

**Psychology 954:  
Cognitive-Behavioral Theory, Research, Assessment & Intervention**

**Time & Location:** Tuesdays, 10:20am — 1:10pm online/Zoom

**Zoom link:** <https://msuhipaa.zoom.us/j/97423499370?pwd=VmFIUHdqVTdmSHgxa0c1dnZOaEFVZz09>

**Meeting ID:** 974 2349 9370

**Passcode:** 883486

**Professor:** Jason Moser, Ph.D. (*he/him/his*)

**Office:** 110B Psychology Building/online

**Phone:** (517) 355-2159

**Email:** [jmoser@msu.edu](mailto:jmoser@msu.edu) \*\* (definitely the best way to reach me)

**Office Hours:** by appointment via Zoom

**COVID-19 Impact Statement:** This course is being delivered online via Zoom during the COVID-19 global pandemic, among other national/international challenges. This statement is to acknowledge the difficult time in which this course is being delivered. My goal is to have as productive, stimulating and informative a course as possible during these difficult times. I also understand that such times bear unique burdens for us all in a number of ways — psychologically, physically, etc. I aim to acknowledge the significant moments that arise throughout the semester, be aware of our collective state and needs, and lead a class that meets the course objectives in a compassionate manner.

**Course Description & Overview:** The purpose of this course is to provide students with a foundation in cognitive- behavioral theory and its associated assessments and therapeutic techniques — including more recent extensions into mindfulness, acceptance, and commitment procedures. I take a “clinical science” approach to teaching this course, which to me means that I see cognitive-behavioral science and practice as inextricably linked. Students will learn the theoretical underpinnings and implementation of empirically supported, culturally responsive behavioral, cognitive and emotional assessments and interventions for a range of adult psychopathology. Assessment and its ongoing role in case conceptualization, treatment planning and treatment monitoring will be integrated throughout. The role of cognitive-behavioral practice in public health will also be discussed. Although this course will in no way provide a comprehensive review of the CBT tradition, it is intended to provide a solid foundation from which students can further explore CBT in subsequent supervised practica. A central emphasis of the course is learning how to think like a cognitive-behavioral therapist — this will provide a

foundation for flexible applications of CBTs in your practice.

**Course Objectives:** The goal is for students to acquire the following knowledge and skills:

1. An understanding of the basic tenets of behavioral and cognitive theories, including historical perspectives;
2. Knowledge of empirical methods and findings regarding effective CBT interventions for common forms of psychopathology in adults;
3. Knowledge and application of the CBT approach to assessment;
4. Ability to conceptualize cases from a CBT framework;
5. Understanding of culturally responsive CBT research and practice;
6. Beginning ability to apply specific CBT techniques;
7. Appreciation for the role of CBT in healthcare;
8. Ability to distill common principles across techniques and treatment packages;
9. A basic understanding of the CBT approach to supervision

***Disclaimer:*** As it happens with most, if not all, courses, students receive education on a particular topic through the lens of their instructor. This course is no exception. Therefore, I feel it is important that you know a little about my lens. I am a clinical psychophysicologist who specializes in the study and treatment of anxiety (and depression). Therefore, I think about psychological disorders across response systems — subjective experience, physiologic, cognitive, and behavioral. I also think about psychological problems as falling along a continuum from mild to severe with patients falling at the extreme end of the spectrum. My therapeutic orientation is primarily cognitive-behavioral, with a stronger emphasis on the behavioral component. That being said, I am primarily interested in things that work; that is, I'm interested in therapies that have garnered empirical support. I like parsimony and the idea of transdiagnostic protocols, but also see the benefits of specific procedures for specific problems. I am also constantly humbled by what we do not know about working with specific people — our theories and empirical findings, for the most part, collapse across race, color, ethnicity, gender, sexual orientation, class and ability status to suggest an implicit generalizability. Given we know that various social-cognitive, cultural and environmental factors influence the nature, expression and impact of psychopathology, I strive to achieve a culturally responsive approach to teaching CBT theory, research, assessment and intervention. If you have any questions or concerns about this approach, please feel free to bring them up during class or office hours. Finally, I see this syllabus not as a “contract” per se but rather as a document that we can discuss and modify as meets the needs of us all. I have also included other recommended readings because I see this syllabus as a resource that will hopefully be useful to you going forward in your career.

