

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

**GSAPP 18:821:555:01**

**Spring 2024**

Instructor:

Brian C. Chu, PhD  
[pronouns: he/his]  
Office 203A, 152 Frelinghuysen Road  
Email: [BrianChu@gsapp.rutgers.edu](mailto:BrianChu@gsapp.rutgers.edu)  
Office: (848) 445-3903  
Twitter: @DrBrianChu

Class Details:

Classroom: Psych 301  
Class Time: Wednesday, 8:30 – 11:30 AM  
Office Hours: By appointment at  
<https://BrianChuPhD.youcanbook.me>  
Class Discussions & Questions: Please use  
Canvas Discussions

COURSE DESCRIPTION

Approximately 25% of the general population suffers from an anxiety disorder at some point in their life. 20% suffer from depression. This course will focus on the clinical application of cognitive and behavioral strategies used to address these disorders with a focus on: (a) values-based goal setting: looking at how the various behavioral approaches help clients assess their quality of life, identify values, and pick goals that move them in that direction, and (b) effective strategies that move them in valued direction (e.g., behavioral activation, exposure, mindfulness, cognitive restructuring).

The learning goals for the course are:

1. Distinguish values from goals and help clients derive each.
2. Build case formulations that are built around individual values and goals and that recognize the individual, local, and systemic factors that support and impede progress.
3. Implement specific CBT treatment strategies to target specific problems and goals.
4. Students will complete some experiential component for the class by incorporating strategies learned to a clinical case they are seeing in a practicum.
5. An important part of class is to integrate the didactic curriculum with experiential lessons one is learning in GSAPP and external practica. Time will be reserved each class to help students integrate practice and didactic learning.

Canvas site:

We will use Canvas to post readings/materials and to submit assignments. To access:

1. Login with your NetID at: <http://canvas.rutgers.edu>
2. Click Courses tab for **18:821:555:01 CBTAnxietyDepressn**
3. All of your readings and other resources are posted under the Modules tab.
4. When you upload assignments, please label your file (using Save As) STARTING with YOUR LAST NAME (e.g., "Vazir\_HW1 ADIS writeup.doc").

ATTENDANCE, TARDINESS, & PARTICIPATION

Classes will be held in-person, on campus, and attendance is expected. Of course, there may be legitimate reasons that call for an absence, including religious holiday, sickness, childcare, attendance at a professional conference, etc. Please notify the instructor at least two weeks ahead of planned absences and make arrangements for making up the class. This will generally include having a classmate record the class and submitting a bullet-pointed summary of its content. In this type of class, many of the topics will build upon each other and will require hearing the discussions in prior classes before moving on to subsequent classes.

**WEEKLY READINGS:**

Readings are expected to be read for the class in which they're listed. The course focuses on training in clinical competence, so this relies on knowing the literature base. Class instruction will likely not dissect each reading, but each is necessary to perform the clinical skills adequately.

**CLASS GUIDELINES**

**Academic Integrity:** All Rutgers students should review and adhere to the University principles of academic integrity, available at: <http://academicintegrity.rutgers.edu/academic-integrity-at-rutgers/>

**Statement on Disabilities:** Rutgers University welcomes students with disabilities into all of the University's educational programs. As this is not a formal class, we may have more flexibility than usual, and we may not be able to meet all needs, but we will make every attempt to make reasonable accommodations. Please discuss any needs with the instructor at the start of class. You may also submit a request for accommodations at 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 on the ODS web site at: <https://ods.rutgers.edu/students/registration-form>.

**Names and Pronouns:** Class rosters are provided to the instructor with the 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.

**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 the students bring to this class be 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.

**GRADED COMPONENTS****Semester Reading Project (40%)**

This will be a dynamically-sized, developmental learning project. See below for list of "Approved clinician manuals." You will first self-report which of these clinician guides you have read before. Your assignment will then be to acquire and read one more by the end of the semester. You will then write a brief take-home report based on the materials. Read one clinician guide for full credit; read additional guides for extra credit.

