

**COGNITIVE-BEHAVIORAL THERAPY: ESSENTIAL SKILLS FOR THE
ASSESSMENT AND TREATMENT OF ANXIETY AND DEPRESSION**

GSAPP 18:821:555:01

FALL 2022

Instructor:

Liza Pincus, PsyD
Part Time Lecturer at GSAPP
GSAPP Alumna
Clinical Director of the Adolescent DBT
Program at Montefiore Medical Center

Class Details:

Classroom: A302, Dean's Conference Room
Class Time: Wednesday, 9:00 – 11:45 AM
Office Hours: By appointment.
Please email Liza at:
liza.pincus@rutgers.edu

COURSE DESCRIPTION

Approximately 25% of the general population suffers from an anxiety disorder at some point in their lives. 20% suffer from depression. This course will focus on the clinical application of cognitive and behavioral strategies used to address these disorders.

Learning Goals for the course include:

Students will be able to: (1) Identify and choose evidence-based assessment tools to assess anxiety/mood problems in adults, (2) conceptualize a case within a CB framework, (3) implement specific CB treatment strategies to target specific problems and goals, (4) evaluate treatment outcomes throughout therapy, and (5) gain an introductory understanding of both gaps in and efforts to reach underserved or marginalized populations, who are disproportionately affected by anxiety and depression.

Students will be exposed to traditional cognitive behavioral techniques/interventions and to newly third-wave treatments, such as, mindfulness, ACT, and behavioral activation.

Students will complete some experiential component for the class. This may include (1) treating a case using CBT strategies out of the GSAPP outpatient clinic, (2) applying CBT strategies to a case you are currently treating at an external practicum, (3) watching videotape of CBT sessions. Class time will include a combination of lectures, role-plays, student case presentations, and discussion of relevant literature. An important part of class will be to integrate the didactic curriculum with experiential lessons you are learning learning at GSAPP and external practica. Time will be reserved each class to help students integrate practice and didactic learning.

CANVAS SITE: We will use Canvas site to distribute resources and submit assignments <http://canvas.rutgers.edu/> Click tab for **18:821:555:01 (Adult CBT (555) Fall 2022)**. To upload **assignments**, go to the ASSIGNMENTS link and upload on the same page where the assignment is assigned

GRADING:

Your grade will be based on the following elements:

1. 40% Homework Assignments (**upload on Canvas**)
2. 30% Final Performance Assessment: In class or video-recorded
3. 20% Reading Reflections, Attendance, Participation
4. 10% Completion of experiential component

HOMEWORK ASSIGNMENTS (40%): Homework assignments will be announced in class. They will be brief and applied in nature. For example, you may be asked to use a technique taught in class and write up a plan for how to integrate this into your ongoing case. Other times you will be asked to prepare an in-class demonstration of a technique learned from the readings or the previous class.

When you upload assignments, please label your file (using Save As) STARTING with YOUR LAST NAME (e.g., "Pincus_HW1 outcome table.doc").

FINAL PERFORMANCE ASSESSMENT (30%): Your final presentation will entail your set-up and execution of an exposure exercise for a case whom you are seeing as part of any practicum. Details to be discussed in class.

READING REFLECTIONS AND PARTICIPATION (20%): Readings are expected to be read for the class in which they're listed. You will post 5 reading reflections throughout the course, for any week you desire. Reading reflections must be completed by 9am the day before class. This will include a paragraph of reflection of your choice.

EXPERIENTIAL COMPONENT/SUPERVISION OF CASES (10%): You have several options for meeting the experiential component of the course. If you choose to use a case that you are seeing through another practicum, you must have it approved by the instructor first (the supervisor must be CB- amenable, and **you must be able to assess outcomes** at regular intervals). If you choose to acquire a new case through the GSAPP clinic, please submit a new case as soon as possible.

ATTENDANCE, TARDINESS, AND PARTICIPATION:

Attendance and participation are essential parts of class. Excused absences include religious and recognized cultural holidays that fall on the day of class. Because conferences are an important part of professional development, these may also be excused, but please seek permission from the instructor before any proposed absences. If you will be absent for an excused reason, please let the instructor know ahead of time with your reason. **If you miss 3 classes for any reason, you will receive an automatic, one full grade reduction.** Exceptions (e.g., chronic illnesses, medical emergencies, a number of religious holidays) can be made at the discretion of the instructor, but please discuss these issues as soon as possible. **When a student does miss a class, even with prior approval, the student must arrange for a fellow student to audio-record the class and the absent student must: (a) listen to the audio-recording and (b) submit a summary of the class's top 2-3 take-home points, connecting them to their own clinical experiences.** This summary must be submitted prior to the next class.

