HAWAI`I SCHOOL OF PROFESSIONAL PSYCHOLOGY
AT CHAMINADE UNIVERSITY OF HONOLULU

Course Syllabus
Chaminade University Honolulu
3140 Wai'alae Avenue - Honolulu, HI 96816
www.chaminade.edu

Course Number: PP8010
Course Title: Cognitive Behavioral Theory and Therapy
Department Name: Hawai'i School of Professional Psychology
College/School/Division Name: College of Education and Behavioral Sciences
Term: Fall 2020
Course Credits: 03
Class Meeting Days: Tuesdays, 1:00pm – 4:00pm
Class Meeting Hours: 45
Class Location: Henry Hall 223

Instructor Name: Lianne Philhower, PsyD, MPH, DBTC
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Office Hours: Wednesday 11:00am – 2:00pm, Thursdays & Fridays – By Appointment

University Course Catalog Description and Overview
Major cognitive-behavioral therapies, as well as their theoretical foundations, are reviewed in this course. There is an emphasis on developing skills in cognitive behavioral analysis and treatment, with special attention to the treatment of selected disorders and personality styles.

Instructional Contact and Credit Hours
Students can expect 15 hours of instructional engagement for every 1 semester credit hour of a course. Instructional engagement activities include lectures, presentations, discussions, group-work, and other activities that would normally occur during class time. Instructional engagement activities may occur in a face-to-face meeting, or in the classroom.

In addition to instructional engagement, students can expect to complete 30 hours of outside work for every 1 semester credit hour of a course. Outside work includes preparing for and completing readings and assignments. Such outside work includes, but is not limited to, all research associated with completing assignments, work with others to complete a group project, participation in tutorials, labs, simulations and other electronic activities that are not a part of the instructional engagement, as well as any activities related to preparation for instructional engagement.

At least an equivalent amount of work specified in the paragraph above shall be applied for other academic activities as established by the institution, including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

Marianist Values
This class represents one component of your education at Chaminade University of Honolulu. An education in

the Marianist Tradition in marked by five principles and you should take every opportunity possible to reflect upon the role of these characteristics in your education and development:

- Education for formation in faith
- Provide an integral, quality education
- Educate in family spirit
- Educate for service, justice and peace
- Educate for adaptation and change

Native Hawaiian Values

Education is an integral value in both Marianist and Native Hawaiian culture. Both recognize the transformative effect of a well-rounded, value-centered education on society, particularly in seeking justice for the marginalized, the forgotten, and the oppressed, always with an eye toward God (Ke Akua). This is reflected in the ʻŌlelo Noʻeau (Hawai'ian proverbs) and Marianist core beliefs:

1. Educate for Formation in Faith (Mana) E ola au i ke akua (ʻŌlelo Noʻeau 364) May I live by God
2. Provide an Integral, Quality Education (Naʻauao) Lawe i ka maʻalea a kūʻonoʻono (ʻŌlelo Noʻeau 1957) Acquire skill and make it deep
3. Educate in Family Spirit (ʻOhana) ʻIke aku, ʻike mai, kōkua aku kōkua mai; pela iho la ka nohana ʻohana (ʻŌlelo Noʻeau 1200) Recognize others, be recognized, help others, be helped; such is a family relationship
4. Educate for Service, Justice and Peace (Aloha) Ka lama kū o ka noʻeau (ʻŌlelo Noʻeau 1430) Education is the standing torch of wisdom
5. Educate for Adaptation and Change (Aina) ʻAʻohe pau ka ʻike i ka hālau hoʻokahi (ʻŌlelo Noʻeau 203) All knowledge is not taught in the same school

Program Learning Outcomes: HSPP Aims and Competencies

The Hawaiʻi School of Professional Psychology at Chaminade University of Honolulu's clinical psychology doctoral program's aim is to educate and train students employing a practitioner-scholar model so that they will be able to function effectively as clinical psychologists. To ensure that students are adequately prepared, the curriculum is designed to provide for the meaningful integration of psychological science, theory, and clinical practice. The clinical psychology program at the Hawaiʻi School of Professional Psychology is designed to emphasize the development of knowledge, skills, and attitudes essential in the training of health service psychologists who are committed to the ethical provision of quality, evidence based services to diverse populations and who are able to apply multiple theoretical perspectives to clinical issues.

The Hawaiʻi School of Professional Psychology at Chaminade University of Honolulu's clinical psychology doctoral program subscribes to the APA Standards of Accreditation. As such, students are expected to establish an identity in and orientation to health service psychology by acquiring the necessary discipline-specific knowledge and profession-wide competencies as follows:

1. Students will demonstrate knowledge of ethical and legal standards relevant to the practice of clinical psychology, including professional ethics that guide professional behavior.
2. Students will develop both communication and interpersonal skills, to include utilization of clear, informative, well-integrated communication, critical thinking, and effective interpersonal skills in professional interactions.
3. Students will demonstrate knowledge of professional values and attitudes as well as self-reflective practice and openness to supervision and feedback.
4. Students will demonstrate competency in individual and cultural diversity, including knowledge of theoretical models and diversity research that serve to guide the application of diversity competence.
5. Students will have knowledge of the history and systems of psychology as well as the basic areas in scientific psychology, including affective, biological, cognitive, developmental, psychopharmacological, and sociocultural aspects of behavior.

