



**Chaminade**  
**University**  
OF HONOLULU

HAWAII SCHOOL OF PROFESSIONAL PSYCHOLOGY  
AT CHAMINADE UNIVERSITY OF HONOLULU

### **Course Syllabus**

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

3140 Wai'ala'e Avenue - Honolulu, HI 96816

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

**Course Number:** PP8010 (01)

**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 2022

**Course Credits:** 03

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

**Class Meeting Hours:** 45

**Class Location:** Behavioral Science 101

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

**Email:** lianne.philhower@chaminade.edu

**Phone:** 808.739.7429

**Office Location:** Kieffer 4

**Office Hours:** Tuesday & Thursday: 11:00am-1:00pm; W: 1:00-4:00pm; Friday by appointment only

### **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 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:

- 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 'Ōlelo No'eau (Hawai'ian proverbs) and Marianist core beliefs:

1. Educate for Formation in Faith (Mana) E ola au i ke akua ('Ōlelo 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

## **Program Learning Outcomes: 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 American Psychological Association (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. Upon completion of the PSYD degree in clinical psychology, students will be able to:

1. Apply ethical and legal standards relevant to the practice of clinical psychology, including professional ethics that guide professional behavior.
2. Apply professional communication and interpersonal skills, to include the utilization of clear, informed, and well-integrated communication, as well as effective interpersonal skills across settings.
3. Apply professional values and attitudes across settings, including self-reflective practice and openness to supervision and feedback.
4. Apply awareness of individual and cultural diversity, including knowledge of theoretical models and diversity research that serve to guide the application of diversity competence.

5. Articulate and integrate 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. Conduct science in psychology, applying psychometrics, statistical analyses, and quantitative and qualitative research methods.
7. Competently perform psychological assessments, including the ability to administer, interpret, integrate, and convey results of psychological tests.
8. Competently perform clinical interventions, including case formulation, theoretical conceptualization, developing and applying evidence-based treatment plans, and evaluating treatment effectiveness in work with clients.
9. Apply knowledge of consultation models and practices, including interprofessional and interdisciplinary skills in consultative services.
10. Articulate supervision models and practices, including areas of ethics and potential conflicts.
11. Apply the Marianist values, through acts of community service, justice, and peace.

### **Course Learning Outcomes**

1. Students will apply 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 apply their critical thinking and clinical integration skills. These skills will be evidenced 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 apply their written and oral case conceptualization skills. These skills will be evidenced through case summaries and presentations as well as on midterm/final exams. *(Competency 2 & 8)*
4. Students will apply their knowledge of diversity to a cognitive-behavioral approach to therapy. This will be demonstrated in class discussions, role-plays, case summaries, and on midterm/final exams. *(Competency 4 & 11)*
5. Students will generate and apply 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 apply 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 apply their awareness of ethics and professional behavior in practice. This skill will be demonstrated through class discussion, assignments, and exam responses. *(Competency 1)*

### **Required Learning Materials**

#### *Required Textbooks*

Beck, J. S. (2021). *Cognitive behavior therapy: Basics and beyond*. 3rd ed. Guilford Press.

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

Waltman, S. H., Codd III, R. T., McFarr, L. M., & Moore, B. A. (2021). *Socratic questioning for therapists and counselors: Learn how to think and intervene like a cognitive behavior therapist*. Routledge

