**Cognitive-Behavioral Therapy: Advanced Skills for the Assessment
and Treatment of Emotional Disorders**

GSAPP, Course # 18:821:555:01
Spring 2025

Instructor:
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Class Details:
Classroom: GSAPP A230
Class Time: Monday, 2:00 – 4:45pm
Office Hours: By appt 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 teaching advanced skills for the cognitive behavioral therapist. This will include third-wave and other novel interventions that focus on (a) values-based behavioral therapies and strategies (e.g., 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). A significant focus will be on case consultation in which students present their own case work and learn how to flexibly apply CBT principles in effective ways.

The learning objectives for the course are:
1. Introduction to third-wave principles like relational frame theory, cognitive defusion, and experiential avoidance. This will include attention-focusing interventions like Positive Affect Treatment and Behavioral Activation.
2. Build case formulations and treatment plans that fit these principles and 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 for students to present cases in class to help students integrate practice and didactic learning.

Graded Components

Multi-cultural treatment adaptations: Mini (mini!) Workshop and Discussion Posts (40%)
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. Make it brief and focus on describing the actual strategies (i.e., clinical). The rest of the class will watch it for HW and post a comment on it in Canvas. Details and sign-up sheets TBA.

Experiential Component (50%)

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, mindfulness, exposure, cognitive restructuring) with a case you are currently seeing. [If necessary, it can be a past case]. You will then (a) write and turn in a brief report and (b) present a video demonstration of your intervention in class. These will occur in the second half of class and you will get class consultation on your demonstration. Details and sign-up sheets TBA.

Attendance and Class Participation (10%)

Credit given for attendance and class participation.

CLASS GUIDELINES

Attendance is important and refers to in-person, on-time presence in the classroom as well as "mindful" attention to the course. Technology should only be used in the service of classroom participation and note-taking. Grades will be affected, and credit may not be given if more than two classes are missed (other than for observance of religious holidays or reasons that are approved by the instructor prior to the missed class). Please notify the instructor before class for any unexpected absences (e.g., illness). Please be in communication with the instructor for any situation that would potentially lead to multiple absences (e.g., chronic illness).

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/

Artificial Intelligence Policy: This course recognizes that there may be ways that generative artificial intelligence (AI) may have potential benefits as a supplementary tool for certain learning activities (e.g., initial topic searching, potential in editing drafts of writing), however, it is not clear where AI is necessary given that most of the material will be demonstrated performance (e.g., video-recorded demonstrations) or personal reflection of clinical case material. In these early stages of un-charted AI, this course requires that students explicitly cite any use of AI in completion of their assignments, as transparency is critical. When AI is used, please note relevant sections with a footnote and cite which platform (ver) you use.

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.

Required Texts
1. Harris, R. (2019). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy*. New Harbinger Publications.

2. Leahy, R.L., Holland, S.J., & McGinn (2012). *Treatment Plans and Interventions for Depression and Anxiety Disorders (2nd Ed.).* New York, NY: Guilford.

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

    a. Companion site: https://www.guilford.com/companion-site/Worry-Less-Live-More/9781462525454

4. Polk, K., Schoendorff, B., Webster, M., Olaz, F. (2016). *The Essential Guide to the ACT Matrix.* New Harbinger Publications.

5. Other required readings, in the form of readings or multi-media, are listed in the syllabus by week and will be available via Canvas.

Useful (Recommended) Texts that we may reference:
1. Barlow, D. H., et al. (2017). *Unified protocol for transdiagnostic treatment of emotional disorders: Therapist guide, 2nd edition.* New York: Oxford University Press.
2. Barlow, D. H., et al. (2017). *Unified protocol for transdiagnostic treatment of emotional disorders: Workbook (2nd edition).* New York: Oxford University Press
3. Chu, B.C. & Pimentel, (2023). *CBT Treatment Plans and Interventions for Depression and Anxiety Disorders in Youth.* Guilford Press.

4. 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.

5. Hayes, S. C. (2005). *Get out of your mind and into your life: The new acceptance and commitment therapy*. New Harbinger Publications.

6. Hayes, S.C., Strosahl, K.D., & Wilson, K.G. (2016). *Acceptance and Commitment Therapy (2nd Ed). The Process and Practice of Mindful Change.* Guilford Press:

7. Martell, C.R., Dimidjian, S., Herman-Dunn, R. (2022). Behavioral Activation for Depression: A Clinician's Guide
8. Resick, P. A., Monson, C. M., & Chard, K. M. (2016). Cognitive processing therapy. *New York, NY: Guilford Press*.