Because tardiness disrupts class and is inconsiderate to your fellow classmates, the instructor retains the right to deduct course credit based on the chronicity of the tardiness. Active participation can earn students credit (up to 5% of grade), and this evaluation is entirely up to the instructor's discretion.

Computer use in class: Students are not to use computers for purposes other than note-taking or class-related activities. Students may be asked to leave class if they are identified as using computers for non-class activities. Liza may ask you to close computers for portions of class and/or if they appear distracting.

MASKS: Per Rutgers University policy, face coverings are required in all indoor teaching spaces, libraries, and clinical settings. Compliance is mandatory.

CLASSROOM CULTURE: 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, that the diversity that the students bring to this class be viewed as a resource, strength and benefit, and that all diversity of our clients be discussed and addressed with thoughtfulness and compassion.

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. Please share this letter with your instructors and discuss the accommodations with them as early in your courses as possible. To begin this process, please complete the [Registration form](https://webapps.rutgers.edu/student-ods/forms/registration) (<https://webapps.rutgers.edu/student-ods/forms/registration>).

The University's academic integrity policy, to which this class will adhere, can be reviewed at: <http://nbacademicintegrity.rutgers.edu/home/academic-integrity-policy/>

Wellness resources on campus can be found at success.rutgers.edu

Brief Outline of classes		
Class	Date	Topic
1.	9/7	Class introductions, syllabus Models of CBT for Anx/Dep; Case conceptualization
2.	9/14	Goals setting, Treatment planning, Progress monitoring
3.	9/21	BA1: TRAP/TRAC, activity tracking, functional assessment, activity scheduling, rewards
4.	9/28	BA2: Problem Solving
5.	10/5	CT1: Thoughts tracking, labeling distortions, coping thoughts <i>*Asynchronous lecture: Yom Kippur (Liza observing)</i>
6.	10/12	CT2: Intermediate and core beliefs – guest lecturer Andrea Quinn
7.	10/19	Exposures: Learning theory, structuring an exposure, safety behaviors
8.	10/26	Exposures: Panic Disorder (interoceptive exposure) – guest lecturer Mark Versalla
9.	11/2	Exposures: OCD and Social Anxiety
10.	11/9	Exposures: PTSD, prolonged exposure, trauma narratives
11.	11/16	GAD: Relaxation, addressing worries, in-vivo exposures
	11/23	<i>*Day before Thanksgiving: no class</i>
12.	11/30	Introduction to ACT
13.	12/7	Expanding the evidence base part 1: dissemination and implementation of evidence-based treatments – possible guest lecturer <i>Final Performance Assessment Presentations</i>
14.	12/14	Expanding the evidence base part 2: CBT in community mental health – guest lecturer Ryan DeLapp <i>Final Performance Assessment Presentations</i>

FALL SEMESTER: COURSE OUTLINE

REQUIRED BOOKS:

1. Leahy, R.L., Holland, S.J., & McGinn (2012). *Treatment Plans and Interventions for Depression and Anxiety Disorders (2nd Ed.)*. New York, NY: Guilford.
2. Beck, J.S. (2011). *Cognitive Therapy: Basics and Beyond (2nd ed.)*. New York: Guilford.
3. Addis, M.E. & Martell, C.R. (2004). *Overcoming Depression One Step at a Time*. Oakland, CA: New Harbinger.
4. Hayes, S. C. (2005). *Get out of your mind and into your life: The new Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger Publications.

RECOMMENDED BOOKS

[You should have been exposed to these books in earlier courses. Readings from these will be listed under "Recommended Readings," and class instruction will assume your familiarity with these readings]

1. Tolin, D. F. (2016). *Doing CBT: A comprehensive guide to working with behaviors, thoughts, and emotions*. Guilford Publications.
2. Barlow, D.H. (2014). *Clinical Handbook of Psychological Disorders (5th Ed)*. New York: Guilford.