6. Students will demonstrate competency in the science of psychology, including knowledge and application of psychometrics, statistical analyses, and quantitative and qualitative research methods.
7. Students will demonstrate competency in psychological assessment, including the ability to administer, interpret, and integrate psychological test results and apply knowledge of strengths and psychopathology to the assessment process.
8. Students will demonstrate competency in clinical intervention, including case formulation, theoretical conceptualization, developing and applying evidence based treatment plans, and evaluating treatment effectiveness in work with clients.
9. Students will evidence knowledge of consultation models and practices, and demonstrate interprofessional and interdisciplinary skills in consultative services.
10. Students will evidence knowledge of supervision models and practices.
11. Students will understand and apply the Marianist values in their professional practice. The application of Marianist values includes applying and adapting social awareness for community service, justice, and peace.

Course Learning Outcomes

1. Students will refine their therapeutic engagement skills using a current and evidence-based cognitive-behavioral approach to therapy. This includes establishing a therapeutic relationship, setting an agenda, using CBT techniques appropriately, and closing the CBT session efficiently. These skills will be demonstrated in role-plays and skill practice activities. *(Competency 2 & 8)*
2. Students will refine their critical thinking and clinical integration skills. These skills will be demonstrated through the development of sound cognitive-behavioral case formulations and treatment plans, assigned CBT homework and data collection, in-class role-play activities, and midterm/final exams. *(Competency 2 & 8)*
3. Students will strengthen their written and oral case conceptualization skills. These skills will be demonstrated through case summaries and presentations as well as on midterm/final exams. *(Competency 2 & 8)*
4. Students will increase their knowledge of diversity issues in using a cognitive-behavioral approach to therapy. This will be demonstrated in class discussions, case summaries, and on midterm/final exams. *(Competency 4 & 11)*
5. Students will learn to utilize peer feedback to develop and strengthen their evolving understanding of the CBT theoretical orientation and approach to therapy. This skill will be evidenced by appropriate case comments, peer feedback, and the incorporation of feedback during role-play, class activities, and video presentation. *(Competency 2 & 8)*
6. Students will strengthen their critical thinking and reflexive-thinking skills via awareness of personal and professional biases that impact the therapeutic process. These skills will be evidenced by appropriate discussion, feedback, and reflections during class activities, role-plays, assignments, and final exam responses. (Competency 2 & 3)
7. Students will increase their awareness of ethics and professional behavior in addressing complex clinical cases. This skill will be demonstrated through class discussion, assignments, and exam responses. *(Competency 1)*

Required Learning Materials

Required Textbooks

Beck, J. S. (2011) Cognitive behavior therapy: Basics and beyond. 2nd ed. NY: Guilford Press.

Hayes, S. C. & Hofmann, S. G. (2018) Process-based CBT: The science and core clinical competencies of cognitive behavioral therapy. Oakland, CA: Context Press

Required Readings

Bryan, C. J., Wood, D. S., May, A., Peterson, A. L., Wertenberger, E., & Rudd, D. (2017). Mechanisms of action contributing to reductions in suicide attempts following brief cognitive behavioral therapy for military personnel: A test of the interpersonal-psychological theory of suicide. *Archives of Suicide Research.* Retrieved from: http://dx.doi.org/10.1080/13811118.2017.1319313

Diehle, J., Opmeer, B. C., Boer, F., Mannarino, A. P., Lindauer, R. J. L. (2015). Trauma-focused cognitive behavioral therapy or eye movement desensitization and reprocessing: what works in children with posttraumatic stress symptoms? A randomized controlled trial. *Eur Child Adolesc Psychiatry, 24,* 227-236.

Dryman, M. T., McTeague, L. M., Olino, T. M., & Heimberg, R. G. (2017). Evaluation of an open-access CBT-based internet program for social anxiety: Patterns of use, retention, and outcomes. *Journal of Consulting and Clinical Psychology, 85*(10), 988-999.

Gershy, N. (2017) Psychodynamic case formulation: A roadmap to protocol adaptation in CBT. *Psychoaalytic Psychology, 34*(4), 478-487.

Huisman, P., & Kangas, M. (2018). Evidence-based practices in cognitive behavior therapy (CBT) case formulation: What do practitioners believe is important, and what do they do? *Behaviour Change 35*(1), 1-21.

Khalsa, M. K., Grelier-Ferris, J. M., Hoftmann, S. G., & Khalsa, S. B. S. (2015). Yoga-enhanced cognitive behavioural therapy (Y-CBT) for anxiety management: A pilot study. *Clinical Psychology and Pschotherapy, 22,* 364-371.

