Learning Theory and Cognitive Behavioral Foundations
GSAPP, Course # 18:820:507:02
Fall 2022

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Course time and location:
Monday 9:00am – 11:45am
Room A317, GSAPP, Busch Campus

COURSE OBJECTIVES

The goal of this course will be to introduce students to cognitive-behavioral and learning theories, concepts, principles, and strategies, especially as they apply to psychotherapy. This course provides the theoretical background and didactic material needed to begin to become proficient at CBT. The specific learning goals are:

* To become familiar with several theories, techniques, and strategies that form the basis of most CBT approaches.

* To become fluent in generating, from a learning theory perspective and a cognitive theory perspective, explanations of (case formulations of) (case conceptualizations of) (interpretations of) human events, through modeling, rehearsal, and shaping.

* To learn the prerequisite skills for learning how to conceptualize a clinical case formulation from a CBT standpoint.

* To learn the prerequisite skills for incorporating tools into therapy in order to evaluate clinical outcomes and progress, including the use of psychometrically valid measures.

REQUIRED READINGS
1) Persons, J.B. (2008). *The case formulation approach to cognitive-behavior therapy*. New York: Guilford Press.
2) Tolin, D.F. (2016). *Doing CBT: A comprehensive guide to working with behaviors, thoughts, and emotions.* New York: Guilford Press.

Other required readings, in the form of journal or media articles, will be made available via Canvas, or searchable though Google Scholar or through the university library.

RECOMMENDED READINGS (especially if content pertains to your cases)

Barlow, D.H. (2014). *Clinical Handbook of Psychological Disorders (5ᵗʰ ed.)*. New York: Guilford Press.

Barlow, D. H., et al. (2017). *Unified protocol for transdiagnostic treatment of emotional disorders: Therapist guide, 2ⁿᵈ edition*. New York: Oxford University Press.

Beck, J.S. (2011). *Cognitive Therapy: Basics and Beyond,* 2ⁿᵈ edition. New York: Guilford Press.

Ehrenreich-May, J., et al. (2018). *Unified protocol for transdiagnostic treatment of emotional disorders in children and adolescents: Therapist Guide.* New York: Oxford University Press.

Ehrenreich-May, J., et al. (2018). *Unified protocol for transdiagnostic treatment of emotional disorders in adolescents: Workbook.* New York: Oxford University Press.

Ehrenreich-May, J., et al. (2018). *Unified protocol for transdiagnostic treatment of emotional disorders in children: Workbook.* New York: Oxford University Press.

Pryor, K. (1999 or 2006 edition). *Don't Shoot the Dog.* New York: Bantam Books.

Ramnero, J., & Torneke, N. (2011). *ABCs of human behavior: Behavioral principles for the practicing clinician*. Oakland, CA: New Harbinger Press.

*Treatments that Work Series for specific disorder/problem: Oxford University Press [may be available for free at GSAPP]

GRADES
Grading will be based on:
50%   four written assignments (due 10/3; 10/17; 10/31; 11/21)
25%   attendance and participation in class discussions
25%   final paper (due 12/12)

Attendance is important and refers to on-time presence in the classroom as well as "mindful" attention to the course (i.e., no cell phones or computer use). There may be some computer use for in-class activities, however. Grades will be affected and credit may not be given if more than two classes are missed (other than for observance of religious holidays). Please contact the instructor before class if you must be absent.

The final paper is a CBT case conceptualization and treatment plan for a CBT client whose details will be provided to you. The paper is due 12/12.

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SCHEDULE OF READINGS AND ACTIVITIES (subject to change)

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September 12ᵗʰ   **Course Overview and Introduction to Cognitive Behavioral Foundations**

Groopman, J. (2007, January 29). What's the trouble?: How doctors think. *The New Yorker*, p. 36-41.

Tolin, Chapter 1

September 19th   **Learning Theory: Behavioral Foundations & Respondent Conditioning**

Tolin, Chapters 2 and 4

Persons, Chapter 3

September 26th   **Learning Theory: Operant Conditioning; Stimulus Control**

Tolin, Chapters 8-9

Pryor, Chapter 4 (available on Canvas)

October 3rd   **Behavioral Assessment**

Tolin, Chapter 6

Rizvi, S.L., & Ritschel, L.A. (2014). Mastering the art of chain analysis in Dialectical Behavior Therapy. *Cognitive and Behavioral Practice, 21,* 335-349.

OPTIONAL: Yoman, J. (2008). A primer on functional analysis. *Cognitive and Behavioral Practice, 15*, 325-340.

Assignment #1 Due

October 10th   **CBT Supervision & Cultural Competency**

Friedberg, R.D., Gorma, A.A., Beidel, D.C. (2009). Training psychologists for cognitive-behavioral therapy in the raw world: A rubric for supervisors*. Behavior Modification, 33*, 104-123.

