



## Course Syllabus

[Chaminade University Honolulu](http://www.chaminade.edu)

3140 Waiialae Avenue - Honolulu, HI 96816

[www.chaminade.edu](http://www.chaminade.edu)

**Course Number:** PP8010

**Course Title:** Cognitive Behavioral Theory and Therapy (Section A)

**Department Name:** Hawaii School of Professional Psychology

**College/School/Division Name:** College of Education and Behavioral Sciences

**Term:** Fall 2019

**Course Credits:** 3

**Class Meeting Days:** Tuesdays, 1:00pm – 4:00pm

**Class Meeting Hours:** 45

**Class Location:** Henry Hall 210

**Instructor Name:** Lianne Philhower, PsyD, MPH, DBTC

**Email:** [lianne.philhower@chaminade.edu](mailto:lianne.philhower@chaminade.edu)

**Phone:** 808.554.9893

**Office Location:** Kieffer 4

**Office Hours:** Tuesdays 9:30 – 11:30am, Thursdays 1:00pm – 4:00pm, Fridays – By Appointment Only

**Instructor Website:** none

### Course 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 behavior analysis and treatment, with special attention to the treatment of selected disorders.

### Marianist Values

This class represents one component of your education at Chaminade University of Honolulu. An education in the Marianist Tradition is marked by five principles and you should take every opportunity possible to reflect upon the role of these characteristics in your education and development:

1. Education for formation in faith
2. Provide an integral, quality education
3. Educate in family spirit
4. Educate for service, justice and peace
5. 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 'Olelo No'eau (Hawaiian proverbs) and Marianist core beliefs:

1. Educate for Formation in Faith (Mana) E ola au i ke akua ('Olelo No'eau 364) May I live by God

2. Provide an Integral, Quality Education (Na'auao) Lawe i ka ma'alea a kū'ono'ono ('Ōlelo No'eau 1957)  
Acquire skill and make it deep
3. Educate in Family Spirit ('Ohana) 'Ike aku, 'ike mai, kōkua aku kōkua mai; pela iho la ka nohana 'ohana ('Ōlelo No'eau 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 no'eau ('Ōlelo No'eau 1430) Education is the standing torch of wisdom
5. Educate for Adaptation and Change (Aina) 'A'ohe pau ka 'ike i ka hālau ho'okahi ('Ōlelo No'eau 203)  
All knowledge is not taught in the same school

### **HSPP Aims and Competencies**

The Hawai'i 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 Hawai'i 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 Hawai'i 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 inter-professional and interdisciplinary skills in consultative services.
10. Students will evidence knowledge of supervision models and practices.

## Learning Outcomes

### Course Objectives

- Students will refine their therapeutic engagement skills using a 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)*
- Students will refine their clinical integration skills. These skills will be demonstrated through the demonstration of developing sound cognitive-behavioral case conceptualizations and treatment plans assigned for homework, in-class activities, and on the final exam. *(Competency 2 & 8)*
- Students will strengthen written and oral case conceptualization skills. This skill will be demonstrated through classwork, homework, and exams. *(Competency 2 & 8)*
- Students will increase their knowledge of diversity issues in using a cognitive-behavioral approach to therapy. This will be demonstrated in class discussions, homework assignments, and exams. *(Competency 4)*
- Students will learn to utilize peer feedback to develop and strengthen their evolving theoretical orientation and approach to therapy. This skill will be evidenced by appropriate comments, feedback, and utility of feedback during role-play, class activities, and video assignments. *(Competency 2 & 8)*
- 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 exams responses. *(Competency 2 & 3)*
- 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)*

### Course Prerequisites

Cognitive and Affective Processes (PP7041)

### Required Learning Materials

#### Required Texts

Beck, J. S. (2011) *Cognitive behavior therapy: Basics and beyond*. 2nd ed. NY: Guilford Press. ISBN-13: 9781609185046

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

### **Additional Required Readings**

- 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.
- Gershly, N. (2017) Psychodynamic case formulation: A roadmap to protocol adaptation in CBT. *Psychoanalytic 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 Psychotherapy, 22*, 364-371.
- Klepac, R. K., Ronan, G. F., Andrasik, F., Arnold, K. D., Belar, C. D., Berry, S. L., Christoff, K. A., Craighead, L. W., Dougher, M. J., Dowd, E. T., Herbert, J. D., McFarr, L. M., Rizvi, S. L., Sauer, E. M., & Strauman, T. J. (2012). Guidelines for cognitive behavioral training within doctoral psychology programs in the United States: Report of the inter-organizational task force on cognitive and behavioral psychology doctoral education. *Behavior Therapy, 43*(4), 687 – 697. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S0005789412000640?via%3Dihub>
- 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>
- 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. Gambli 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.

- 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.

### **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.

## Assessment

### **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.*

**Attendance and Participation (5%):** Students are expected to attend every class, arrive on time, complete all assigned readings, actively participate in class discussions, and assume professionalism at all times. Unexcused absences, tardiness, lack of preparation/participation, and/or inappropriate or unprofessional behavior may result in a reduction of the overall score for the course. Two or more unexcused absences will require additional work 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. 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.