**Experiential Component (30%)**

As an applications course, one of the assignments will be experiential. To complete this, you will be asked to apply one of the concepts you learn in class (e.g., values clarification, exposure, cognitive restructuring) with a case you are currently seeing. You will then report (written or video) on your experiences. Details of assignment TBA.

**Upside Down Class Presentation: multi-cultural treatment adaptations (20%)**

CBT has advanced in many ways. One of the exciting directions is the way in which programs have been tailored to meet the specific needs of marginalized, minoritized, and other cultural-based communities. Your assignment will be to choose one such CBT adaptation and video a 5-10-minute summary of the adaptation and upload it to Canvas. The rest of the class will watch it for HW and we'll reserve 15 min in class to discuss. Details to be discussed in class.

Attendance and Class Participation (10%)

Credit given for attendance and class participation.

**Required Texts**

1. Orsillo, S.M., & Roemer, L. (2016). *Worry Less, Live More: The mindful way through anxiety workbook*. Guilford Press.

**And choose one of these based on age preference:**

1. Leahy, R.L., Holland, S.J., & McGinn (2012). *Treatment Plans and Interventions for Depression and Anxiety Disorders (2<sup>nd</sup> Ed.)*. New York, NY: Guilford.
2. Chu, B.C. & Pimentel, (2023). *CBT Treatment Plans and Interventions for Depression and Anxiety Disorders in Youth*. Guilford Press.

**Semester Reading Project: Approved Clinician Guides**

1. Barlow, D.H., Farchione, T.J., Fairholme, C.P., Ellard, K.K., Boisseau, C., Allen, L. B., Ehrenreich-May, J. (2011). *Unified Protocol for Transdiagnostic Treatment of Emotional Disorders: Therapist Guide (and Workbook)*. Oxford University Press
2. Craske, M.G., Dour, H.J., Treanor, M., Meuret, A.E. (2022). *Positive Affect Treatment for Depression and Anxiety: Therapist Guide (and Workbook)*. Oxford University Press.
3. Ehrenreich-Mya, J., Kennedy, S.M., Sherman, J.A., Bennett, S.M., & Barlow, D.H. (2018). *Unified Protocol for Transdiagnostic Treatment of Emotional Disorders in Adolescents: Therapist Guide (and Workbook)*. Oxford University Press
4. Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (2016). *Acceptance and Commitment Therapy (2<sup>nd</sup> Ed). The Process and Practice of Mindful Change*. Guilford Press:
5. Tolin, D. F. (2024). *Doing CBT: A comprehensive guide to working with behaviors, thoughts, and emotions (2<sup>nd</sup> Ed)*. Guilford Publications.
6. Lev, A., & McKay, M. (2017). *Acceptance and Commitment Therapy for Couples*. New Harbinger Publications.
7. Martell, C.R., Dimidjian, S., & Herman-Dunn, R. (2022). *Behavioral Activation for Depression: A Clinician's Guide (2<sup>nd</sup> Edition)*. Guilford Publications.
8. Polk, K., Schoendorff, B., Webster, M., Olaz, F. (2016). *The Essential Guide to the ACT Matrix*. New Harbinger Publications.
9. Or propose another one to Instructor

**Multicultural Treatment Adaptations** (Here are some suggestions as starters, but you may choose another area/community that fits any interest of yours or need of current clients). These suggestions are not meant to important any particular community or approach; they're just offered as examples of types of approaches and resources. Just pick one that involves behavioral therapy, broadly speaking:

1. Austin, A., & Craig, S. L. (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice*, 46(1), 21.
2. Collado, A., Calderón, M., MacPherson, L., & Lejuez, C. (2016). The efficacy of behavioral activation treatment among depressed Spanish-speaking Latinos. *Journal of Consulting and Clinical Psychology*, 84(7), 651–657. <https://doi.org/10.1037/ccp000103>