Relevant readings will be added to Canvas

Class 1 (9/7): Models of CBT for Anx/Dep and Case Conceptualization

1. Chu, B. C. (2019). Evidence-based therapist flexibility: Making treatments work for clients. In M. J. Prinstein, E. A. Youngstrom, E. J. Mash, & R. A. Barkley (Eds.), *Treatment of disorders in childhood and adolescence (4th ed.; pp. 27-46)*. New York: Guilford Publications.
2. Naz, S., Gregory, R., & Bahu, M. (2019). Addressing issues of race, ethnicity and culture in CBT to support therapists and service managers to deliver culturally competent therapy and reduce inequalities in mental health provision for BAME service users. *The Cognitive Behaviour Therapist*, 12.
3. Hays, P. A. (2009). Integrating evidence-based practice, cognitive-behavior therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice*, 40(4), 354.
4. Christon, L. M., McLeod, B. D., & Jensen-Doss, A. (2015). Evidence-based assessment meets evidence-based treatment: An approach to science-informed case conceptualization. *Cognitive and Behavioral Practice*, 22(1), 36-48.

Optional (recommended) readings:

1. Badin, E., Alvarez, E., & Chu, B. C. (In press). Cognitive Behavioral Therapy for Child and Adolescent Anxiety: CBT in a Nutshell. In R. D. Friedberg, & B. Nakamura (Eds.), *Traditional and Innovation in Cognitive Behavioral Therapy with Youth*. New York, NY: Springer.
2. Beck Ch 3: Cog conceptualization, and Appendix A (Case Conceptualization Write-up)
3. Tolin Ch 5: Meaty Conceptualizations
4. Addis & Martell: Ch 1-2

Class 2 (9/14): Goals setting, treatment planning, and progress monitoring (Monitoring and Feedback Systems, Psychometrics of Evidence-based Assessment)

Topic: Finish case conceptualization practice and do progress monitoring

1. Beidas, R. S.,... Mandell, D. S. (2015). Free, brief, and validated: Standardized instruments for low resource mental health settings. *Cognitive and Behavioral Practice*, 22, 5-19.
2. Lambert, M.J et al. (2003). Is It Time for Clinicians to Routinely Track Patient Outcome? A Meta-Analysis. *Clinical Psychology: Science and Practice*, 10(3), 288-301.
3. Bickman, L. (2008). A measurement feedback system (MFS) is necessary to improve mental health outcomes. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(10), 1114-1119
4. Bickman, L., Kelley, S. D., Breda, C., de Andrade, A. R., & Riemer, M. (2011). Effects of routine feedback to clinicians on mental health outcomes of youths: Results of a randomized trial. *Psychiatric Services*, 62(12), 1423-1429.

Assign Homework: Progress monitoring [HW1] (due 9/28)

Optional (recommended) readings:

1. González-Prendes, A. A., Hindo, C., & Pardo, Y. (2011). Cultural values integration in cognitive-behavioral therapy for a Latino with depression. *Clinical Case Studies*, 10(5), 376-394.
2. Kendall, P. C., Chu, B., Gifford, A., Hayes, C., & Nauta, M. (1999). Breathing life into a manual: Flexibility and creativity with manual-based treatments. *Cognitive and Behavioral Practice*, 5(2), 177-198.

Class 3 (9/21): Behavioral Activation for Depression 1: TRAP/TRAC, activity tracking, functional assessment, reward

1. Jacobson et al (2001). Behavioral Activation Treatment for Depression: Returning to Contextual Roots. *Clinical Psychology: Science and Practice*, 8, 255-270.
2. Dimidjian, S., Barrera, M., Martell, C., Munoz, R.F., & Lewinsohn, P.M. (2011). The origins and current status of behavioral activation treatments for depression. *Annual Review of Clinical Psychology*, 7, 1-38.

Optional (but recommended) readings:

1. Cuijpers, P. et al. (2007). Behavioral activation treatments of depression: A meta-analysis. *Clinical Psychology Review, 27*, 318-326.