#### *Required Readings*

- Bryan, C. J., Wood, D. S., May, A., Peterson, A. L., Wertenberger, E., & Rudd, M. 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>
- Fernandez, K. T. G., & Lina, S. G. A. (2020). Draw me your thoughts: The use of comic strips as a cognitive behavioral therapy intervention. *Journal of Creativity in Mental Health*, 15(1), 17 – 29. Retrieved from: <https://doi.org/10.1080/15401383.2019.1638861>
- Harrison, L. M., Clark, G. I., Rock, A. J., & Egan, S. J. (2019). The impact of information presentation style on belief change: An experimental investigation of a Socratic method analogue. *Clinical Psychologist*, 23, 71-78.
- Jobs, D. A. (2020). Commonsense recommendations for standard care of suicidal risk. *Journal of Health Service Psychology*, 46(4), 141-148.
- 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>
- Molero-Zafra, M., Mitjans-Lafont, M. T., Hernandez-Jimenez, M. J., & Perez-Marin, M. (2022). Psychological intervention in women victims of childhood sexual abuse: An open study – protocol of a randomized controlled clinical trial comparing EMDR psychotherapy and trauma-based cognitive therapy. *International Journal of Environmental Research and Public Health*, 19, 7468. Retrieved from: <https://doi.org/103390/ijerph19127468>.
- Norris, S. C., Gleaves, D. H., & Hutchinson, A. D. (2019). Treatment outcome research of enhanced cognitive behavior 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>.
- Stewart, R. W., Young, J., Wallace, M. M., Cohen, J. A., Mannarino, A. P., & de Arellano, M. A. (2020). Feasibility and effectiveness of a telehealth service delivery model for treating childhood posttraumatic stress: Community-based, open pilot trial of trauma-focused cognitive-behavioral therapy. *Journal of Psychotherapy Integration*, 30(2), 274-289. Retrieved from: <http://dx.doi.org/10.1037/int0000225>
- Substance Abuse and Mental Health Services Administration. (2020). Treatment for suicidal ideation, self-harm, and suicide attempts among youth. Rockville, MD: SAMHSA Publications. Retrieved from: <http://store.samhsa.gov>.
- Tan, T. Y., Wachsmuth, L., & Tugade, M. M. (2022). Emotional nuance: Examining positive emotional granularity and well-being. *Frontiers in Psychology*, 13:715966. Retrieved from: <https://doi.org/10.3389/fpsyg.2022.715966>
- Wilson-Mendenhall, C. D., & Dunne, J. D. (2021). Cultivating emotional granularity. *Frontiers in Psychology*, 12: 703658. Retrieved from <https://doi.org/10.3389/fpsyg.2021.703658>
- 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 (15%):** Homework is an essential part of cognitive behavioral therapy. Homework assignments are worth 3pts. each. 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 & Clinical Skill Evaluation (20%):** 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 and concepts, as well as conceptualization and formulation skills. The clinical skill evaluation provides the student with the opportunity to demonstrate key basic clinical aptitudes such as attunement, empathy, rapport building, awareness of CBT structure & strategies, Socratic questioning, CBT case conceptualization/formulation, decision-making, and treatment planning. This competency measure must be passed with 75% or better to pass the class. *See Rubric – A.*

**Article Review (15%):** The student will write an article review for an article from those listed in the required readings (Except: Jobes, 2020; SAHMSA, 2020). The review must include a critical look at the research question/hypothesis, methodology, results, ethics, and conclusions drawn from the results. Article review must not exceed 1500 words and should be APA formatted. *See Rubric - B.*

**CBT Demonstration Video/Transcription Analysis (10%):** Each student will record a 30-minute CBT role-play with a classmate. The student will show a 10–15-minute segment of the video with a transcription of the 10-15 minutes that will be shown. This video will include a demonstration of a CBT structured session. 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 the segment to transcribe and show in class. Transcription of the segment is due before class on the day of the demonstration. Transcriptions will be distributed to the class. *See Rubric - C.*

**CBT Case Formulation Report (15%)** 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 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, collaborating on intervention strategies, and tracking the intervention by reviewing with the student any CBT homework assignments. *See Rubric – D.*

**Final Exam (20%):** There will a take home 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. The final exam must be passed at 75% or better to pass the class.

## Grading

Project/Assignment	Percent
Attendance and Participation	5
Homework Assignments	15
Midterm & Basic Clinical Skill Evaluation	20
Article Review	15
CBT Video with Transcription Analysis	10
CBT Case Formulation Report	15
Final Exam	20
<b>Total</b>	<b>100</b>

### 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 ( $\geq$ 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](mailto:lianne.philhower@chaminade.edu), discussed in-person, and phone or video conferences can be arranged. Response time is up to 2 days.

***Cell phones, tablets, and laptops:*** Out of consideration for your classmates, please set your cell phone to silent mode during class. Students are encouraged to bring laptops or tablets to class as the instructor will assign online activities and readings that will require the use of a laptop or tablet. 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](mailto: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 regularly attend 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.

***Professionalism with Class Topics and Discussions:***

It is anticipated that in the course of students' graduate education in clinical psychology, they will have emotional reactions to class topics and discussions. Recognizing, understanding, and managing one's internal states is an integral part of one's professional responsibility. In the event that affective reactions become overwhelming, students are expected to manage their reactivity as they would as a practicing professional, subsequently discussing it with professors/supervisors and seeking informal and/or formal support. Similarly, it is the student's responsibility to notify the professor of potential issues, so they can address them (e.g., using the correct pronouns, pronouncing names/words correctly, awareness of triggering content).