**Format and Platform:** Class meetings will take place via Zoom and focus on group discussions of topics/readings.

To facilitate discussions, students will be expected to complete “Personal Target Worksheets” included in the required Tolin text. These worksheets appear at the end of each chapter and take you through the phases of CBT by having you identify, conceptualize and intervene on a personal “problem” (e.g., stress, social media, exercise, diet) you’d like to change. **You will not be asked to submit these so as to maintain your confidentiality but serve the purpose of helping you to understand and practice CBT principles and techniques first-hand. Completing these worksheets for each Tolin chapter will greatly facilitate group discussion.**

**Course materials can be found on D2L. If you require technical assistance, please contact myself or the below MSU IT services:**

MSU Help site: <http://help.msu.edu>

Desire2Learn Help site: <http://help.d2l.msu.edu>

MSU help desk: 517-432-6200; 844-678-6200; [ithelp@msu.edu](mailto:ithelp@msu.edu)

Primarily, this course will be taught on Tuesdays by me. There will also be one co-teaching session with Alytia Levendosky held early in the semester during our class period (**February 9**). Finally, towards the end of the semester, Alytia and I will co-lead one session during her class (**April 16**) in which an advanced clinical psychology Ph. D. student will give a case presentation that the class will then discuss from CBT and psychodynamic perspectives.

**Attendance Policy:** I expect that you will attend all class periods. I also expect — but do not require — that you will have your Zoom camera enabled during discussion and mute/unmute yourself as appropriate. If you must disable your camera at any point during discussion, please let us know via chat if appropriate and possible. If you have any number of emergencies or other needs that prevent you from attending, please reach out to me as soon as you can to let me know. In the event that you miss a class, you can obtain notes from classmates and, if needed, take a meeting with me to discuss any questions or concerns about missed material — I will not, however, re-teach the class in such a meeting.

**Evaluation:** Grades will be based on scores on class participation, a take-home midterm exam, a case formulation and treatment plan report & feedback session, and a take-home final exam.

I expect that you will participate in class by responding to my questions, initiating comments and questions, and responding to your classmates’ comments and questions. If discussion stagnates, I will call on students at random to share their impressions of and summarize take-home messages from readings. You will also be expected to volunteer to participate in role plays and other related activities.

Personal Target Worksheets are described above.

The midterm exam will be take-home, distributed **February 18 and due 11:59PM February 25**. This exam will cover material from the first half of the semester. Questions will be designed to promote the integration of course material and application of principles to cases. The exam should be approximately 8 pages, double-spaced.

You will be asked to write a formulation and treatment plan report for a case that I will provide in class. You will draw on frameworks and strategies for assessment and case conceptualization presented in class to prepare your report and then complete the report in the standard format we use in the clinic. Further details and an example will be provided in class. The formulation and treatment plan report should be approximately 10 pages, double-spaced. It is due **April 13 by 10am**. You will also be asked to conduct a feedback session based on your report of approximately 30 minutes that will occur on Zoom between **April 13 and April 20**. Please reach out to me sooner rather than later to schedule a time for the feedback session. You will role-play the assessor and I will role-play the client. The feedback session will involve discussing the assessment findings and treatment planning.

The take-home final exam will be distributed on **April 20**. Questions will be designed to promote the integration of course material from the whole semester and application of principles to cases. The exam should be approximately 10 pages, double-spaced. It is due at the end of finals week on **April 30 at 5pm**.