3. Kanter, J., Santiago-Rivera, A. L., Santos, M. M., Nagy, G., López, M., Hurtado, G. D., & West, P. (2014). A randomized hybrid efficacy and effectiveness trial of behavioral activation for Latinos with depression. *Behavior Therapy*, *46*(2), 177–192. <https://doi.org/10.1016/j.beth.2014.09.011>
4. Ward, E. C., & Brown, R. L. (2015). A culturally adapted depression intervention for African American adults experiencing depression: Oh happy day. *American Journal of Orthopsychiatry*, *85*(1), 11–22. <https://doi.org/10.1037/ort0000027>
5. Hwang, W., Myers, H. F., Chiu, E., Mak, E., Butner, J. E., Fujimoto, K., Wood, J. J., & Miranda, J. (2015). Culturally adapted cognitive-behavioral therapy for Chinese Americans with depression: A randomized controlled trial. *Psychiatric Services (Washington, D.C.)*, *66*(10), 1035–1042. <https://doi.org/10.1176/appi.ps.201400358>
6. Naeem, F., Phiri, P., Munshi, T., Rathod, S., Ayub, M., Gobbi, M., & Kingdon, D. (2015). Using cognitive behaviour therapy with South Asian Muslims: Findings from the culturally sensitive CBT project. *International Review of Psychiatry*, *27*(3), 233-246.
7. Rosmarin, D. H., Bocanegra, E. S., Hoffnung, G., & Appel, M. (2019). Effectiveness of cognitive behavioral therapy for anxiety and depression among Orthodox Jews. *Cognitive and Behavioral Practice*, *26*(4), 676-687.
8. Safren, S. A., & Rogers, T. (2001). Cognitive–behavioral therapy with gay, lesbian, and bisexual clients. *Journal of Clinical Psychology*, *57*(5), 629-643.
9. Yeung, A., Lepoutre, V., Wayne, P., Yeh, G., Slipp, L. E., Fava, M., Denninger, J. W., Benson, H., & Fricchione, G. L. (2012). Tai chi treatment for depression in Chinese Americans: A pilot study. *American Journal of Physical Medicine & Rehabilitation*, *91*(10), 863–870. <https://doi.org/10.1097/PHM.0b013e31825f1a67>

Brief Outline of classes		
Class	Date	Topic
1.	1/17	Values in Behavioral Therapy
2.	1/24	Values vs. Goals
3.	1/31	Values across Clinical Contexts/Domains
4.	2/7	Idiographic Assessment and Case Conceptualizations
5.	2/14	Case Formulation and Motivational Techniques
6.	2/21	Mindfulness & Behavioral Activation 1
7.	2/28	BA 2: Cultivating Positivity and Problem Solving
8.	3/6	Cognitive Interventions
	3/13	Spring Break
9.	3/20	Intro to Exposures
10.	3/27	Fear-based exposures (Panic, interoceptive, specific phobias)
11.	4/3	Diffuse anxiety/worry (GAD, social, intrusive thoughts)
12.	4/10	Depression/anhedonia based exposures: activation, sustained effort
13.	4/17	Habit/ritual exposures: OCD, tic
14.	4/24	Extra practice
15.	5/1	Progress monitoring and Termination

## COURSE OUTLINE

### **Class 1 (1/17):**

#### **Values-based Behavioral Therapy: Setting the Context**

---

- Introduction to Values-based framework
- Values self-assessment

#### Readings:

1. None assigned

### **Class 2 (1/24):**

#### **Defining and Refining Values. Values vs Goals, and Common Traps**

- Distinguishing values from goals: focusing on the present and the how
- Values Matrix
- Value Traps

#### Readings:

1. Hayes et al. (2016), Ch 11
2. Orsillo & Roemer (2012), Ch 9

### **Class 3 (1/31):**

#### **Values across Clinical Contexts/Domains**

- Values in Couples work
- Values in Families/Parenting
- Values in Community/Social Activism

#### Readings:

1. Polk et al (2016): Ch 9
2. Pok et al (2016), Ch 8
3. Prilleltensky, I. (2001). Value-based praxis in community psychology: Moving toward social justice and social action. *American journal of community psychology*, 29, 747-778.
4. Garcia, P., Cadenas, G. A., & Scott, K. A. (2023). Expanding theories of sociopolitical development: Centering the intersectional experiences of girls of color in an informal STEM program. *TechTrends*, 67(3), 407-416.