Self-disclosure is considered voluntary and at the discretion of the student. Additionally, it is expected that peers be mindful and respectful of disclosures of others, keeping shared information confidential.

***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.

Unless expressed in writing via a university accommodation, all course information, content, and materials in any medium (including but not limited to notes, slides, recordings, electronic files, and verbal discussions and presentations) are prohibited from being intentionally or unintentionally shared (or allowed to be accessed), distributed, published, uploaded, or reproduced in any form, as they are reserved for the private use by the student registered for the course. Any audio and/or visual recordings (including pictures) are prohibited unless prior written permission from the instructor is granted, and permission is limited to individual and temporary use (i.e., recordings are not to be shared/reproduced, recordings must be deleted at the end of the term).

Unless otherwise instructed, all course submissions should follow the formatting of the *Publication Manual of the American Psychological Association, 7<sup>th</sup> 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. Most courses are paperless, but a printer/scanner may also be required

**FALL 2022 COURSE SCHEDULE – Tuesdays 1PM – 4PM**

<b>Dates</b>	<b>Topics</b>	<b>Readings</b>	<b>Homework/Assignment Due</b>
<b>08/23 Lecture 1</b>	Introduction to Cognitive Behavior Therapy	Review Syllabus Beck: Ch. 1 – 5 Hayes & Hofmann: Part I Harrison et al. (2019)	
<b>08/30 Lecture 2</b>	Theoretical Orientation, Conceptualization & Formulation	Beck: Ch. 6 - 8 Hayes & Hofmann: Ch. 6 - 8 Waltman et al.: Ch. 1, 2 Molero-Zafra et al. (2022)	<b>HW #1</b>
<b>09/06 Lecture 3</b>	Evaluation & The First Therapy Session	Beck: Ch. 9 – 12, 17 Hayes & Hofmann: Ch 9,10 Waltman et al.: Ch. 3, 4 Stewart et al. (2020)	<b>HW #2</b>
<b>09/13 Lecture 4</b>	Modifying Behavior & Behavioral Activation	Beck: Ch. 13 – 16 Hayes & Hofmann: Ch. 11 - 14 Waltman et al.: Ch. 5 Fernandez & Lina (2020)	<b>HW #3</b>
<b>09/20 Lecture 5</b>	Structuring the CBT Sessions and Collaborating on Homework	Beck: Ch. 18 – 21 Hayes & Hoffman: Ch. 15, 16 Waltman et al.: Ch.6 Kuchler et al. (2019)	<b>HW #4</b>
<b>09/27 Lecture 6</b>	Identifying and Responding to Automatic Thoughts, Feelings & Behaviors	Beck: Appendix A Hayes & Hofmann: Ch. 17 – 20 Waltman et al.: Ch. 7, 8 Tan et al. (2022), Wilson-Mendenhall & Dunne (2021)	<b>HW #5</b>
<b>10/04 Lecture 7</b>	Identifying and Modifying Intermediate and Core Beliefs (Cross-sectional Conceptualization Practice)	Hayes & Hofmann: Ch. 21 - 23 Waltman et al.: Ch. 9 Norris et al. (2019)	<b>Article Review</b>
<b>10/11 Lecture 8</b>	Cognitive and Behavioral Strategies & Homework	Waltman et al.: Ch. 10 & 11 Zetterburg et al. (2019)	

<b>10/18 Lecture 9</b>	<b>Midterm: CONCEPTS &amp; Basic Clinical Skills Evaluation</b>		
<b>10/25 Lecture 10</b>	Termination, Treatment Planning Problems in Therapy	Waltman et al.: Ch. 16 Cognitive Case Formulation Summary Directions	<b>Cognitive Case Formulation Report</b>
<b>11/01 Lecture 11</b>	Acceptance, Values & Choice Clarification, and Mindfulness	Hayes & Hofmann: Ch. 24 - 25 Waltman et al.: Ch. 12, 13	
<b>11/08 Lecture 12</b>	Crisis Management & Managing Suicidality	Hayes & Hofmann: Ch. 28 – 29 Bryan et al. (2017) Jobes (2020), SAMHSA (2020)	
<b>11/15 Lecture 13</b>	Video Demonstrations		<b>Video &amp; Transcript Analysis</b>
<b>11/22 Home Assignment</b>	<b>Take Home Final</b>		
<b>11/29 Lecture 15</b>	Video Demonstrations		<b>Video &amp; Transcript Analysis</b>
<b>12/06 Lecture 16</b>	Video Demonstrations		<b>Video &amp; Transcript Analysis</b>