Your final grade in this class will be determined as follows:

- ◆ **Class participation = 20%**
- ◆ **Take-home midterm exam = 20%**
- ◆ **Case Formulation & Treatment Plan Report & Feedback = 35%**
- ◆ **Take-home final exam = 25%**

**Academic Dishonesty:** Article 2.3.3 of the Academic Freedom Report states that "The student shares with the faculty the responsibility for maintaining the integrity of scholarship, grades, and professional standards." In addition, the Psychology Department adheres to the policies on academic honesty as specified in General Student Regulations 1.0, Protection of Scholarship and Grades (See Spartan Life: Student Handbook and Resource Guide at <http://splife.studentlife.msu.edu/>).

Therefore, unless authorized by your instructor, you are expected to complete all course assignments, including exams, without assistance from any source. Students who violate MSU rules are likely to receive a penalty grade, including but not limited to a failing grade on the assignment or in the course.

**Limits to confidentiality:** Assignments submitted for this class are generally considered confidential pursuant to the University's student record policies. However, students should be aware that University employees, including instructors, may not be able to maintain confidentiality when it conflicts with their responsibility to report certain issues to protect the health and safety of MSU community members and others. As the instructor, I must report the following information to other University offices (including the Department of Police and Public Safety) if you share it with me:

- Suspected child abuse/neglect, even if this maltreatment happened when you were a child,
- Allegations of sexual assault or sexual harassment when they involve MSU students, faculty, or staff, and
- Credible threats of harm to oneself or to others.

These reports may trigger contact from a campus official who will want to talk with you about the incident that you have shared. In almost all cases, it will be your decision whether you wish to speak with that individual. If you would like to talk about these events in a more confidential setting you are encouraged to make an appointment with the MSU Counseling Center.

**Accommodations for Students with Disabilities:** Michigan State University is committed to providing equal opportunity for participation in all programs, services and activities. Requests for accommodations by persons with disabilities may be made by contacting the Resource Center for Persons with Disabilities at 517-884-RCPD or on the web at [rcpd.msu.edu](http://rcpd.msu.edu). Once your eligibility for an accommodation has been determined, you will be issued a Verified Individual Services Accommodation ("VISA") form. Please present this form to me at the start of the term and/or two weeks prior to the accommodation date (test, project, etc.). Requests received after this date may not be honored.

### **Required Texts:**

Tolin, D. F. (2016). *Doing CBT: A comprehensive guide to working with behaviors, thoughts, and emotions*. New York, NY: The Guilford Press.

Iwamasa, G. Y. & Hays, P. A. (2018). *Culturally responsive cognitive-behavioral therapy: Practice and Supervision, 2nd Ed.* Washington, DC: APA Books.

### **Topics and Readings:**

#### ***Introduction to cognitive-behavioral theory and therapy***

Stampfl, T. G., & Levis, D. J. (1967). Essentials of implosive therapy: A learning-theory-based psychodynamic behavioral therapy. *Journal of Abnormal Psychology, 72*, 496-503.

Tolin Preface & ch. 1

Hays, P. A. (2018). Introduction. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive-behavioral therapy: Practice and Supervision, 2nd Ed.* Washington DC: APA Books.

Paluszek et al. (2020). The psychological sequelae of the COVID-19 pandemic: Psychological processes, current research ventures, and preparing for a post pandemic world. *the Behavior Therapist*, June.

Ponting et al. (2020). Responding to calls for racial justice in intervention science: The dialectic. *the Behavior Therapist*, September.

***Starting to do CBT & The CBT approach to understanding psychological problems***

Tolin pages 109-116; ch. 7; chs. 2-4

Hunsley, J. & Mash, E. J. (2010). The role of assessment in evidence-based practice. In M. M. Antony & D. H. Barlow (Eds.), *Handbook of Assessment and Treatment Planning for Psychological Disorders* (2nd Ed.). New York: Guilford Press.

***CBT Assessment***

Hunsley, J. & Allan, T. (2019). Clinical assessment in cognitive-behavioral therapies. In K.S. Dobson & D.J.A. Dozois, *Handbook of Cognitive-Behavioral Therapies* (4th Ed.). New York: Guilford Press.