Class 4 (9/28): Behavioral Activation for Depression 2: Problem Solving

1. Addis & Martell: Ch 2 – 5
2. Leahy, Holland & McGinn: Ch 9 Behavioral Techniques (405-424),
3. Leahy, Holland & McGinn: Appendix A (Summary of Behavioral Techniques)

Assign Homework: BA [HW2] (Due 10/12)Optional (recommended) readings:

1. Chu, B. C., Colognori, D., Weissman, A. S., & Bannon, K. (2009). An initial description and pilot of group behavioral activation therapy for anxious and depressed youth. *Cognitive and Behavioral Practice, 16*, 408-419.
2. Chu, B. C., Crocco, S. T., Esseling, P., Areizaqa, M. J., Lindner, A. M., & Skriver, L. C. (2016). Transdiagnostic group behavioral activation and exposure therapy for youth anxiety and depression: initial randomized controlled trial. *Behaviour research and therapy, 76*, 65-75.
3. Lejuez, C. W., Hopko, D. R., Acierno, R., Daughters, S. B., & Pagoto, S. L. (2011). Ten year revision of the brief behavioral activation treatment for depression: revised treatment manual. *Behavior modification, 35*(2), 111-161.
4. Manos, R.C., Kanter, J.W., & Busch, A.M. (2010). A critical review of assessment strategies to measure the behavioral activation model of depression. *Clinical Psychology Review, 30*, 547-561.

Class 5 (10/5): Cognitive Therapy Part 1: Thoughts tracking, labeling distortions, coping thoughts
This lecture will be held asynchronously for Yom Kippur (Liza observing). Details to be discussed.

1. Leahy, Holland & McGinn: Ch 10 Cognitive Techniques (425-446),
2. Leahy, Holland & McGinn: Appendix B (Summary of Cognitive Techniques)
3. Beck: Ch 9 -12 (Identifying and responding to automatic thoughts)

Optional (recommended) readings:

1. Riley, K. E., Lee, J. S., & Safren, S. A. (2017). The relationship between automatic thoughts and depression in a cognitive-behavioral treatment for people living with HIV/AIDS: Exploring temporality and causality. *Cognitive therapy and research, 41*(5), 712–719.

Class 6 (10/12): Cognitive Therapy Part 2: Intermediate and Core Beliefs

Guest lecture: Andrea Quinn, PsyD

1. Beck: Ch 13-14 (responding to intermediate and core beliefs).

Assign homework: conceptualization [HW3] (Due 10/26)Optional (recommended) readings:

1. Hollon, S. D., Stewart, M. O., & Strunk, D. (2006). Enduring effects for cognitive behavior therapy in the treatment of depression and anxiety. *Annual Review of Psychology, 57*, 285-315.
2. Barlow: Ch 7 (Young)

Class 7 (10/19): Exposures: Learning theory, structuring exposures, safety behaviors

1. Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vermiet, B. (2014). Maximizing exposure therapy: an inhibitory learning approach. *Behaviour research and therapy, 58*, 10-23.
2. Blakey, S. M., & Abramowitz, J. S. (2019). Dropping safety aids and maximizing retrieval cues: Two keys to optimizing inhibitory learning during exposure therapy. *Cognitive and Behavioral Practice, 26*(1), 166-175.
3. de Jong, R., Lommen, M. J., de Jong, P. J., & Nauta, M. H. (2019). Using multiple contexts and retrieval cues in exposure-based therapy to prevent relapse in anxiety disorders. *Cognitive and Behavioral Practice, 26*(1), 154-165.

Optional (recommended) readings:

1. Hoffman, L. J. & Chu, B. C. (2017). When is seeking safety functional? Taking a pragmatic approach to distinguishing coping from safety. Manuscript under review.
2. Tolin, D. F. (2019). Inhibitory learning for anxiety-related disorders. *Cognitive and Behavioral Practice*, 26(1), 225-236.

Class 8 (10/26): Exposures: Panic Disorder (interoceptive exposures)**Guest lecture: Mark Versalla, PhD**

1. Leahy, Holland & McGinn: Ch 3
2. Knowles, K. A., & Olatunji, B. O. (2019). Enhancing inhibitory learning: The utility of variability in exposure. *Cognitive and Behavioral Practice*, 26(1), 186-200.

Class 9 (11/2): Exposures: OCD and Social Anxiety

1. Leahy, Holland & McGinn: Chs 5 & 8
2. Foa, EB, & Kozak, MJ (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin*, 99, 20-35.
3. Pinciotti, C.M., Smith, Z, Singh, S, Wetterneck, C, & Williams, M.T. (2021). Call to Action: Recommendations for Justice-Based Treatment of Obsessive-Compulsive Disorder With Sexual Orientation and Gender Themes. *Behavior Therapy*, 53(1).