9. *Treatments that Work* Series for specific disorder/problem: Oxford University Press

Some great Podcasts and Educational Media
   1) [Ali Mattu YouTube Channel](#)
   2) [Psyched to Practice](#) with Ray Christner and Paul Wagner
   3) [Sanity x ABCT](#) with Jason Duncan
   4) [Therapists in the Wild](#) with Molly St. Denis and Liza Pincus (GSAPP grads!)
   5) The [Affirming Minds Podcast](#) with Shaina Siber

Online references:
   1) APA Division 12 Psychological Treatments: https://div12.org/treatments/
   2) APA Division 53 Society of Clinical and Adolescent Psychology's website: Effective Child Therapy https://effectivechildtherapy.org/
   3) University College London Competency Frameworks
       a. https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/competence-frameworks
       b. https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks-2
       c. https://www.ucl.ac.uk/clinical-psychology/competency-maps/cbt-map.html

Brief Outline of classes		
Class	Date	Topic
1.	1/27	Review of Case Formulation and Plan for Semester
2.	2/3	Acceptance and Commitment Therapy (ACT) 1: Relational Frames and Cognitive Defusion
3.	2/10	ACT 2: Values and Committed Action
4.	2/17	ACT Matrix and Assessing Values across Clinical Contexts/Domains
5.	2/24	Mindfulness and Cultivating Awareness
6.	3/6	Positive Affect Therapy
7.	3/10	Cognitive Strategies for Challenging Cases
	3/17	Spring Break
8.	3/24	Brian away at conf: TBD
9.	3/31	Problem Solving when Problems seem real
10.	4/7	Fear-based exposures (Panic, interoceptive, specific phobias)
11.	4/14	Diffuse anxiety/worry exposures (health, social, uncontrollable)
12.	4/21	Depression/anhedonia based exposures: activation, sustained effort
13.	4/28	Habit/ritual exposures: OCD, tic
14.	5/5	Prolonged Exposure vs Cognitive Processing for Trauma
15.	5/12	Catch up and continued student consultation
	**	Classes 9-15: Student case consultation

SCHEDULE OF READINGS AND ACTIVITIES (subject to change)

Class 1 1/27	**Course Overview and Review of Case Conceptualization:** • Class overview • Review of Case Conceptualization: Multisystemic Formulation and Treatment Planning **Readings:** • None assigned. **Multimedia (Optional):** •
Class 2 2/3	**Acceptance and Commitment Therapy (ACT) 1: Relational Frames and Cognitive Defusion** • 3rd Wave BT, Relational Frames • Cognitive Defusion **Readings:** • Harris (2019), *ACT made simple,* **Chs 1-4** • Hayes, S.C. (2004). Acceptance and Commitment Therapy, Relational Frame Theory, and the third wave of behavior therapy. *Behavior Therapy, 35*, 639-665. **Optional Readings/multi-media:** • •
Class 3 2/10	**ACT 2: Values and Committed Action** • Distinguishing values from goals: focusing on the present and the how • Value Traps **Readings** • Harris (2019), *ACT made simple, Ch 19* • Orsillo & Roemer (2016), *Worry Less, Live More,* **Ch 9** **Optional (but recommended over course of class) readings/media:** •
Class 4 2/17	**ACT Matrix and Assessing Values across Clinical Contexts/Domains** • ACT Matrix • Values in Parenting and Couples Work **Readings and Media:** • Polk et al (2016), *Essential Guide to ACT Matrix:* **Intro and Ch 1, 8, 9**

Class 5 2/24	**Mindfulness and Cultivating Awareness** • Practicing Mindfulness • Cultivating Awareness, Curiosity, and Acceptance **Readings and Media**: • Orsillo & Roemer (2016), *Worry Less, Live More,* **Ch 6-8** • Chu & Pimentel, **Ch 2** (pp. 35-51) • Therapists in the Wild podcast, [Gaining Distance from Thoughts with Cognitive Defusion (0:59)](#), •
Class 6 3/6	**Positive Affect Therapy** • Anti-anhedonic strategies: Cultivating joy, noticing/savoring the positive **Readings:** • Craske et al (2022), *Positive Affect Treatment,* **Ch 5-7** • Craske, M. G., Meuret, A. E., Ritz, T., Treanor, M., Dour, H., & Rosenfield, D. (2019). Positive affect treatment for depression and anxiety: A randomized clinical trial for a core feature of anhedonia. *Journal of consulting and clinical psychology*, *87*(5), 457. **Optional Media** •
Class 7 3/10	**Cognitive Strategies for Challenging Cases: When the Struggle is Real** • Making use of Thinking Traps and Cognitive challenging in difficult situations and contexts. **Reading/Media:** • Hope, D. A. (2022). Mitigating the mental health impact of marginalization and discrimination. *Cognitive and Behavioral Practice*, *29*(3), 533-536. • Diedrich, A., Hofmann, S. G., Cuijpers, P., & Berking, M. (2016). Self-compassion enhances the efficacy of explicit cognitive reappraisal as an emotion regulation strategy in individuals with major depressive disorder. *Behaviour research and therapy*, *82*, 1-10. • Sanity Podcast, [Common pitfalls learning CBT and Socratic questioning, with Scott Waltman (1:31)](#), 10/21/21, (start at 50:00 for Socratic Ques).
3/17	**Spring Break**
Class 8 3/24	**Brian Away: Asynchronous activity TBD**