Tanaka-Matsumi, J., et al (1996). The culturally informed functional assessment (CIFA) interview: A strategy for cross-cultural behavioral practice. *Cognitive and Behavioral Practice*, 3, 215-233.

Okazaki, S., & Tanaka-Matsumi, J. (2006). Cultural Considerations in Cognitive-Behavioral Assessment. In P. A. Hays & G. Y. Iwamasa (Eds.), *Culturally responsive cognitive-behavioral therapy: Assessment, practice, and supervision* (p. 247–266). American Psychological Association.

Dunkley, D. M., Segal, Z. V., Blankstein, K. R. (2019). Cognitive assessment: issues and methods. In K.S. Dobson & D.J.A. Dozois, *Handbook of Cognitive-Behavioral Therapies* (4th Ed.). New York: Guilford Press.

Moser, J. S., Przeworski, A., Schroder, H. S., Dunbeck, K. M. (2014). Multimethod Assessment of Anxiety: integrating data from subjective experience, cognitive

performance and neurophysiological measures. In C. J. Hopwood & R. F. Bornstein (Eds.), *Multimethod Clinical Assessment*. New York: Guilford Press.

***Treatment Outcome Research: The Great Debate (Joint class with Alytia Levendosky)***

Kazdin, A. E. (2003). *Research Design in Clinical Psychology – 4th Edition*. Boston, MA: Allyn & Bacon. Chapter 14.

Tolin D. F. (2010). Is cognitive-behavioral therapy more effective than other therapies? A meta-analytic review. *Clinical Psychology Review, 30*, 710-720.

Steinert, C., Munder T., Rabung S., Hoyer J. & Leichsenring F. (2017). Psychodynamic therapy: As efficacious as other empirically supported treatments? A meta-analysis testing equivalence of outcomes. *The American Journal of Psychiatry, 174*, 943-953.

Read as a group of papers:

Rief, W., & Hofmann, S. G. (2018). Some problems with non-inferiority tests in psychotherapy research: psychodynamic therapies as an example. *Psychological Medicine, 48*, 1392-1394.

Leichsenring F, Abbass A, Driessen E, Hilsenroth M, Luyten P, Rabung S, Steinert C (2018). Equivalence and noninferiority testing in psychotherapy research. *Psychological Medicine, 48*, 1917-1919.

Rief W, Hofmann SG (2018). The limitations of equivalence and non-inferiority trials. *Psychological Medicine, 49*, 349-350.

Leichsenring F, Abbass A, Hilsenroth M, Luyten P, Rabung S, Steinert C (2018). Equivalence testing: reversed hypotheses, margins, and the need for controlling researcher allegiance. *Psychological Medicine, 49*, 876-878.

Read as a group of papers:

Philips, B., & Falkenstrom, F. (2021). What research evidence is valid for psychotherapy research? *Frontiers in Psychiatry, 11*, 625380.

Nagayama Hall, G. C. et al., (in press). Reducing mental health disparities by increasing the personal relevance of interventions. *American Psychologist*.

Klipstein et al. (2020). Using person-specific networks in psychotherapy: challenges, limitations, and how we could use them anyway. *BMC Medicine, 18*: 345.

For further reading if interested (not required):

Driessen, E., et al. (2013). The efficacy of cognitive-behavioral therapy and psychodynamic therapy in the outpatient treatment of major depression: A randomized clinical trial. *The American Journal of Psychiatry*, 170, 1041-1050.

Wampold, B.E., Flückiger, C., Del Re, A. C., Yulish, N.E., Frost, N.D., Pace, B. T., Goldberg, S. B., Miller, S. D., Baardseth, T.B., Laska, K.M., & Hilsenroth, M.J. (2017) In pursuit of truth: A critical examination of meta-analyses of cognitive behavior therapy. *Psychotherapy Research*, 27, 14-32.