### **Class 4 (2/7):**

#### **Idiographic Assessment Approaches and Case Conceptualization**

- Top Problems, Symptoms/Diagnoses, and Values (across behavioral txs)
- Converting Values into Treatment Goals (little g and Big G Goals)
- Cultural Formulation Interview

#### Readings:

1. Badin, E., Alvarez, E., & Chu, B. C. (2020). Cognitive Behavioral Therapy for Child and Adolescent Anxiety: CBT in a Nutshell. In *Cognitive Behavioral Therapy in Youth: Tradition and Innovation* (pp. 41-71). New York: Humana (Springer).
2. Chu & Pimentel, Ch 1
3. American Psychiatric Association. (2013). *Cultural Formulation Interview*.
4. Jarvis, G. E., Kirmayer, L. J., Gómez-Carrillo, A., Aggarwal, N. K., & Lewis-Fernández, R. (2020). Update on the cultural formulation interview. *Focus*, 18(1), 40-46.

**Class 5 (2/14):****Case Formulation and Motivational Techniques**

- Cultural Formulation Interview (cont.)
- CBT Case Formulation in a nutshell.
- Treatment Planning
- Motivational interviewing: Decision Analysis

## Readings:

1. Williams, M., Harrison, T., & La Torre, J. T. (under review). Cultural Formulation and Culturally-Adapted Treatments for Depression. Submitted to the *APA Handbook for Depression*.
2. Chu & Pimentel, Ch 2 (pp. 23-33)

**Class 6 (2/21):****Mindfulness/Cognitive Distancing & Behavioral Activation**

- Practicing Mindfulness
- Functional Assessment, activity tracking/scheduling

## Readings:

1. Orsillo & Roemer (2016): Ch 6-8
2. Chu & Pimentel, Ch 2 (pp. 35-51)
3. 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.

**Class 7 (2/28):****Behavioral Activation 2: Cultivating Positivity & Problem solving**

- Anti-anhedonic strategies: Cultivating joy, noticing/savoring the positive
- Problem solving

## Readings:

1. Craske et al (2022), Ch 5-7
2. Leahy, Holland & McGinn: Ch 9 Behavioral Techniques (405-424),
3. Leahy, Holland & McGinn: Appendix A (Summary of Behavioral Techniques)

Optional (but recommended) readings:

4. 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.
5. Chu, B. C., Crocco, S. T., Esseling, P., Areizaga, M. J., Lindner, A. M., & Skriner, 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.

**Class 8 (3/6):****Cognitive Techniques: thought tracking, distortions, coping thoughts**

- Thought tracking, labeling distortions, coping thoughts
- Intermediate beliefs

## Readings:

1. Chu & Pimentel, Ch 2 (pp. 33-36)
2. Leahy, Holland & McGinn: Ch 10 Cognitive Techniques (425-446),
3. Leahy, Holland & McGinn: Appendix B (Summary of Cognitive Techniques)

**ALERT: 3/13: SPRING BREAK****Class 9 (3/20):****Exposures: Learning theory, structuring exposures, safety behaviors**

- Structuring and implementing exposures
- Safety behaviors

## Readings:

1. Chu & Pimentel, Ch 2 (pp. 41-49)
2. 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.
3. 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.
4. Hoffman, L. J. & Chu, B. C. (2017). When is seeking safety functional? Taking a pragmatic approach to distinguishing coping from safety. Manuscript under review.

**Class 10 (3/27):****Fear-based Exposures: Panic, interoceptive exposures, and specific phobias**

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.
3. Tolin, D. F. (2019). Inhibitory learning for anxiety-related disorders. *Cognitive and Behavioral Practice*, 26(1), 225-236.