Duckworth, M.P. (2009). Cultural awareness and culturally competent practice. In O'Donohue, W.T., & Fisher, J.E. (Eds.), *General principles and empirically supported techniques of cognitive-behavior therapy* (p.63-76). Hoboken, NJ: Wiley.

October 17th   **Cognitive Foundations**

Beck, A. T. (1970). Cognitive therapy: Nature and relation to behavior therapy. *Behavior Therapy, 1*, 184-200.

Tolin, Chapter 3

Persons, Chapter 2

Assignment #2 Due

October 24th   **From Foundations to Practice: Getting Started in CBT Treatment**

Tolin, Part II intro and Chapter 7

October 31st   **From Foundations to Practice: Beginning Case Formulation**

Persons, Chapters 1 – 4 [skim]

Tolin, Chapter 5

Sanchez, A. L., Comer, J. S., & LaRoche, M. (2021). Enhancing the Responsiveness of Family-Based CBT Through Culturally Informed Case Conceptualization and Treatment Planning. *Cognitive and Behavioral Practice*.

Optional: Ecklund, K., & Johnson, W. B. (2007). Toward cultural competence in child intake assessments. *Professional Psychology: Research and Practice*, *38*(4), 356.

Assignment #3 Due

November 7th   **CBT Treatment Planning: Identifying goals, targets, and developing treatment plan**

Persons, Chapters 5-7

Lau, A. S. (2006). Making the case for selective and directed cultural adaptations of evidence-based treatments: Examples from parent training. *Clinical psychology: Science and practice*, *13*(4), 295.

November 14th   **Psychological Measurement of Outcomes: Ongoing Assessment Strategies**

Persons, Chapter 9

PLUS: Listen to interview with Michael Lambert www.sscpweb.org/SciPrac

November 21th   **Introduction to Cognitive Restructuring**

Tolin, Chapters 13-17

Assignment #4 Due

November 28rd   **Exposure Therapy**

Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy*, *58*, 10-23.

PLUS: Listen to interview with Michelle Craske www.sscpweb.org/SciPrac

Tolin, Chapter 11

December 5th   **Transdiagnostic CBT: Unified Protocol for Emotional Disorders I**

        Barlow et al., Chapters 1-8

December 12th   **Transdiagnostic CBT: Unified Protocol for Emotional Disorders II**

        Barlow et al., Chapters 13-17

        Final Paper Due

December 19th   **Introduction to** "**Third Wave CBT": Theoretical Foundations**

        Hayes, S.C. (2004). Acceptance and Commitment Therapy, relational frame theory, and third wave behavioral and cognitive therapies. *Behavior Therapy, 35*, 639-665.

        Kohlenberg, R.J., Hayes, S.C., & Tsai, M. (1993). Radical behavioral psychotherapy: Two contemporary examples. *Clinical Psychology Review, 13*, 579-592.

        Rizvi, S.L., Steffel, L.M., Carson Wong, A. (2014). An overview of Dialectical Behavior Therapy for professional psychologists. *Professional Psychology: Research and Practice*.

        IF TIME: Cognitive and behavior theory applications: Review/Special Topic/Make-up

        Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour research and therapy*, *38*(4), 319-345.

Additional Resources in CBT and Evidence Based Treatments

Websites:
www.psychologicaltreatments.org
https://effectivechildtherapy.org/

Up-to-date information, provided by the Society of Clinical Psychology and the Society of Clinical Child and Adolescent Psychology, respectively, on evidence-based psychological treatments, including reference lists.

I strongly suggest you consider joining one more of these organizations.

Association for Behavioral and Cognitive Therapies (ABCT)
Despite the name of the organization, it is much more than a group enthusiastic about cognitive behavior therapy. Rather, it is an organization of empirically minded scientist-professionals who have, for over 50 years, been concerned with establishing a science-based clinical psychology (and psychiatry, social work, and counseling psychology). Furthermore, ABCT is as concerned with the scientific study of psychopathology and assessment as it is with intervention, and as will quickly become evident in our course, behavior therapy encompasses much more than classical and operant conditioning. ABCT is a very student friendly organization, and the conference is a great mix of clinically oriented workshop and

scientific presentations. Information on student membership in ABCT is available on the organization's website, www.abct.org. Special Interest Groups are also listed and membership for SIGs is often very affordable.

It is easy and inexpensive to join the following groups as a student member and you do not need to be a member of APA. There is a listserv for all members and a separate one for students.