DeRubeis, R. J. & Lorenzo-Luaces, L. (2017) Recognizing that truth is unattainable and attending to the most informative research evidence. *Psychotherapy Research*, 27, 33-35.

David, D., Cristea, I., & Hofmann, S. G. (2018). Why cognitive behavioral therapy is the current gold standard of psychotherapy. *Frontiers in Psychiatry*, 9:4.

Leichsenring, F., Abbass, A., Hilsenroth, M. J., Luyten, P., Munder, T., Rabung, S., & Steinert, C. (2018). “Gold standards,” plurality and monocultures: The need for diversity in psychotherapy. *Frontiers in Psychiatry*, 9, 1-7.

Sakaluk, J. K., et al. (2019). Evaluating the evidential value of empirically supported psychological treatments (ESTs): A meta-scientific review. *Journal of Abnormal Psychology*, 128, 500-509.

### ***Case Conceptualization & Therapy Assessment***

Tolin chs. 5 & 6

Persons, J.B., Brown, C.L., & Diamond, A. (2019). Case formulation-driven cognitive-behavioral therapy, Chapter 6. In K.S. Dobson & D.J.A. Dozois, *Handbook of Cognitive-Behavioral Therapies* (4th Ed.). New York: Guilford Press.

Easden, M. H., & Kazantzis, N. (2018). Case conceptualization research in cognitive behavior therapy: A state of the science review. *Journal of Clinical Psychology*, 74, 356-384.

Kazantzis, N. Et al. (2018). The processes of cognitive behavioral therapy: A review of meta-analyses. *Cognitive Therapy and Research*, 42, 349-357.



### ***CBT in Cultural Minority Populations***

Organista, K.C. (2018). Cognitive behavior therapy with Latinxs. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive-behavioral therapy: Practice and Supervision, 2nd Ed.* Washington DC: APA Books.

Kelly, S. (2018). Cognitive behavioral therapy with African Americans. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive-behavioral therapy: Practice and Supervision, 2nd Ed.* Washington DC: APA Books.

Iwamasa, G. Y., Hsia, C., & Hinton, D. (2018). Cognitive behavioral therapy with Asian Americans. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive-behavioral therapy: Practice and Supervision, 2nd Ed.* Washington DC: APA Books.

Hays, P. A. & Abudabbeh, N., (2018). Cognitive behavioral therapy with people of Arab heritage. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive-behavioral therapy: Practice and Supervision, 2nd Ed.* Washington DC: APA Books.

McDonald, J. D., Gonzalez, J., Sargent, E. (2018). Cognitive behavior therapy with American Indians. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive-behavioral therapy: Practice and Supervision, 2nd Ed.* Washington DC: APA Books.

Friedman, S., Paradis, C. M., Cukor, D. (2018). Cognitive behavior therapy with Orthodox Jews. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive-behavioral therapy: Practice and Supervision, 2nd Ed.* Washington DC: APA Books.

Balsam, K. F., Martell, C. R., Jones, K. P., Safren, S. A. (2018). Affirmative cognitive behavior therapy with sexual and gender minority people. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive-behavioral therapy: Practice and Supervision, 2nd Ed.* Washington DC: APA Books.

Mona, L. R., Hayward, H., Cameron, R. P. (2018). Cognitive behavior therapy and people with disabilities. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive-behavioral therapy: Practice and Supervision, 2nd Ed.* Washington DC: APA Books.

Hall, G.C. N., et al. (2016). A meta-analysis of cultural adaptations of psychological interventions. *Behavior Therapy, 47*, 993-1014.

### ***Behavior-level interventions***

Foa, E. B., & Kozak, M. J. (1986) Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin, 99*, 20-35.

Tolin chs. 8-12

Craske, M. G., et al. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy*, 58, 10-23.