Assign homework: exposure therapy [HW 4] (Due 11/16)**Class 10 (11/9): Exposures: PTSD, prolonged exposures, trauma narratives**

1. Leahy, Holland & McGinn: Ch 6
2. Cahil, S., & Pontoski, K. (2005). PTSD and Acute Stress Disorder, *Psychiatry*.
3. Cahill, S., Pontoski, & D'Olivo (2005). PTSD and Acute Stress Disorder II, *Psychiatry*.
4. Foa, E. B. et al. (1999). A comparison of exposure therapy, stress inoculation training, and their combination for reducing posttraumatic stress disorder in female assault victims. *JCCP*, 67, 194-200.
5. Resick, P. A. et al. (2008). A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. *JCCP*, 76, 243-258.

Optional (but recommended) readings:

1. Barlow: Ch 2 (Monson et al.)

Class 11 (11/16): Generalized Anxiety, worries, and intrusive thoughts

1. Leahy, Holland & McGinn: Ch 4
2. Marks, E. H., Walker, R. S., Ojalehto, H., Bedard-Gilligan, M. A., & Zoellner, L. A. (2019). Affect labeling to facilitate inhibitory learning: Clinical considerations. *Cognitive and Behavioral Practice*, 26(1), 201-213.

Optional (recommended) readings:

1. Roemer, L. & Orsillo, SM (2002). Expanding our conceptualization of and treatment for Generalized Anxiety Disorder: Integrating mindfulness/acceptance-based approaches with existing cognitive-behavioral models. *Clinical Psychology: Science and Practice*, 9, 54-68.

11/23: NO CLASS FOR THANKSGIVING**Class 12 (11/30): Introduction to ACT**

1. Hayes. (2005). *Get out of your mind and into your life*: Ch 1 – 5, pp. 1 – 68.
2. Orsillo, SM, Roemer, L., Lerner, JB, & Tull, MT. (2004). Acceptance, mindfulness, and cognitive-behavioral therapy: Comparisons, contrasts, and application to anxiety. In SC Hayes, VM Follette, & MM Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition* (pp. 66-95). New York: The Guilford Press.

Optional (recommended) readings:

1. Hayes, S.C. (2004). Acceptance and Commitment Therapy, Relational Frame Theory, and the third wave of behavior therapy. *Behavior Therapy*, 35, 639-665.

Class 13 (12/7): Expanding the evidence base part 1: dissemination and implementation of evidence-based treatments

Possible guest lecture

1. Fairburn, C.G., & Patel, V. (2017). The impact of digital technology on psychological treatments and their dissemination. *Behaviour Research and Therapy*, 88, 19–25.
2. Kendall, P. C., & Beidas, R. S. (2007). Smoothing the trail for dissemination of evidence-based practices for youth: Flexibility within fidelity. *Professional Psychology: Research and Practice*, 38, 13-20.
3. Patel, V., Weobong, B., Weiss, H. A., Anand, A., Bhat, B., Katti, B., Dimidjian, S., Araya, R., Hollon, S. D., King, M., Vijayakumar, L., Park, A. L., McDaid, D., Wilson, T., Velleman, R., Kirkwood, B. R., & Fairburn, C. G. (2017). The Healthy Activity Program (HAP), a lay counsellor-delivered brief psychological treatment for severe depression, in primary care in India: a randomised controlled trial. *Lancet (London, England)*, 389(10065), 176–185.
[https://doi.org/10.1016/S0140-6736\(16\)31589-6](https://doi.org/10.1016/S0140-6736(16)31589-6)

Class 14 (12/14): Expanding the evidence base part 2: CBT in community mental health

Guest lecture: Ryan DeLapp, PhD

1. Williams, M. T., Printz, D. M. B., & DeLapp, R. C. T. (2018). Assessing racial trauma with the Trauma Symptoms of Discrimination Scale. *Psychology of Violence*, 8(6), 735–747.
2. Pincus, L. E., Brumfield, R., & Brown, L. A. (2022). Consultation and Professional Development within the Prolonged Exposure Initiative. *Journal of Community Psychology*, 1–12.