**Class 11 (4/3):****Generalized and Social Anxiety Exposures**

1. Leahy, Holland & McGinn: Ch 4 and 5  
Or Chu & Pimentel, Ch 9 and 10
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.
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.

**Class 12 (4/10):****Depression and exposures involving activation, appreciation, and sustained effort**

- Translating exposures/behavioral experiments to depression

## Readings:

1. Leahy, Holland & McGinn: Ch 2 Depression  
Or Chu & Pimentel, Ch 6 (Depression)

**Class 13 (4/17):****Further practice in mood issues and SI/NSSI**

- Mood issues and managing risk

## Readings:

2. Leahy, Holland & McGinn: Ch 2 Depression  
Or Chu & Pimentel, Ch 7 (SI/NSSI)

**Class 14 (4/24):**

**Habit/Ritual Exposures: OCD, tics**

- Exposure based work for exposures/behavioral experiments to depression
1. Readings: TBD

**Class 15 (5/1):**

**Progress Monitoring and Termination**

1. Chu & Pimentel, Ch 3 (Later Phase and Termination)



**Additional critical readings for CBT:**

*Cognitive & Behavioral Practice Special Issue (2019), vol 19(1).*

1. Frank, B., & McKay, D. (2019). Introduction to the Special Series: Clinical Applications of the Inhibitory Learning Model. *Cognitive and Behavioral Practice*, 26(1), 127-129.
2. Frank, B., & McKay, D. (2019). The suitability of an inhibitory learning approach in exposure when habituation fails: A clinical application to misophonia. *Cognitive and Behavioral Practice*, 26(1), 130-142.
3. Krompinger, J. W., Van Kirk, N. P., Garner, L. E., Potluri, S. I., & Elias, J. A. (2019). Hope for the worst: Occasional reinforced extinction and expectancy violation in the treatment of OCD. *Cognitive and Behavioral Practice*, 26(1), 143-153.
4. 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.
5. 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.
6. Hoffman, L. J., & Chu, B. C. (2019). When Is Seeking Safety Functional? Taking a Pragmatic Approach to Distinguishing Coping From Safety. *Cognitive and Behavioral Practice*, 26(1), 176-185.
7. Knowles, K. A., & Olatunji, B. O. (2019). Enhancing inhibitory learning: The utility of variability in exposure. *Cognitive and Behavioral Practice*, 26(1), 186-200.
8. 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.
9. McGuire, J. F., & Storch, E. A. (2019). An inhibitory learning approach to cognitive-behavioral therapy for children and adolescents. *Cognitive and behavioral practice*, 26(1), 214-224.
10. Tolin, D. F. (2019). Inhibitory learning for anxiety-related disorders. *Cognitive and Behavioral Practice*, 26(1), 225-236.

Abramowitz, J. S. (2013). The practice of exposure therapy: relevance of cognitive-behavioral theory and extinction theory. *Behavior therapy*, 44(4), 548-558.

Blakey, S. M., & Abramowitz, J. S. (2016). The effects of safety behaviors during exposure therapy for anxiety: Critical analysis from an inhibitory learning perspective. *Clinical Psychology Review*, 49, 1-15.

Deacon, B., Kemp, J. J., Dixon, L. J., Sy, J. T., Farrell, N. R., & Zhang, A. R. (2013). Maximizing the efficacy of interoceptive exposure by optimizing inhibitory learning: A randomized controlled trial. *Behaviour Research and Therapy*, 51(9), 588-596.

Jacoby, R. J., & Abramowitz, J. S. (2016). Inhibitory learning approaches to exposure therapy: A critical review and translation to obsessive-compulsive disorder. *Clinical Psychology Review*, 49, 28-40.

McNally, R. J. (2007). Mechanisms of exposure therapy: how neuroscience can improve psychological treatments for anxiety disorders. *Clinical psychology review*, 27(6), 750-759.