

**Psychology 740
Cognitive Therapy Applications**

Time: 7:30 PM - 10:00 PM Wednesday Place: Holroyd
Professor: Dr. Lynn Collins Phone: 951-5046
Office: Holroyd 117B E-mail: collins@lasalle.edu

Office hours: Tuesdays 4:30 PM - 7:00 PM; Wednesdays 1:30 - 3:00 PM; 5:30 PM - 7:00 PM, Thursdays 1:30 - 3:30 PM, and by appointment. I am on campus at other times as well. Students who come to my office take precedence over concurrent incoming phone calls (I won't pick up the phone if I already have a student in my office, but will return the call later). I respond very quickly to e-mail messages.

Course Description: This course is designed to familiarize students with the theoretical bases of Cognitive Behavior Therapy. Different approaches will be explored. There will be an emphasis on approaches that are most commonly used and the populations with which they are used. Lectures will stress theory and case conceptualization. Exercises will address both theory and application.

This course provides a more sophisticated, in-depth look at CBT as it pertains to cases. Students will read two texts and case and/biographical material. They will also participate in class exercises that will include operationalizing the problem, case conceptualization, treatment planning, practicing specific techniques (in the roles of therapist and client), and considering special issues for certain populations.

Required Text:

At bookstore:

Goldfried, M. R., & Davidson, G. C. (1994). *Clinical Behavior Therapy*. New York; John Wiley & Sons.

Needleman, L. D. (1999). *Cognitive case conceptualization. A guidebook for practitioners*. Mahwah, NJ: Lawrence Erlbaum.

On reserve:

Barlow, D. H. (1993). *Clinical handbook of psychological disorders*. New York: The Guilford Press.

Beck, J. S. (1995). *Cognitive therapy: Basics and beyond*. New York: The Guilford Press.

Case material:

Each group may select a cases, cases, or biography of a person with the particular disorder and use that material as the basis for their conceptualization, treatment planning, and role-play. Since many people in the class are working in the field, I expect that most students will be presenting real cases. If you do not have access to a case, the following biographical material may be used instead.

An Unquiet Mind by Kay Redfield Jamison (depression)

Girl, Interrupted by Susanna Kaysen (borderline personality)

A Brilliant Madness: Living With Manic-Depressive Illness by Patty Duke, Mary Lou Pinckert, Gloria Hochman (bipolar disorder)

The Boy Who Couldn't Stop Washing: The Experience and Treatment of Obsessive Compulsive Disorder by Judith L. Rapoport. (OCD)

I'm Black and I'm Sober: The Timeless Story of a Woman's Journey Back to Sanity by Chaney Allen

Bill W: My 1st 40 Years by Bill W (alcoholism)

Better Him than Me by Jack Eager (PTSD)

The Earl Campbell Story : A Football Great's Battle With Panic Disorder by Earl Campbell (Editor), John Ruane, Earline Campbell (Panic)

Good Enough...When Losing is Winning, and Thin Enough Can Never be Achieved by Cynthia N. Bitter (Eating disorders)

Diary of an Eating Disorder: A Mother and Daughter Share Their Healing Journey by Chelsea Smith, Beverly Runyon (Eating Disorder)

Course Objectives:

1. To develop an appreciation of the means by which one can assess the effectiveness of the different approaches and one's own interventions.
2. To introduce students to the myriad of ways to think about and approach a client's history and current issues from a CBT perspective. To encourage flexibility in thinking about cases and lay the foundation for an ability to work collaboratively with clients from this perspective
3. To have students appreciate the matching of several classes of patient problems with several types of CBT techniques.

Course Requirements:

1. **Attendance AND participation in class discussion.** This is a discussion class and your input and ideas are important.
2. **Completion of the two multiple choice/short answer/essay exams.** Make-up exams will not be given. Students may use the optional comprehensive final exam to replace grade on lowest or a missed test. *I highly recommend banding together with other student to outline chapters.* The chapter outlines are valuable when you have to study for tests like the licensing exams the road. *Studying for these exams will help you be prepared for licensing exams.*

How to study for my tests: My tests are characterized as comprehensive, but fair. You need to know *all* of the terms and concepts. If you are vague on anything, you will get the question wrong. Learn the material *well!* The outlines that I just mentioned are a great way to study for my tests. Studying with other students (even over the phone!) is also a good idea. It is better to get that uncomfortable feeling when a peer asks a question you can't answer than during the exam. The more ways your peers ask you questions, the more likely it is that you will come across an item that will be on the exam.