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

Friedman et al. (2003). Obsessive-compulsive disorder in a multi-ethnic urban outpatient clinic: Initial presentation and treatment outcome with exposure and ritual prevention. *Behavior Therapy*, 34, 397-410.

Carter et al. (2012). Treating ethnic minority adults with anxiety disorders: Current status and future directions. *Journal of Anxiety Disorders*, 26, 488-501.

Forbes, C. N. (2020). New directions in behavioral activation: Using findings from basic science and translational neuroscience to inform the exploration of potential mechanisms of change. *Clinical Psychology Review*, 79, 101860.

Benson-Florez, et al, (2017). Culturally adapted behavioral activation: A treatment approach for a Latino family. *Clinical Case Studies*, 16, 9-24.

### ***Cognitive-level interventions***

Tolin chs. 13-17

Strunk, D. R. et. al. (2016). Cognitive therapy of depression. In *Oxford Handbook of Mood Disorders*, DeRubeis, R. J. & Strunk, D. R. (Eds.). Oxford Handbooks Online.

Polo, A.J., et al. (2019). Diversity in randomized clinical trials of depression: A 36-year review. *Clinical Psychology Review*, 67, 22-35.

Anik, E. et al. (2021). Culturally adapted psychotherapies for depressed adults: A systematic review and meta-analysis. *Journal of Affective Disorders*, 278, 296-310.

Walsh & Hope (2010). LGB-Affirmation Cognitive Behavioral Treatment for Social Anxiety: A case study applying evidence-based practice principles. *Cognitive Behavioral Practice*, 17, 56-65.

Matsuno, E., (2019). Non-binary affirming psychological interventions. *Cognitive and Behavioral Practice*, 26, 617-628.

Puckett, J. (2019). An ecological approach to therapy with gender minorities. *Cognitive and Behavioral Practice, 26*, 647-655.

Dimidjian, S. et al. (2016). Considering meta-analysis, meaning, and metaphor: A systematic review and critical examination of “Third Wave” cognitive and behavioral therapies. *Behavior Therapy, 47*, 886-905.

Fuchs, C. et. al. (2013). Using mindfulness- and acceptance-based treatments with clients from nondominant cultural and/or marginalized backgrounds: Client considerations, meta-analysis findings and Introduction to the Special Series. *Cognitive and Behavioral Practice, 20*, 1-12.

### ***Emotional-level interventions & Unified treatments***

Tolin chs. 18-22

Boettcher, H., & Conklin, L. R. (2019). Transdiagnostic Assessment and Case Formulation. In D. H. Barlow & T. J. Farchoie (Eds.), *Applications of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders*. ABCT.

Cassielo-Robbins, C. et al. (2020). A systematic review of Unified Protocol applications with adult populations: Facilitating widespread dissemination via adaptability. *Clinical Psychology Review, 78*, 101852.

Clark, D. M. (2018). Realizing the mass public benefit of evidence-based psychological therapies: The IAPT program. *Annual Review of Clinical Psychology, 15*, 159-183.

### ***Supervision***

Linehan, M. M., & McGhee, D. E. (1994). A cognitive-behavioral model of supervision with individual and group components. In S. Greben & R. Ruskin (Eds.), *Clinical perspectives on psychotherapy supervision* (pp. 165-188). American Psychiatric Press.

Reiser & Milne (2013). Cognitive Behavioral Therapy supervision in a university-based training clinic: A case study in bridging the gap between rigor and relevance. *Journal of Cognitive Psychotherapy, 27*, 30-41.

Iwamasa, G. Y. (2018). Culturally responsive cognitive behavior therapy clinical supervision. In n G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive-behavioral therapy: Practice and Supervision, 2nd Ed.* Washington DC: APA Books.