Society for a Science of Clinical Psychology (SSCP) Section III of APA's Division 12
The general listserv has for several years been a forum for lively debate among both senior clinical/counseling psychologists and graduate students, though most of the exchanges tend to be among senior scientists. The opportunity to eavesdrop on the current thinking of some people whose names you will be encountering this semester and throughout your graduate career and thereafter is an incredible opportunity. Go to their website for more info: www.sscpweb.org/

Society of Clinical Child and Adolescent Psychology, APA Division 53
The purpose of SCCAP is to encourage the development and advancement of clinical child and adolescent psychology through integration of its scientific and professional aspects. SCCAP promotes scientific inquiry, training, professional practice, and public policy in clinical child and adolescent psychology as a means of improving the welfare and mental health of children, youth, and families in the context of a diverse society. In the service of these goals, SCCAP promotes the general objectives of the American Psychological Association. https://sccap53.org/

Grading Policy

Grading Policies: Please use APA Style (7th Edition) for all written assignments.
https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_style_introduction.html

Written assignments are due at the beginning of class submitted as a hard copy (not a digital version). Any assignment that is not submitted at the beginning of class on its due date will be considered one day late, and one day will be added for each additional 24 hours until the assignment is submitted. A grade reduction of 10% per day will be given for late assignments. The quality of student writing, adherence to page requirements, and conformity with APA style guidelines will be considered in the grade. Please write in a formal (rather than conversational) manner. This is a professional sample of your writing, and your professional writing will be assessed in your grade. Review all written assignments to correct/address grammatical errors. In the case of a documented emergency, deadlines may be adjusted at the discretion of the instructor. Course grading follows criteria established by Rutgers University:

A = 90 - 100
B+ = 85 – 89
B = 80 – 84
C = 70 – 79
F = 0 - 59

Classroom Culture

Statement on Disabilities: Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where you are officially enrolled, participate in an intake interview, and provide documentation https://ods.rutgers.edu/students/documentation-guidelines. If the documentation supports your request for reasonable accommodations, your campus's disability services office will provide you with a Letter of Accommodations to share with me. To begin this process, please complete the Registration form on the ODS web site at https://ods.rutgers.edu/students/registration-form.

Statement on Academic Integrity: The University's academic integrity policy, to which this class will adhere, can be reviewed at: http://academicintegrity.rutgers.edu/academic-integrity-at-rutgers/. All suspected infractions of academic integrity will be referred to the GSAPP Deans Office who will consult with the Rutgers Office of Student Conduct regarding disciplinary action.

Names and Pronouns: Class rosters are provided with student's legal name. I will gladly honor your request to address you by an alternate name or gender pronoun. Please advise me of this preference early in the semester so that I may make appropriate changes to my records.

Person-First Language: Please use "Person first" language when writing and speaking about individuals with disabilities and/or special needs (see Disability Language and Etiquette website for further guidance. https://www.diversity.pitt.edu/sites/default/files/Disability Etiquette Guide.pdf).

Respect for Diversity: It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that students bring to this class is viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated.

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Competencies Addressed in the Course

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Profession-Wide Competencies (PWC)

1.3: Critically interprets and applies empirical findings to address problems, make decisions, and enhance the social, behavioral, and/or academic functioning of children and youth.
2.3: Conducts self in an ethical manner across professional activities.
3.1: Displays an awareness of how personal bias and cultural history, attitudes, and biases affect understanding and interactions with people different from themselves.
3.2: Demonstrates knowledge of current theoretical and empirical models to support human diversity across core professional roles.
3.3: Demonstrates the ability to consider and integrate cultural and diversity concepts in the design, implementation, and evaluation of programs, products, and services.
4.1: Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
4.3: Engages in self-reflection and professional and personal growth activities to maintain and improve performance and professional effectiveness

5.1: Develops and maintains effective relationships with students, teachers, parents, other health service professionals, and other stakeholders in the provision of psychological services.

6.1: Selects and conducts psychological assessments that are multi-method and multisource, technically adequate, and relevant to service recipient needs and the goals of the assessment.

6.2: Interprets and uses assessment results that guide case conceptualization, classification, and recommendations while recognizing the multiple systems impacting student functioning.

6.4: Demonstrates current knowledge of diagnostic classification systems, adaptive and maladaptive behaviors, and the impact of client behaviors on functioning.

6.5: Demonstrates the ability to apply knowledge of functional and maladaptive behaviors to the assessment and/or diagnostic process.

7.2: Identifies and develops evidence-based interventions in classrooms, schools, and other service settings that are informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

7.3: Applies relevant literature and empirically-based principles to clinical decision making.

7.4: Modifies evidence-based approaches effectively when empirical data is lacking for a particular population, problem, or context.

7.5: Evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

10.1: Demonstrates an understanding of the impact of multiple systems on student development and functioning.

10.3: Utilizes knowledge of systems to design, implement, and evaluate assessment, intervention, consultation and/or other professional services.

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Discipline-Specific Knowledge (DSK)

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Advanced Integrative Knowledge of Basic Discipline-Specific Content Areas, including affective, social, and developmental aspects of behavior.

Research Methods, including topics such as strengths, limitations, interpretation, and technical aspects of quantitative research designs, meta-analysis, and quasi-experimentation.