Küchler, A. M., Albus, P., Ebert, D. D., & Baumeister, H. (2019). Effectiveness of an internet-based intervention for procrastination in college students (StudiCare Procrastination): Study protocol of a randomized controlled trial. *Internet Interventions, 17.* Retrieved from: https://doi.org/10.1016/j.invent.2019.100245

Lobban, F. & Barrowclough, C. (2016). An interpersonal CBT framework for involving relatives in interventions for psychosis: Evidence base and clinical implications. *Cognitive Therapy & Research, 40,* 198 – 215.

McIntosh, C. C., Crino, R. D., & O'Neill, K. (2016). Treating problem gambling samples with cognitive behavioural therapy and mindfulness-based interventions: A clinical trial. *J. Gambl Stud, 32,* 1305-1325. doi: 10.1007/s10899-016-9602-1.

Michalak, J., Schultze, M., Heidenreich, T., & Schramm, E. (2015). A randomized controlled trial on the efficacy of mindfulness-based cognitive therapy and a group version of cognitive behavioral analysis system of psychotherapy for chronically depressed patients. *Journal of Consulting and Clinical Psychology, 83*(5), 951-963. Retrieved from: http://dx.doi.org/10.1037/ccp0000042.

Miloseva, L., Milosev, V., & Rihter, K. (2016). Cognition and suicide: Effectiveness of cognitive behavior therapy. *4*(1), 79-83.

Norris, S. C., Gleaves, D. H., & Hutchinson, A. D. (2019). Treatment outcome research of enhanced cognitive behavioour research of enhanced cognitive behavior therapy for eating disorders: a systemic review with narrative and meta-analytic synthesis. *Eating Disorders,* Retrieved from: https://doi.org/10.1080/10640266.2018.1560240.

Randall, C., Nowakowski, S., & Ellis, J. G. (2018). Managing acute insomnia in prison: Evaluation of a "one-shot" cognitive behavioral therapy for insomnia (CBT-I) intervention. *Behavioral Sleep Medicine, 1-10,* Retrieved from: https://doi.org/10.1080/15402002.2018.1518227

Ridings, L. E., Moreland, A. D., & Petty, K. H. (2018). Implementing trauma-focused CBT for children of veterans in the VA: Providing comprehensive services to veterans and their families. *Psychological Services,* Retrieved from: http://dx.doi.org/10.1037/ser0000278.

Skarphedinsson, G., Weidle, B., Thomson, P. H., Dahl, K., Torp, N. C., Nissen, J. B., Melin, H. K., Hybel, K., Valderhaug, R., Wentzel-Larsen, T., Compton, S. N. & Ivarsson, T. (2015). Continued cognitive-behavior therapy versus sertraline for children and adolescents with obsessive-compulsive disorder that were non-responders to cognitive-behavior therapy: a randomized controlled trial. *Eur Child Adolesc Psychiatry, 24,* 591-602. doi:10.1007/s00787-014-0613-0.

Stewart, R. E., Chambless, D. L., & Stirman, S. W. (2018). Decision making and the use of evidence-based practice: Is the three-legged stool balanced? *Practice Innovations, 3*(1), 56 – 67.

Tucker, R. P., Crowley, K. J., Davidson, C. L., & Gutierrez, P. M. (2015). Risk factors, warning signs, and drivers of suicide: What are they, how do they differ, and why does it matter? *Suicide and Life-Threatening Behavior, 45*(6), 679 – 689.

Zetterberg, M., Carlbring, P., Andersson, G., Berg, M., Shafran, R., & Rozental, A. (2019). Internet-based cognitive behavioral therapy of perfectionism: Comparing regular therapist support and support upon request. *Internet Interventions, 17,* 1 – 9. Retrieved from: http://doi.org/10.1016/j.invent.2019.02.001

Course Requirements

Attendance and Participation. (5%) Regular attendance and active participation in class discussions and role-plays are required. Therefore, students are expected to attend every class, arrive on time, complete all assigned readings, actively participate in class discussions, complete all in-class assignments on time, and behave appropriately and professionally at all times. Tardiness is considered to be more than 15 minutes late to class. Two (2) tardy marks will result in an individual meeting with the instructor, and three (3) or more tardy marks will result in a meeting with the student's academic advisor for remediation. Two absences (excused or unexcused) will require additional work outside of class time. and may result in loss of credit for the course. The qualification of what is or is not excusable remains at the instructor's sole discretion. If three (3) or more classes are missed (without reasonable exceptions that are cleared by the instructor), the student will be required to re-take the course. Student attendance and participation will be one mechanism to measure students' understanding of the theoretical, empirical, and applied foundations of this course within the clinical practice of psychology.

Homework Assignments (10%): Homework is an essential part of cognitive behavioral therapy. There will be several opportunities to engage in CBT homework assignments during the term. Only four (4) homework assignments need to be submitted and graded. Students will work with each other to learn about different types of CBT homework assignments and how they may be useful for future clients who may have a variety of challenges. By working with peers, students will learn how to tailor and modify homework for clients they work with, trouble-shoot challenges, and discover the experience of providing, receiving, and doing CBT homework.

Midterm Exam (15%): There will a midterm exam based on assigned readings and lectures. Exams provide the student with an opportunity to demonstrate understanding of key CBT terms, assumptions, as well as conceptualization and formulation skills.