**Schedule\***

<b><u>Date</u></b>	<b><u>Topic</u></b>	<b><u>Assignment</u></b>
Jan-19	<i>Introduction to cognitive behavioral theory and therapy</i>	All readings
Jan-26	<i>Starting to do CBT &amp; The CBT approach to understanding psychological problems</i>	All readings
Feb-02	<i>CBT Assessment</i>	All readings
<b>Feb-09</b>	<b><i>Joint class with Alytia Treatment Research</i></b>	<b>All readings</b>
Feb-16	<i>Case Conceptualization and Therapy Assessment</i>	All readings
Feb-23	<b><i>CBT in cultural minority populations</i></b>	<b>Organista — McDonald; Midterm Due 11:59PM February 25</b>
<b>Mar-02 BREAK</b>	<b><i>Break No Class</i></b>	<b>Break No Class</b>
Mar-09	<i>CBT in cultural minority populations</i>	Friedman — Hall
Mar-16	<i>Behavior-level interventions</i>	Foa — Tolin
Mar-23	<i>Behavior-level interventions</i>	Craske — Benson-Florez
Mar-30	<i>Cognitive-level interventions</i>	Tolin chs. 13-17
Apr-06	<i>Cognitive-level interventions</i>	Strunk — Fuchs
<b>Apr-08</b>	<b><i>Joint class with Alytia</i></b>	<b>Case presentation for 1.5 hours at beginning of Alytia's class</b>
<b>April-13</b>	<b><i>Emotion-level interventions &amp; Unified treatments</i></b>	<b>All readings; Case Formulation &amp; Treatment Plan Report due 10am</b>
<b>Apr-20</b>	<b><i>Supervision</i></b>	<b>All readings; Take-Home Exam Distributed</b>
<b>April-30</b>	<b><i>Finals Week</i></b>	<b>Take-Home Exam Due By 5PM</b>

**CBT and other evidence-based therapy resources:**

**Barlow, D.H. (Ed.). (2014). Clinical handbook of psychological disorders: A step-by-step treatment manual (5th Ed.). New York: Guilford.**

**Association for Behavioral and Cognitive Therapies**

If you are interested in learning more about, and getting additional training in, cognitive behavioral therapies, consider joining this organization. It is a very student friendly organization and the conference is a great mix of clinically oriented workshops (presented by many of the founders of the therapies we will be learning about this semester) and scientific presentations. Information on student membership in ABCT is available on the organization's website, [www.abct.org](http://www.abct.org).

**Society for a Science of Clinical Psychology (SSCP) Section III of Div 12 of APA**

It is easy and inexpensive to join this group and their listserv is a wonderful resource for helping psychologists (and trainees) to stay aware of important issues in this area. The website is

<http://www.sscpweb.org>

You can also find a list of evidence-based practices, as well as resources for many of these treatments (which are continually being updated) at <http://www.div12.org/psychological-treatments/>

<http://www.cochrane.org/cochrane-reviews>

Cochrane Reviews are systematic reviews of primary research in human health care and health policy, and are internationally recognized as the highest standard in evidence-based health care.

<http://nrepp.samhsa.gov/>

In order to promote the dissemination of evidence based practice, the Substance Abuse and Mental Health Services Administration keeps a National Registry of Evidence-based Programs and Practices (NREPP). NREPP is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers.

<http://www.therapyadvisor.com/>

This website is sponsored by the National Institute of Health and was developed to promote the adoption and dissemination of empirically-supported psychosocial treatment approaches among mental health practitioners.

**Evidence-based Practice Page ([www.ebbp.org](http://www.ebbp.org))**

This project is aimed at bridging the gap between behavioral health research and practice. There are a number of trainings and resources available on this page.

***Resources for finding empirically supported treatments:***

- ***NIH site on evidence-based behavioral practice (EBBP) <http://www.ebbp.org/>***
- ***APA Division 12 Task Force on EST <http://www.psychology.sunysb.edu/eklonsky-division12/>***
- ***National Institute for Clinical Excellence (NICE) <http://www.nice.org.uk/page.aspx?o=202669>***
- ***SAMHSA National Registry of Evidence-Based Programs and Practices <http://www.nrepp.samhsa.gov/>***