Class 9 3/31	**Problem Solving in your most challenging cases** • When and how to invoke change **Readings/Media:** • TBD
Class 10 4/7	**Fear-based exposures (Changing Expectations)** • Inhibitory Learning • Class examples and practice **Readings/Media:** • Leahy, Holland & McGinn, Ch 3 (Panic and Agoraphobia), Ch 7 (Specific Phobia) • Chu & Pimentel, Ch 2 (pp. 41-49) • 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. **Optional Media** • Ali Mattu, How to Start Overcoming Anxiety as a Beginner – Step by Step (0:21) •
Class 11 4/14	**Distress and skill-focused exposures** • Exposures in health, social, and uncontrollable situations **Readings:** • Leahy, Holland & McGinn, Ch 4 (GAD), Ch 5 (Social Anxiety) • 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. • Hoffman, L. J. & Chu, B. C. (2019). When is seeking safety functional? Taking a pragmatic approach to distinguishing coping from safety. Cognitive & Behavioral Practice **Optional Media:** • Ali Mattu, How to Start Overcoming Anxiety as a Beginner – Step by Step (0:21)

Class 12 4/21	**Depression and Anti-Inertia Experiments** • Activation and Effort-based exposures **Readings:** 1. Leahy, Holland & McGinn, Ch 2 (Depression) 2. Chu & Pimentel, Ch 6 (Depression) **Optional Media** • Therapists in the Wild podcast, Act Opposite to Emotion Urges (0:52),
Class 13 4/28	**Habit/Ritual Exposures** • OCD, Tics **Readings:** • Piacentini, J., & Chang, S. (2005). Habit reversal training for tic disorders in children and adolescents. *Behavior Modification*, *29*(6), 803-822. • Hwang, G. C., Tillberg, C. S., & Scahill, L. (2012). Habit Reversal Training for Children With Tourette Syndrome: Update and Review. *Journal of Child and Adolescent Psychiatric Nursing*, *25*(4), 178-183. • More TBD **Optional Media** • Ali Mattu, Psych Show, OCD Starts Here (0:08) • Ali Mattu, Psych Show, How to Deal with Intrusive thoughts and anxiety (0:34) • Sanity podcast, OCD Assessment and Treatment with Dr. Jonathan Abramowitz (0:34)
Class 14 5/5	**Prolonged Exposure vs. Cognitive Processing for Trauma** • Behavioral and cognitive approaches to trauma exposures **Readings:** 1. Sitz, A. L., Cogan, C. M., & Davis, J. L. (2021). Cognitive processing therapy with an older woman veteran during COVID-19: A case study. *Cognitive and behavioral practice*, *28*(4), 608-617. 2. McBain, S., Mundle, R., & Held, P. (2024). Applications of Cognitive Processing Therapy to Post-Injury PTSD: A Case Study. *Cognitive and Behavioral Practice*. 3. Blount, T. H., Cigrang, J. A., Foa, E. B., Ford, H. L., & Peterson, A. L. (2014). Intensive outpatient prolonged exposure for combat-related PTSD: A case study. *Cognitive and Behavioral Practice*, *21*(1), 89-96. 4. Saraiya, T. C., Santa Ana, E. J., Jarnecke, A. M., Feigl, H., Rothbaum, A. O., & Back, S. E. (2024). We're in This Together: A Case Study of the Concurrent Delivery of Prolonged Exposure Therapy to Intimate Partners With PTSD. *Cognitive and Behavioral Practice*, *31*(4), 548-562.

| Class 15
5/12	Catch up and Student Consultation

Additional Supportive Readings

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.

Competencies Addressed in the Course

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/occupational functioning.

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 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.

Discipline-Specific Knowledge (DSK)

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