Clinical Skill Evaluation (15%): The clinical skill evaluation provides the student with the opportunity to demonstrate key clinical aptitudes such as attunement, empathy, rapport building, awareness of CBT structure and methodology, CBT case conceptualization, decision-making, and treatment planning. ***See Rubric – A.***

Article Reviews (15%): The student will write two (2) research article reviews. The student may choose an article from those listed here and submit it on the day that it is to be reviewed as indicated by the syllabus. Article reviews must not exceed 5 pages double-spaced and must be APA formatted. ***See Rubric - B.***

Articles to choose from for Review #1:

Diehle, J., Opmeer, B. C., Boer, F., Mannarino, A. P., Lindauer, R. J. L. (2015). Trauma-focused cognitive behavioral therapy or eye movement desensitization and reprocessing: what works in children with posttraumatic stress symptoms? A randomized controlled trial. *Eur Child Adolesc Psychiatry, 24,* 227-236.

Khalsa, M. K., Grelier-Ferris, J. M., Hoftmann, S. G., & Khalsa, S. B. S. (2015). Yoga-enhanced cognitive behavioural therapy (Y-CBT) for anxiety management: A pilot study. *Clinical Psychology and Pschotherapy, 22,* 364-371.

Küchler, A. M., Albus, P., Ebert, D. D., & Baumeister, H. (2019). Effectiveness of an internet-based intervention for procrastination in college students (StudiCare Procrastination): Study protocol of a randomized controlled trial. *Internet Interventions, 17.* Retrieved from: https://doi.org/10.1016/j.invent.2019.100245

Articles to choose from for Review #2:

McIntosh, C. C., Crino, R. D., & O'Neill, K. (2016). Treating problem gambling samples with cognitive behavioural therapy and mindfulness-based interventions: A clinical trial. *J. Gambl Stud, 32,* 1305-1325. doi: 10.1007/s10899-016-9602-1.

Michalak, J., Schultze, M., Heidenreich, T., & Schramm, E. (2015). A randomized controlled trial on the efficacy of mindfulness-based cognitive therapy and a group version of cognitive behavioral analysis system of psychotherapy for chronically depressed patients. *Journal of Consulting and Clinical Psychology, 83*(5), 951-963. Retrieved from: http://dx.doi.org/10.1037/ccp0000042.

Randall, C., Nowakowski, S., & Ellis, J. G. (2018). Managing acute insomnia in prison: Evaluation of a "one-shot" cognitive behavioral therapy for insomnia (CBT-I) intervention. *Behavioral Sleep Medicine, 1-10,* Retrieved from: https://doi.org/10.1080/15402002.2018.1518227

Articles to choose from for Make-Up Article Review:

Dryman, M. T., McTeague, L. M., Olino, T. M., & Heimberg, R. G. (2017). Evaluation of an open-access CBT-based internet program for social anxiety: Patterns of use, retention, and outcomes. *Journal of Consulting and Clinical Psychology, 85*(10), 988-999.

Skarphedinsson, G., Weidle, B., Thomson, P. H., Dahl, K., Torp, N. C., Nissen, J. B., Melin, H. K., Hybel, K., Valderhaug, R., Wentzel-Larsen, T., Compton, S. N. & Ivarsson, T. (2015). Continued cognitive-behavior therapy versus sertraline for children and adolescents with obsessive-compulsive disorder that were non-responders to cognitive-behavior therapy: a randomized controlled trial. *Eur Child Adolesc Psychiatry, 24,* 591-602. doi:10.1007/s00787-014-0613-0.

Zetterberg, M., Carlbring, P., Andersson, G., Berg, M., Shafran, R., & Rozental, A. (2019). Internet-based cognitive behavioral therapy of perfectionism: Comparing regular therapist support and support upon request. *Internet Interventions, 17,* 1 – 9. Retrieved from: http://doi.org/10.1016/j.invent.2019.02.001

CBT Demonstration Video/Transcription Analysis (10%): Each student will show a 10-minute demonstration video with transcription. This video will include a demonstration of a CBT structured segment, strategy or intervention. The purpose of the video is to support learning of clinical aspects of CBT not otherwise learned through reading. It is an opportunity to apply key concepts and skills discussed in the course lectures and text. Students are encouraged to record at least 30 minutes and choose a 10-minute segment to transcribe and show in class. Transcription of the 10-minute segment is due on the day of the demonstration. ***See Rubric - C.***

CBT Case Summary Write Up (10%) The student will submit a written cognitive case summary that includes a brief case history, formulation, and treatment plan. Material for the cognitive case write up will be gathered through in-class data collection during practice activities. During that time, each student will choose a fairly clear "problem" they would like to work on. For example, it may be that the student would like to work on decreasing procrastination, achieving better balance of school and family, improved health and fitness, or improved focus on professional goals or financial management. The student will explore their own behavior, feelings/emotion, thoughts, intermediate beliefs, and schemas while assigning themselves CBT objectives and homework to help improve their chosen area of functioning. They will be assigned a partner who will act as a peer CBT consultant to help them identify their goals, automatic thoughts, intermediate and core beliefs. The peer consultant may also help with

case formulation, develop intervention strategies and track their intervention by reviewing with the student any homework assignments the student decided to try. ***See Rubric – D.***

Final Exam (20%): There will a final exam based on assigned readings and lectures. Exams provide the student with an opportunity to demonstrate understanding of key CBT terms, assumptions, as well as conceptualization, formulation, and treatment planning competencies.