3. **Completion of a case presentation (depression, anxiety, substance abuse, eating disorder or borderline personality disorder).** This may be done individually or in teams of 2-3 people. Attendance and participation in the "case conferences" is required and will constitute 10% of your grade. See attached page for details.
4. **Completion of "special consideration" paper.** This paper will review the literature on a particular issue that may affect treatment planning for the client, such as sex, ethnicity, age, class, ongoing domestic violence, co-morbid disorders, or medical problems.

5. Optional. Students can get extra credit (an extra 3%) by **answering questions by e-mail**. Students responding accurately *within a week* of the posting will receive a specified number of bonus points, typically one per question, up to 3% of their total grade. Students may do one or the other. Why is this assigned? It is assigned because there are numerous events and opportunities posted each week via e-mail and students need to access this information for their professional development. Be sure to delete excess messages each week, or there may not be room for the next week's question!

Grading:

Exam I	20%
Exam II	20%
Case materials	25%
Special considerations paper	25%
Participation	10%

<u>Grading:</u>			
A	94+%	C	70-76%
A-	90-93%	F	<70%
B+	87-89%		
B	84-86%		
B-	80-83%		
C+	77-79%		

Case Assignment

Case Documents: (Case Conceptualization papers are to be handed in at least 2 weeks before presentations so I can make copies for everyone).

Conceptualizations should be based on:

1. Main issues and treatment techniques for disorder in general
2. Case material (video or audiotape, assessment results, etc.)
3. Assessment procedures, forms; sample completed
4. Problem list for case
5. Treatment plan, including specific techniques
6. Case's automatic thoughts, intermediate thoughts, and core beliefs
7. Special issue paper with reference section (bibliography); 7-10 pages.
8. Termination plans

Class presentation:

1. Give overview of case
3. Case material (video or
4. Describe problem list for case, automatic thoughts, intermediate thoughts, and core beliefs for case ; 7-10 pages.
7. Discuss special consideration in theory and as pertains to case.
9. Role play case to demonstrate characteristic cognitions and approaches with teammate.
Tag-team therapy: Other students rotate through

Cognitive Therapy Applications

Date:	Chapter:	Topic:
August	30	<p>Introduction and overview Basics of behavioral and cognitive approaches (intro group exercise with assessment assignment)</p> <p>Assign: Exercise leaders (5 exercises) Diagnoses</p> <p>Discuss: Special considerations</p>
September	6	<p>Goldfried 1-3, 5 Needleman 1, 2, 4</p> <p>Assessment & Cognitive case conceptualization (group exercise with relaxation technique by student) Case conceptualization film</p>
	13	<p>Goldfried 4, 6, & 7 Needleman 3,</p> <p>Therapeutic Issues (group exercise: identifying automatic thoughts & emotions) Film: Panic: First session</p>
	20	<p>Goldfried 8, 9, 10 Needleman 5</p> <p>Automatic thoughts & intermediate beliefs, & cognitive interventions. (group exercise: other techniques) Structure of session film</p>
	27	<p>Beck 10, 11, & 13 (on reserve)</p> <p>Core beliefs (group exercise: imagery)</p>
October	4	<p>Beck 15 (on reserve)</p> <p>Termination & relapse prevention (group exercise: other techniques) Relapse prevention film</p>
	11	Exam I on material covered so far.
	18	<p>Goldfried 11 Needleman 6, 7</p> <p>Anxiety disorders (case presentations and tag team therapy begins) Panic film</p>
	25	<p>Needleman 8</p> <p>Depression (case presentations and tag team therapy) Anger film?</p>
November	1	<p>Barlow 7 & 8 (on reserve)</p> <p>Eating disorders & obesity (case presentations and tag team therapy)</p>
	8	<p>Barlow 9 (on reserve)</p> <p>Alcoholism (case presentations and tag team therapy)</p>

