Enhancing New Ways of Being
- 2) Chapter 6, Wenzel et al.: Relapse Prevention and Completion of Treatment
- 3) Chapter 12, Hays: Pulling It All Together: A Complex Case Example

AGENDA:

- 1) Review course progress and lingering questions
- 2) Observations/thoughts from Module 12 and the program as a whole

BETWEEN SESSION PRACTICE:

- 1) (No therapy reflection this week)
- 2) (No discussion points this week)
- 3) Be working on end of semester reports and have presentation ready for next class
- 4) Meet with Shannon before leaving for the holidays to discuss CTRS

12/5 CLASS PRESENTATIONS (CLASS 15)

READINGS/ACTIVITIES PRIOR TO TODAY'S CLASS:

- 1) None

AGENDA:

- 1) Case presentations

BETWEEN SESSION PRACTICE:

- 1) Discuss CTRS with Shannon if you haven't already
- 2) End of semester reports (Case Report, Ethics paper) due by 12/9