PSYCHOLOGY 862: COGNITIVE BEHAVIORAL THERAPY WITH ADULTS I

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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. This course is an extension of the cognitive behavioral practicum course that students completed in the Fall semester. 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 present a cognitive behavioral conceptualization of a case to the class. Please select one of the cases that you have worked with over the year. Write a cognitive behavioral conceptualization of the presenting problems using the framework presented in Beck (2011) as a guide. Your case conceptualization should include the following: presenting problems/symptoms, diagnosis (if any), significant developmental events, and significant recent stressors that may have led to an exacerbation of current problems. You should also be able to answer the following questions: What are potential core beliefs? How did the client’s developmental history influence the development of these core beliefs? What are the client’s potential intermediate beliefs and automatic thoughts? What behaviors does the client engage in that reinforce those beliefs? How are those behaviors reinforced – what aspects of the client’s behavior are rewarding? How do environmental, familial, and peer contexts help to maintain the behavior and thought patterns that the client experiences?
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<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Readings</th>
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<tbody>
<tr>
<td>1</td>
<td>Catch up and review of new cases</td>
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<tr>
<td>2</td>
<td>Working with Transgender Clients</td>
<td>Standards of Care, Version 7</td>
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| 3    | ACT and Cognitive Therapy | Herbert & Forman, 2011  
Forman et al., 2012 |
| 4    | Coping with multiple presenting problems | Boisseau, C. L., et al., 2010  
Reed-Knight & Fischer, 2012 |
| 5    | PTSD | Berenz, E. C. et al., 2012  
Lanius et al., 2010  
Harned et al., 2012 |
| 6    | Conceptualization | Moscovitch, 2009  
| 7    | TBA |  |
| 8    | Additional Integration | Hays, P. A. 2009 |
| 9    | 'Meaning', adjustment to stress, positive psychology | Park, C. L. 2010  
Sin & Lyubomirsky, 2009  
McNulty & Fincham, 2012 |
| 10   | TBA |  |
| 11   | TBA |  |
| 12   | TBA |  |
| 13   | TBA |  |
| 14   | Wrap-Up |  |
Required Texts

Articles/Chapters/Workbooks

Herbert, J. D., & Forman, E. M. (2011). Caution: The differences between CT and ACT may be larger (and smaller) than they appear. Behavior Therapy