Grading

Project/Assignment	**Percent of Grade**
Attendance and Participation	5
Homework Assignments	10
Midterm Exam	15
Clinical Skill Evaluation	15
Article Review X 2	15
CBT Video/Transcription	10
CBT Case Write Up	10
Final Exam	20

Grading Scale

Grade point equivalents (and grading scale values) are presented below. Final scores > .5 will be rounded up.

A = 4.00 (93-100) A- = 3.67 (90-92)
B+ = 3.33 (88-89) B = 3.00 (83-87) B- = 2.67 (80-82)
C = 2.00 (70-79); Failed - No credit given F = 0.00 (≤ 69); Failed - No credit given

Class Format

This course is designed to familiarize students with the Cognitive-Behavioral theoretical orientation and its use in therapy. It will utilize a combination of didactic, discussion, exercises, and experiential formats. Students are required to actively participate in each class.

ATTUNEMENT, NEUTRALITY, and OBJECTIVITY: Throughout the course each student will be evaluated on their practice of attunement, ability to keep an objective perspective and understand and demonstrate neutrality when role-playing the CBT therapist. These are key "ways of being" and foundational to the CBT orientation.

Guidelines for Students' Sharing of Affective Experiences and Reactions to Didactic and Clinical Materials: It is anticipated that in the course of students' graduate education in clinical psychology, they will have a variety of emotional experiences and reactions to didactic lectures, discussions of psycho-diagnostic and psychotherapy clinical case material, and in their practicum and internship experiences with patients/clients. Being in contact with one's own internal states and understanding one's emotional reactions around contact with clinical material is understood to be an integral part of one's professional responsibility. While it is encouraged that students share or discuss these experiences as appropriate and relevant to course material in the classroom, self-disclosure of emotional experiences should be at the discretion of each individual student and at a level with which each is comfortable. It is expected that such self-disclosure should take place in a supportive and non-intrusive context. Appropriate self-disclosure is voluntary and requirements or pressure on the part of either faculty or fellow students on individuals to share such emotional experiences when they are unwilling to do so is not the policy of this school. Throughout this course, self-disclosure will be considered voluntary. In the event that affective reactions to the material presented in this course become overwhelming, students

are encouraged to speak with the instructor, seek out sources of informal support, and/or seek out formal support in the form of individual therapy.

Instructor's Assumptions

- *Learning is a shared responsibility.*
- *There is a positive correlation between one's involvement and one's learning.*
- *There are many truths and many perspectives; all are useful in developing self-awareness and awareness of the possible other points of view.*

Course Policies

Instructor and Student Communication: Questions for this course can be emailed to the instructor at lianne.philhower@chaminade.edu, discussed in-person, and phone or video conferences can be arranged. Response time will take place within 48 hours of receipt of communication.

Cell phones, tablets, and laptops: Out of consideration for your professor and classmates, please set your cell phone to silent mode during class. Students are encouraged not to use laptops or tablets excessively during on-campus class time as this is an intervention course and much of the work will require active participation in the practice of CBT therapeutic intervention and discussion. Laptops and tablets should not be misused, such as checking distracting websites. Use your best judgment and respect your classmates and instructor.

Disability Access: If you need individual accommodations to meet course outcomes because of a documented disability, please speak with me to discuss your needs as soon as possible so that we can ensure your full participation in class and fair assessment of your work. Students with special needs who meet criteria for the Americans with Disabilities Act (ADA) provisions must provide written documentation of the need for accommodations from the Counseling Center by the end of week three of the class, in order for instructors to plan accordingly. If a student would like to determine if they meet the criteria for accommodations, they should contact the Kōkua 'Ike Coordinator at (808) 739-8305 for further information (ada@chaminade.edu).

Failure to provide written documentation through the Counseling Center will prevent your instructor from making the necessary accommodations, instructors cannot provide accommodations unless they have been prescribed by the Counseling Center. Once you have received an official notice of accommodations from the Counseling Center, it is also very important to discuss these accommodations directly with your instructor so that they can better support your needs. If you have specific questions regarding your individualized accommodations you may speak directly with your instructor and/or you may contact the Counseling Center.

Title IX Compliance: Chaminade University of Honolulu recognizes the inherent dignity of all individuals and promotes respect for all people. Sexual misconduct, physical and/or psychological abuse will NOT be tolerated at CUH. If you have been the victim of sexual misconduct, physical and/or psychological abuse, you are encouraged to report this matter promptly. Faculty members promote safe and healthy environments, and any sexual, physical, and/or psychological misconduct or abuse will be reported to the Title IX Coordinator. If you or someone you know has been harassed or assaulted, you can find the appropriate resources by visiting Campus Ministry, the Dean of Students Office, the Counseling Center, or the Office for Compliance and Personnel Services.