**Midterm Exam/Clinical Skill Evaluation (20%):** There will be 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.

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

**Homework Assignments (15%):** Homework is an essential part of cognitive behavioral therapy. Students will learn what types of homework can be assigned and how they may be useful for future clients. Homework allows the student to learn how to tailor and modify assignments to future clients, trouble-shoot challenges, and discover the benefits of the homework.

**Article Reviews (15%):** The student will write 2 research article reviews to discuss in class. The student may choose any article from the required reading list 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.**

The review must include the following:

1. Provide a brief summary of the research study. This includes the *problem* (1pt) that is being addressed, *research questions/hypotheses* (1pt), and *conclusions* (1pt). 2pts is given for accuracy. (5pts total)
2. Use APA formatting, organization, and grammar (5pts)
3. Thoughts regarding the sample, sampling method, research design, instruments used (tests, surveys, etc.), data collection method, description of data analysis. Do you agree with the design, instruments, and method? Why or why not? (5pts)
4. Discussion of overall limitations and implications for future research/practice (5pts)
5. How was the article beneficial to your understanding of CBT? What did you learn? (5pt)

**CBT Demonstration Video/Transcription and CBT Case Write Up (25%):** 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. Transcription of the 10-minute segment is due on the day of the demonstration. **See Rubric - C.**

The student will submit a cognitive case write up (See Appendix A of the course text for format and example of Beck’s cognitive case write up.) that includes a case history, formulation, treatment plan, and description of the planned course of treatment. 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 themselves. For example, it may be that the student would like to work on 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, emotion/mood, thoughts, intermediate beliefs, and schemas while assigning themselves CBT goals 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 the student case conceptualize, develop intervention strategies and track their intervention by reviewing with the student any homework assignments the student decided to try (See CBT Worksheets book for samples). **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 and formulation skills.

Assignment	%
Attendance & Participation	5
Midterm Exam/Clinical Evaluation	20
Homework Assignments	15
Article Review I & II	15
CBT Video/CBT Case Write up	25
Final exam	20
<b>TOTAL</b>	<b>100</b>

**Grading Requirements**

**Grading Criteria:** *Grading Scale*

<b>A</b>	100 – 90
<b>B</b>	89 – 80
<b>C</b>	79 – 70
<b>F</b>	69 - below

## **Course Policies**

### **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 5pt. 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 as soon as possible.

### **Writing Policy**

The faculty of HSPB is dedicated to providing a learning environment that supports scholarly and ethical writing, free from academic dishonesty and plagiarism. All written assignments, unless otherwise indicated, must be written in APA format.

### **Instructor and Student Communication**

Questions for this course can be emailed to the instructor at [lianne.philhower@chaminade.edu](mailto:lianne.philhower@chaminade.edu), discussed in-person and phone 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 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 Counseling Center at (808) 735-4845 for further information.

### **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, we encourage you to report this matter promptly. As a faculty member, I am interested in promoting a safe and healthy environment, and should I learn of any sexual misconduct, physical and/or psychological abuse, I must report the matter 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 make arrangements to complete missed assignments. Notification may be done by emailing the instructor's email address, calling the instructor's phone, 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.

Unexcused absences equivalent to more than a week of classes may lead to a grade reduction for the course. Any unexcused absence of two consecutive weeks or more may result in being withdrawn from the course by the instructor, although the instructor is not required to withdraw students in that scenario. Repeated absences put students at risk of failing grades.

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 the 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.

### **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 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 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 for more details. A copy of the Student Handbook is available on the Chaminade website.

For further information, please refer to the Student Handbook:

<https://studentaffairs.chaminade.edu/wp-content/uploads/sites/28/2018-19-NEW-STUDENT-HANDBOOK.pdf>