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

You will be asked to demonstrate 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 = Poor (not demonstrated)

2 = Improvement needed (attempted, but vague, incomplete, or with significant problems)

3 = Sufficient (demonstrated skill, minor problems)

4 = Above average (demonstration of basic skill without problems, strong understanding of skill)

5 = Exemplar (demonstration of skill mastery with flexibility for client idiosyncrasies, genuine, attuned)

Skill/Strategy/Technique	Score	Comments:
1. Setting the Agenda		
2. Describing the CBT Model		
3. Finding a Focus (identifying the issue/problem)		
4. Collaboration on a Goal for Therapy		
5. Identifying Hot Cognitions (Situation, thought, feeling/emotion, and behavior)		
6. Evaluating Thoughts & Beliefs (Guided Discovery and Socratic Questioning)		
7. Psychoeducation on Process of Change		
8. Application of specific CBT Strategy (See examples)		
9. Setting/Collaborating on Homework		
10. Asking for Feedback & Openness to Feedback		
<b>Total Score:</b>		____/50

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

## Rubric (B) and Scoring Sheet for Article Review:

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

Article: \_\_\_\_\_

1. <b><u>INTRODUCTION</u></b> : Provide a brief summary of the article. This includes the <i>problem</i> that is being addressed, <i>research questions/hypotheses</i> , and <i>significance</i> .	/3pts
2. <b><u>REVIEW OF METHOD</u></b> : Provide a summary 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 and adequately investigate the problem and questions asked? Why or why not?	/3pts
3. <b><u>ETHICS &amp; DIVERSITY</u></b> : Discuss the related ethical (research/human subjects/conflicts of interest) and cultural (equity/sensitivity to population phenomenology) issues.	/2pts
4. <b><u>LIMITATIONS</u></b> : Discussion of overall limitations of the study, method, possible bias by researchers.	/2pts
5. <b><u>IMPLICATIONS</u></b> : Discuss needs for future research and how the research informs/affects practice.	/2pts
6. <b><u>REFLECTION</u></b> : Personal reflection of learning including how the article was beneficial to understanding CBT.	/1.5pts
7. APA formatting (appropriate use of citation, no abstract needed), organization (clear headings, clear paragraph formation), and grammar (use of active voice).	/1.5pts
<b>TOTAL POINTS</b>	<b>/15 pts</b>

**Comments:**

## Rubric (C) and Scoring Sheet for Video Demonstration & Transcript Analysis:

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

Score: ( \_\_\_\_\_ / 35) x 10 = \_\_\_\_\_

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.	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 comments/interventions, frequently attempts to rescue client; poor management of own feelings /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. Transcription	No transcript was provided	Transcript contained an inaccurate running narrative of therapist/client exchange.	Transcript contained a somewhat accurate running narrative of the CBT oriented therapist/client exchange.	Transcript contained an accurate running narrative of the CBT oriented therapist/client exchange.	Transcript contained an excellent, complete and detailed running narrative of the CBT oriented therapist/client exchange.
	1	2	3	4	5
Comments:					
7. Transcript Analysis	Analysis does not contain process information or session management awareness.	Analysis contains some process awareness and a minimal amount of CBT oriented components.	Analysis contains an adequate amount of process and CBT oriented comments and insights.	Analysis contains a good amount of process and CBT oriented comments and insights.	Analysis provided highly relevant and thoughtful content and process comments that evidences a strong conceptualization and understanding of the CBT orientation.
	1	2	3	4	5
Comments:					

## Rubric (D) for CBT Case Formulation Report:

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

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

Score = (\_\_\_\_\_/100) x 15 = \_\_\_\_\_

1. Written Communication: Appropriate use of headers, organized using CBT formatting, and free of grammatical 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 that contributes to the cross-sectional case formulation.	/10pts
5. Case Conceptualization includes a logical Cross-Sectional Cognitive-Behavioral explanation of the current issue or challenge given situational data.	/10pts
6. Case Conceptualization 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 and challenges/coping that may be barriers towards therapeutic change.	/10pts
8. Case Formulation includes a sound summary of the CBT conceptualization of the issue/problem/challenge and logical working hypothesis of the intervention that will support change.	/10pts
9. Case Formulation logically leads to the Treatment plan's Problem List, Treatment Goals, and Planned Interventions.	/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 and strategies to overcome obstacles.	/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>/100pts</b>

**Comments:**