Attendance Policy: Students are expected to attend regularly all courses for which they are registered. Student should notify their instructors when illness or other extenuating circumstances prevents them from attending class, and they should make arrangements to obtain missed information and complete missed assignments. Notification may be done by emailing the instructor's Chaminade email address, calling the instructor's campus extension, or by leaving a message with the instructor's division office. It is the instructor's prerogative to modify deadlines of course requirements accordingly. Any student who stops attending a course without officially withdrawing may receive a failing grade.

Students may be automatically withdrawn from the class or receive a failing grade if there are three or more absences in a 16-week term or two absences in a row in a 16-week term. With the condensed nature of the 8-week terms, missing class one day (e.g., 6-hours of class) would be equivalent to two absences in a row in a 16-week term.

Students with disabilities who have obtained accommodations from the Chaminade University of Honolulu ADA Coordinator may be considered for an exception when the accommodation does not materially alter the attainment of the learning outcomes. Federal regulations require continued attendance for continuing payment of financial aid. When illness or personal reasons necessitate continued absence, the student should communicate first with the instructor to review options. Anyone who stops attending a course without official withdrawal may receive a failing grade or be withdrawn by the instructor at the instructor's discretion.

Late Work Policy: **All assignments are due as indicated by the assessment description above and course schedule that follows. Late assignments will result in a 10% deduction for each day the assignment is late.**

Grades of "Incomplete": **An "incomplete" grade may be requested a week prior to the last class day. The granting of an "incomplete" grade is determined by the professor, based on the student's course performance prior to the request, and at the sole discretion of the professor. Students are encouraged to bring up concerns regarding completion of the course requirements prior to the 14th week of class and as soon as possible.**

Academic Conduct Policy: Any community must have a set of rules and standards of conduct by which it operates. At Chaminade, these standards are outlined so as to reflect both the Catholic, Marianist values of the institution and to honor and respect students as responsible adults. All alleged violations of the community standards are handled through an established student conduct process, outlined in the Student Handbook and HSPP Program Catalog, and operated within the guidelines set to honor both students' rights and campus values.

Students should conduct themselves in a manner that reflects the ideals of the University. This includes knowing and respecting the intent of rules, regulations, and/or policies presented in the Student Handbook and Program Catalog, and realizing that students are subject to the University's jurisdiction from the time of their admission until their enrollment has been formally terminated. Please refer to the Student Handbook and HSPP Program Catalog for more details. A copy of the Student Handbook is available on the Chaminade website (https://studentaffairs.chaminade.edu/).

Unless otherwise instructed, all course submissions should follow the formatting of the *Publication Manual of the American Psychological Association, 7th Edition* format. The faculty at the Hawai'i School of Professional Psychology at Chaminade University of Honolulu is dedicated to providing a learning environment that supports scholarly and ethical writing, free from academic dishonesty and plagiarism. This includes the proper and appropriate referencing of all sources. You may be asked to submit your course assignments through an online authenticity resource (e.g., Turnitin), which helps students and instructors detect potential cases of academic dishonesty.

Technology: A laptop with the following technology may be required in order to complete courses in the Clinical Psychology program: at least Windows 10 (for PCs), at least Mac OS X 10.5.8 (for Macs); a current antivirus program; the current Microsoft Office (PowerPoint and Word) and Adobe Acrobat; a standard web browser; and an internet or broadband connection with speed and connectivity to support internet searches and video conferencing.