**FALL 2019 COURSE SCHEDULE**

**Section A (Tuesday)**

<b>Dates</b>	<b>Topics</b>	<b>Readings</b>	<b>Assignments</b>
<b>08/27 Lecture 1</b>	Introduction to Cognitive Behavior Therapy & Review of Syllabus	Syllabus Beck: Chapters 1 – 3 Hayes & Hofmann: Introduction, Chapters 1 & 2 Article: Klepac et al. (2012)	
<b>09/03 Lecture 2</b>	Theoretical Orientation, Conceptualization & Formulation	Beck: Chapter 4 – 6 Hayes & Hofmann: Chapters 3 – 5 Articles: Huisman & Kangas (2018), <i>Khalsa et al. (2015)</i>	<b>HW DUE: Thought Log #1</b>
<b>09/10 Lecture 3</b>	Evaluation & The First Therapy Session	Beck: Chapters 7, 8 Hayes & Hofmann: Chapters 6, 11 – 13, 19 Articles: <i>Dryman et al. (2017)</i> , <i>Kuchler et al. (2019)</i>	<b>HW DUE: Thought Log #2</b>
<b>09/17 Lecture 4</b>	Modifying Behavior & Behavioral Activation	Beck: Chapters 9, 10, 17 Hayes & Hofmann: Chapter 7, 8, 18 Article: Gershby (2017)	<b>DUE: First Article Review</b> Dryman et al., OR Khalsa et al. OR Kuchler et al.
<b>09/24 Lecture 5</b>	Structuring the CBT Sessions and Giving Homework	Beck: Chapters 11, 12 Hoffman: Chapters 14 - 16 Articles: <i>Diehle et al. (2014)</i> , <i>Randall et al. (2018)</i>	<b>HW DUE: TBA</b>
<b>10/01 Lecture 6</b>	Identifying and Responding to Automatic Thoughts, Feelings & Behaviors	Beck: Chapters 13 – 15 Hayes & Hofmann: Chapters 20 - 22 Articles: <i>Michalak et al. (2015)</i> , Miloseva et al. (2016)	<b>HW DUE: TBA</b>
<b>10/08 Lecture 7</b>	Identifying and Modifying Intermediate and Core Beliefs	Beck: Ch. 16 Hayes & Hofmann: Chapters 9, 10, 17 Article: Stewart et al. (2018)	<b>HW DUE: TBA</b>
<b>10/15 Lecture 8</b>	Cognitive and Behavioral Strategies & Homework	Beck: Chapters 18 - 20 Article: <i>McIntosh et al. (2016)</i>	<b>DUE: Second Article Review</b> Diehle et al., OR Randall et al., OR Michalak et al.
<b>10/22 Lecture 9</b>	<b>Midterm:</b> <b>Beck: Chapters 1 – 17</b> <b>&amp; Clinical Skill Evaluation</b>	Beck: Chapter 21, Appendix A Hayes & Hofmann: Chapter 23 Articles: Ridings et al. (2018), <i>Skarphedinsson et al. (2015)</i>	Begin video taping & transcribing Transcript Analysis Sheet

<b>10/29 Lecture 10</b>	Termination, Treatment Planning Problems in Therapy	Hayes & Hofmann: Chapters 24 - 26	<b>DUE: Make-up Article Review</b> McIntosh et al., OR Skarphedinsson et al.
<b>11/05 Lecture 11</b>	Acceptance, Values & Choice Clarification, and Mindfulness	Hayes & Hofmann: Chapters 27 - 29	
<b>11/12 Lecture 12</b>	Crisis Management & Managing Suicidality		<b>DUE: Cognitive Case Write-Up</b>
<b>11/19</b>	WORK ON VIDEO DEMONSTRATIONS, TRANSCRIPT ANALYSIS, AND PREPARATION FOR FINAL		
<b>11/26 Lecture 13</b>	Video Demonstrations		<b>DUE: Video &amp; Transcription</b>
<b>12/03 Lecture 14</b>	Video Demonstrations		<b>DUE: Video &amp; Transcription</b>
<b>12/10 Lecture 15</b>	Final Exam Closing & Pau Hana		

## 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:
<b>1. Setting the Agenda</b>		
<b>2. Describing the CBT Model</b>		
<b>3. Reviewing Homework</b>		
<b>4. Differentiating or Identifying Thoughts, Beliefs and Feelings</b>		
<b>5. Eliciting Thoughts, Feelings, and Behaviors</b>		
<b>6. Evaluating Thoughts &amp;/or Beliefs (Guided Discovery and Socratic Questioning)</b>		
<b>7. Collaborating on a Strategy for Change</b>		
<b>8. Application of a CBT Strategy (See below for examples)</b>		
<b>9. Setting/Collaborating on Homework</b>		
<b>10. Asking for Feedback</b>		
<b>Total Score</b>	<b>/100</b>	<b>% of Grade = ____ / 20%</b>

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 <i>problem</i> (1pt) that is being addressed, <i>research questions/hypotheses</i> (1pt), and <i>conclusions</i> (1pt). 2pts is given for accuracy.	/5pts
2. APA formatting, organization, and grammar	/5pts
3. Thoughts regarding the sample, sampling method, research design, instruments used (tests, surveys, etc.), data collection method, description of data analysis.	/5pts
4. 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
<b>TOTAL POINTS</b>	<b>/25pts</b>

**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 Summary:

Student Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

1. Appropriate use of headers, organized using CBT formatting, and free of grammar and spelling errors.	/5pts
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.	/5pts
5. Case Formulation includes a logical Cross-Sectional Cognitive-Behavioral explanation of the current issue or challenge given situational data.	/5pts
6. Case Formulation includes a logical Longitudinal Cognitive-Behavioral explanation of the current issue or challenge given the historical or childhood information.	/5pts
7. Case Formulation includes a description of strengths that work positively towards therapeutic change.	/5pts
8. Case Formulation includes a sound working hypothesis or summary of the conceptualization of the issue or challenge.	/5pts
9. Case Formulation logically leads to the Treatment plan's Problem List, Treatment Goals, and Treatment Plan.	/5pts
10. There are at least 3 Challenge/Problems, 3 Treatment Goals, and a narrated plan for treatment.	/5pts
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
<b>TOTAL POINTS</b>	<b>/60pts</b>

**Comments:**