Schedule

FALL 2020 COURSE SCHEDULE – Tuesdays 1PM – 4PM

Dates	Topics	Readings	Homework/**Assignment Due**
08/25 Lecture 1	Introduction to Cognitive Behavior Therapy	Review Syllabus Beck: Ch. 1 – 5 Hayes & Hofmann: Intro, Ch. 5 Article: Diehle et al. (2015)	Behavior Goal Sheet Behavior Record (Thought Log HW#1)
09/01 Lecture 2	Theoretical Orientation, Conceptualization & Formulation	Beck: Ch. 6 - 8 Hayes & Hofmann: Ch. 1, 2 Articles: Dryman et al. (2017), Khalsa et al. (2015)	**DUE: Thought Log Reviewed #1** (Thought Log w/ emotion rating 0-10 HW#2)
09/08 Lecture 3	Evaluation & The First Therapy Session	Beck: Ch. 9 – 12, 17 Hayes & Hofmann: Ch 3, 4 Articles: Kuchler et al. (2019), Skarphedinsson et al. (2015)	**DUE: Thought Log Reviewed #2**
09/15 Lecture 4	Modifying Behavior & Behavioral Activation	Beck: Ch. 13 – 16 Hayes & Hofmann: Ch. 6, 7 Article: Zetterburg et al. (2019),	**DUE: First Article Review** Diehle et al. (2015), Khalsa et al. (2015), OR Kuchler et al. (2019)
09/22 Lecture 5	Structuring the CBT Sessions and Giving Homework	Beck: Ch. 18 – 21 Hayes & Hoffman: Ch. 8, 9 Articles: Michalak et al. (2015),	(4-7-8 Breathing & Thought Log / ID Alternative thought w/emotion rating HW#3)
09/29 Lecture 6	Identifying and Responding to Automatic Thoughts, Feelings & Behaviors	Beck: Appendix A Hayes & Hofmann: Ch. 10 – 13 Articles: McIntosh et al. (2016)	**DUE: Thought Log Reviewed #3** (Mindfulness Activity & Thought Log w/ emotion rating, ID Distortion and Alternative thought HW#4)
10/06 Lecture 7	Identifying and Modifying Intermediate and Core Beliefs (Cross-sectional Conceptualization Practice)	Hayes & Hofmann: Ch. 14 – 16 Articles: Randall et al. (2018)	**DUE: Thought Log Reviewed #4**
10/13 Lecture 8	Cognitive and Behavioral Strategies & Homework	Hayes & Hoffman: 17 – 19 Article: Stewart et al. (2018)	**DUE: Second Article Review** McIntosh et al. (2016), Michalak et al. (2015), OR Randall et al. (2018),
10/20 Lecture 9	**Midterm:** **Beck: Chapters 1 – 21**	Hayes & Hofmann: Ch. 20 – 22 Articles: Ridings et al. (2018),	**DUE: Clinical Skill Evaluation**
10/27 Lecture 10	Termination, Treatment Planning Problems in Therapy	Hayes & Hofmann: Ch. 23 – 25 Articles: Norris et al. (2019) Cognitive Behavioral Case Summary Directions	Begin writing cognitive case summary, videotaping & transcribing

11/03 Lecture 11	Acceptance, Values & Choice Clarification, and Mindfulness	Hayes & Hofmann: Ch. 26 – 27 Articles: Miloseva et al. (2016),	**DUE: Make-up Article Review** Dryman et al. (2017), Skarphedinsson et al. (2015), OR Zetterburg et al. (2019)
11/10 Lecture 12	Crisis Management & Managing Suicidality	Hayes & Hofmann: Ch. 28 – 29 Articles: Bryan et al. (2017), Tucker et al. (2015)	**DUE: Cognitive Case Summary Write-Up**
11/17 Lecture 13	Video Demonstrations (4)	Article: Huisman & Kangas (2018)	**DUE: Video & Transcription**
11/24 Lecture 14	Video Demonstrations (3)	Articles: Gershy (2017), Lobban & Barrowclough (2015)	**DUE: Video & Transcription**
12/01 Lecture 15	Pulling It All Together Final Exam Review		
12/08 Lecture 16	**Final Exam**		

Rubric (A) and Scoring Sheet for Clinical Skill Evaluation:

You will be asked to demonstrate two of the following CBT skills. A rating description will be applied to your demonstration. You may use any prop you may need for the demonstration. Practice is encouraged.

1 – 2 = Poor (not demonstrated)

3 – 4 = Improvement needed (attempted, but vague, incomplete, or with significant problems)

5 – 6 = Satisfactory (demonstrated, but robotic, concrete, or with some minor problems)

7 – 8 = Very good (done with genuineness and effectiveness)

9 – 10 = Excellent (Very well done, with competence and confidence)

Skill/Strategy/Technique	Score	Comments:
1. Setting the Agenda		
2. Describing the CBT Model		
3. Reviewing Homework		
4. Eliciting Thoughts, Feelings, and Behaviors		
5. Identifying hot cognitions		
6. Evaluating Thoughts & Beliefs (Guided Discovery and Socratic Questioning)		
7. Collaborating on a Strategy for Change		
8. Application of a CBT Strategy (See examples)		
9. Setting/Collaborating on Homework		
10. Asking for Feedback		
Total Score	**/100**	**% of Grade = _____ / 15%**

Examples of CBT Strategies: Utilizing imagery, breathing & mindfulness techniques, worksheets, role-play, thought record, thought inquiry (testing), psycho-education (i.e., on emotions, thought distortion, assumptions/beliefs, physiological responses, etc.), behavioral experimentation, cognitive continuum (gray-area thinking), problem-solving/skills-training, exposure

Rubric (B) and Scoring Sheet for Article Review:

Student Name: _____

Article #: _____

Title of Article: _____

1. Provide a brief summary of the research study. This includes the *problem* that is being addressed (1pt), *research questions/hypotheses* (2pts), and *conclusions* (2pts). (5pts total)	/5pts
2. APA formatting (appropriate use of citation, no abstract needed), organization (clear headings, clear paragraph formation), and grammar (use of active voice preferred).	/5pts
3. Critical review of the sample, sampling method, research design, instruments used (tests, surveys, etc.), data collection method, description of data analysis. Do the research design, instruments, and methods logically investigate the problem and questions asked? Why or why not?	/10pts
4. Discussion of the related ethical and cultural issues	/5pts
5. Discussion of overall limitations, implications for future research and practice	/5pts
6. Personal reflection of learning including how the article was beneficial to understanding CBT	/5pts
TOTAL POINTS	**/35pts**

Comments:

Rubric (C) and Scoring Sheet for Video Demonstration:

Date: _____ Score: _____ / 30

Student (Therapist Role) Name: _____

1. Basic empathy, attunement, and rapport	Unable to establish sufficient rapport. Poor attunement and/or empathy	Establishes a minimal level of rapport, but misses much of the client's process.	Establishes an adequate level of rapport and demonstrates enough attunement for a productive working alliance.	Establishes a good working alliance. Demonstrates attunement and empathy to content and process.	Establishes an excellent working alliance and demonstrates consistent attunement and empathy.
	1	2	3	4	5
Comments:					
2. Listening and reflection skills	Unable to identify important session content and/or process.	Gets lost in client's content and is unable to follow process.	Is able to identify sufficient amount of important session content and process.	Establishes a good understanding of the client's concerns and their process.	Demonstrates excellent listening and reflection skills that are on target with the clients concerns and process.
	1	2	3	4	5
Comments:					
3. Ability to conduct intervention	Commits major CBT errors (e.g., makes extremely didactic or judgmental interventions, frequent attempts to rescue client; little commentary and/or questioning that might help elicit information or solution; little management of own feelings and/or attitudes towards client/issues).	Commits some errors (see level 1 description). Not able to utilize CBT conceptualization or strategies, but remains non-judgmental and curious.	Avoids major errors (see level 1 description). Able to use some CBT strategies (i.e., Socratic questioning) Sometimes demonstrates the ability to identify a concern to focus on, situation, thoughts, feelings, and behaviors.	Better than average ability to avoid major errors (see level 1 description). Is able to identify and attend to a focus of concern, thoughts, feelings, behaviors; and utilize Socratic questioning, and other CBT strategies.	Excellent ability to avoid major errors (see level 1 description). Strong demonstration of CBT-oriented intervention that consistently explores and tests client's thoughts, feelings, and beliefs. Provides the client with appropriate guidance and therapeutic intervention.
	1	2	3	4	5
Comments:					

4. Management of the session	Unable to effectively initiate, focus, structure, or terminate session.	Demonstrates some ability to initiate session, but has significant difficulty focusing, structuring, and/or terminating session.	Demonstrates a moderate ability to manage session; some evidence of being able to initiate, focus, structure, and terminate session.	Demonstrates a better than average ability to manage session; evidence of ability to effectively initiate, focus, structure, and terminate session.	Demonstrates excellent ability to manage session; strong evidence of ability to effectively initiate, focus, structure, and terminate session.
	1	2	3	4	5
Comments:					
5. Response to questions	No response to queries and feedback. Does not acknowledge questions.	Vague and superficial responses to questions.	Demonstrates openness to feedback. Discusses possible implications of issues raised.	Demonstrates capacity to discuss feedback and reformulate case based on these considerations.	Thoughtful and thorough responses to questions. Demonstrates ability to incorporate feedback into existing case conceptualization and discover new insights with respect to intervention approach.
	1	2	3	4	5
Comments:					
6. Transcript	No transcript was provided	Transcript contained only running narrative of therapist/client exchange.	Transcript contained an analysis section that provided some commentary that were non-specific to the CBT orientation.	Transcript contained an analysis section that provided a good amount of commentary that was CBT oriented, but mainly focused on content.	Transcript contained an analysis section that provided relevant and thoughtful process comments specific to the CBT orientation.
	1	2	3	4	5
Comments:					

Rubric (D) and Scoring Sheet for Cognitive Case Write Up:

Student Name: _____

Date Received: _____

1. Written Communication: Appropriate use of headers, organized using CBT formatting, and free of grammar and spelling errors.	/10pts
2. Case History includes Identifying information, chief complaint, and a brief history of the presenting issue or challenge.	/5pts
3. Case History includes relevant historical data that contributes to the longitudinal case formulation.	/5pts
4. Case Formulation Section includes the precipitants or current contributing factors (situations) that activate or set the context to the presenting issue or challenge.	/10pts
5. Case Formulation includes a logical Cross-Sectional Cognitive-Behavioral explanation of the current issue or challenge given situational data.	/10pts
6. Case Formulation includes a logical Longitudinal Cognitive-Behavioral explanation of the current issue or challenge given the historical or childhood information.	/10pts
7. Case Formulation includes a description of strengths that work positively towards therapeutic change.	/10pts
8. Case Formulation includes a sound working hypothesis or summary of the conceptualization of the issue or challenge.	/10pts
9. Case Formulation logically leads to the Treatment plan's Problem List, Treatment Goals, and Treatment Plan.	/10pts
10. There are at least 3 Challenge/Problems, 3 Treatment Goals, and a narrated plan for treatment.	/10pts
11. The Course of Treatment describes the strategies and interventions utilized and any obstacles that impeded progress.	/5pts
12. The Course of Treatment included a summary of the outcome or progress made over time and any prognostic comments of importance.	/5pts
TOTAL POINTS	**/100pts**

Comments: