

Psychology 5571 - Psychotherapy (September - December 2016)

Instructor: Dr. J. Tan, jt@lakeheadu.ca, SN 1019, 346-7751
Teaching Assistant: Rebecca Tzalazidis, rtzalazi@lakeheadu.ca
Day & time: Thursday 2:30 pm – 5:30 pm
Place: RB 3051 and Psychology Clinic (Lot 5 House)

Course description:

This course features a combination of lectures, class readings and discussions, and clinical skills development on theoretical, research and practical aspects of clinical interventions. The student is expected to have at least an introductory level of familiarity with the mainstream therapeutic approaches as a pre-requisite. The objective of this course is to provide the student with the knowledge of contemporary psychological interventions that are informed by clinical science and the issues that affect the discipline and clinical practice. Topics related to ethics and professional issues, evidence-based psychological interventions, case formulation, and treatment planning are covered. It is expected that a student completing this course will develop the basic knowledge for conceptualizing clinical cases and selecting appropriate treatment strategies guided by empirical evidence and needs of the individual client.

Text:

Selected readings provided by the instructor.

Course requirements:

Students are required to complete the following: (a) an oral presentation in class, (b) a written term paper based on the oral presentation, (c) assigned readings, and (d) practice of clinical skills on pseudo-client under supervision outside class hours as scheduled on the basis of mutual convenience.

Grading:

A.	Oral presentation	=	50 points
B.	Term paper	=	100 points
C.	Selected readings	=	50 points
D.	Practical component	=	pass/fail*

*A “Fail” in the practical component automatically means a “fail” in the course (that is, you will get a mark less than 40%, regardless of your marks in the other components of the course). Opportunities to improve the practical part of the course will be given with corrective feedback from the instructor. Please refer to page 3 for details.

IMPORTANT: Students must be prepared to spend additional time outside of regular class for the practical training aspect of the course. Readings for the course will be provided to the class ahead of time.

Accommodations: Lakehead University is committed to achieving full accessibility for persons with disabilities. Part of this commitment includes arranging academic accommodations for students with disabilities to ensure they have an

equitable opportunity to participate in all of their academic activities. If you think you may need accommodations, you are strongly encouraged to contact Student Accessibility Services (SAS) and register as early as possible. For more information, please visit: <http://studentaccessibility.lakeheadu.ca>

Tentative weekly course schedule:

Sept 8:	Organizational meeting
Sept 15:	Clinical psychology as science and practice Overview of ethics and professional issues Clinical competency
Sept 22, 29:	Exposure therapies - imaginal and in-vivo, exposure & response prevention Behavioural activation
<i>[Sept 28:</i>	<i>Email abstract of presentation topic area to instructor]</i>
Oct 6	Dialectical Behaviour Therapy
<i>[Oct 13:</i>	<i>< FALL BREAK WEEK >]</i>
Oct 20, 27:	Mindfulness-based cognitive behavioural therapy
Nov 3:	Suicide risk assessment and management.
Nov 10, 17:	Case formulation and case studies
Nov 24, Dec 1:	Student oral presentations
<i>[Dec 6:</i>	<i>Practical exam]</i>
<i>[Dec 9:</i>	<i>Term paper due by 4:30 pm]</i>

DETAILS ON COURSE REQUIREMENTS

A. Oral Presentation (50 points)

Students are required to discuss with the instructor their topic for the oral presentation and secure approval before they begin their work on this course requirement. Students are expected to email to the instructor no later than September 28, 2016 an *electronic copy* of an abstract of their proposed presentation. The abstract is not to exceed 1 page and references are optional. Following submission of the abstract, the instructor may provide feedback and through an iterative process, the proposed presentation would be approved before the student begins work on it. The presentation topics have to relate to treatment for psychological disorders. Students can choose to focus on a particular therapy (e.g., interpersonal therapy, emotion focused therapy, etc.), on different treatments for a particular disorder (e.g., major depression, generalized anxiety, obsessive-compulsive disorder, eating disorders, etc.), trans-diagnostic interventions (e.g., mindfulness for rumination, excessive worrying, anxiety, depression), or on topical discussions related to clinical psychology (e.g., mechanisms of change in therapy, models of clinical competency, inter-professional training, tele-health, issues relevant to clinical service delivery in under-served areas). The duration of the oral presentation should be no more than 20 minutes followed by a question and

answer period. Grades will depend on content and style of delivery (e.g., strength of points discussed, clarity of presentation, organization, effectiveness of delivery, etc.). Please prepare an electronic handout for distribution to the class on the day of your presentation. As well, please provide the instructor with *a paper and an electronic copy* of your handout.

B. Term Paper (100 points)

Students are required to submit to the instructor *an electronic and a hard copy of a term paper* based on their oral presentation no later than Friday December 9, 2016 at 4:30 pm. The hard copy may be left in the instructor's mailbox in the Psychology main office or slipped under her office door SN 1019. The electronic copy may be sent to the instructor at jtan@lakeheadu.ca. Late submissions will incur a penalty of 3% for every day or part of a day that they are late. The *maximum* length of paper is 25 pages, including title, abstract, references, tables, and/or appendices. Paper must be written APA-style, typed, and double-spaced. Font size cannot be smaller than 11. Please keep 1-inch margin all around. Evaluation criteria for the paper are quality of writing and expression, quality and depth of the analysis of the content area, critical thinking, logic, and overall organization of the paper. Please keep the paper succinct. A shorter but well-written paper says much more than a longer rambling paper that has no meaningful content to it.

C. Selected Readings (50 points)

There are common and assigned readings, both of which are to be read by the entire class. In assigned readings, a student will open the discussion related to that article by presenting a synopsis of the main points and bringing forth some questions for class discussion. Please prepare a handout of your synopsis and questions. Distribute an electronic copy to the class prior to your discussion. Submit *an electronic and a hard copy* to the instructor. Evaluation criteria include ability to identify and coherently present the main points in the paper, and raise thoughtful questions for discussion.

D. Practical components under supervision (pass/fail)

Students will be paired up with another to role-play as pseudo-therapist, with the other role-playing a pseudo-client. A pseudo-therapist cannot serve as a pseudo-client by switching roles within the same dyad. Each pseudo-therapist has to role-play the implementation of mindfulness exercises. The students must adopt appropriate professional and ethical conduct with their pseudo-clients at all times. Note that in order to pass the course, the student must pass the practical component as evaluated in a "pass-out" or practical exam by the instructor. The date for the practical exam is set for Tuesday December 6th. Specific test times will be scheduled with each dyad. The practical component constitutes a necessary but not sufficient requirement for passing the entire course. If a student has difficulty in the practical part of the course, corrective feedback will be given and the student will have the opportunity to practice with the pseudo-client and to re-take the practical exam. A "Fail" mark is given if any one of the following conditions apply: (1) The student fails the second round of the practical exam after corrective feedback has been given. (2) The student has difficulty in the course that involves poor ethical or professional performance that does not improve with corrective feedback (e.g., continues to display behavior that violates the code of ethics or standards of professional conduct). (3) The student displays behaviours, attitudes, and beliefs that are deemed to be potentially damaging to clients and professional colleagues, and that are not modified after corrective feedback (e.g., adhering to the belief that sexual relations with a client is not damaging). Students must be prepared to spend some time outside of class time to practice the clinical skills under supervision.

READINGS

Sept. 15: Ethics, professional issues, scientific basis, clinical competency.

Common reading:

- College of Psychologists of Ontario (2009). *Standards of professional conduct*. Toronto, ON: Author. (available from <http://www.cpo.on.ca/WorkArea/showcontent.aspx?id=422>).
- APA Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. *American Psychologist*, 61(4), 271-285. doi: 10.1037/0003-066X.61.4.271
- Huppert, J. D., Fabbro, A., & Barlow, D. H. (2006). Evidence-based practice and psychological treatments. In C. D. Goodheart, A. E. Kazdin, & R. J. Sternberg (Eds.), *Evidence-based psychotherapy: where practice and research meet* (pp. 131-152). Washington DC: American Psychological Association.

Assigned readings:

- Barlow, D. H., Bullis, J. R., Comer, J. S., & Ametaj, A. A. (2013). Evidence-based psychological treatments: An update and a way forward. *Annual Review of Clinical Psychology*, 9, 1-27. doi: 10.1146/annurev-clinpsy-050212-185629
- Canadian Psychological Association, Task Force on Evidence-Based Practice of Psychological Treatments (2012). *Evidence-based practice of psychological treatments: A Canadian perspective*. Retrieved from http://cpa.ca/docs/File/Practice/Report_of_the_EBP_Task_Force_FINAL_Board_Approved_2012.pdf [pages 1-10 only]
- Ruscio, A. M., & Holohan, D. R. (2006). Applying empirical supported treatments to complex cases: Ethical, empirical, and practical considerations. *Clinical Psychology: Science and Practice*, 13, 146-162. doi: 10.1111/j.1468-2850.2006.00017.x
- Spruill, J., Rozensky, R. H., Stigall, T. T., Vasquez, M., Bingham, R. P., & Olvey, C. D. V. (2004). Becoming a competent clinician: Basic competencies in intervention. *Journal of Clinical Psychology*, 60(7), 741-754. doi: 10.1002/jclp.20011

Sept. 22, 29: Exposure therapies – imaginal & in-vivo, exposure & response prevention, behavioural activation

Common reading:

- Goldfried, M.R., & Davidson, G.C. (1994). Relaxation training. In *Clinical behavior therapy* (pp. 81-111). Toronto: John Wiley & Sons.
- Goldfried, M.R., & Davidson, G.C. (1994). Systematic desensitization. In *Clinical behavior therapy* (pp. 112-135). Toronto: John Wiley & Sons.
- Hoffman, S., & Gottlieb, F. (2014). Flooding and desensitization in treating OCD: A case study. *International Journal of Psychotherapy*, 18(1), 27-34.
- Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behavior Research and Therapy*, 58, 10-23. doi: 10.1016/j.brat.2014.04.006

Assigned readings:

- Abramowitz, J. S. (2013). The practice of exposure therapy: Relevance of cognitive-behavioral theory and extinction theory. *Behavior Therapy*, 44, 548-558. doi: 10.1016/j.beth.2013.03.003
- Peterman, J. S., Read, K. L., Wei, C., & Kendall, P. C. (2015). The art of exposure: Putting science into practice. *Cognitive and Behavioral Practice*, 22(3), 379-392. doi: 10.1016/j.cbpra.2014.02.003

- Franklin, M. E., & Foa, E. B. (2011). Treatment of obsessive compulsive disorder. *Annual Review of Clinical Psychology*, 7, 229-243. doi: 10.1146/annurev-clinpsy-032210-104533
- Abramowitz, J. S., & Arch, J. J. (2014). Strategies for improving long-term outcomes in cognitive behavioral therapy for obsessive-compulsive disorder: Insights from learning theory. *Cognitive and Behavioral Practice*, 21, 20-31. doi:10.1016/j.cbpra.2013.06.004
- Dimidjian, S., Barrera Jr., M., Martell, C., Muñoz, 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. doi: 10.1146/annurev-clinpsy-032210-104535

Oct 6: Dialectical behavior therapy

Common reading:

- Lynch, T. R., Trost, W. T., Salsman, N., & Linehan, M. M. (2007). Dialectical behavior therapy for borderline personality disorder. *Annual Review of Clinical Psychology*, 3, 181-205. doi: 10.1146/annurev.clinpsy.2.022305.095229

Assigned reading:

- Linehan, M. M., & Wilks, C. R. (2015). The course and evolution of dialectical behavior therapy. *American Journal of Psychotherapy*, 69(2), 97-110.

Oct 20, 27: Mindfulness-based CBT

Assigned reading:

- Shonin, E., VanGordon, W., & Griffiths, M. D. (2013). Mindfulness-based interventions: towards mindful clinical integration. *Frontiers in Psychology*, 4(article 194), 1-4. doi: 10.3389/fpsyg.2013.00194

Nov 3: Suicide risk and management

Common reading:

Handout on Harvard Medical School Suicide Risk Assessment Protocol.

Assigned readings:

- Jobes, D. A., Rudd, M. D., Overholser, J. C., & Joiner, Jr. R. E. (2008). Ethical and competent care of suicidal patients: Contemporary challenges, new developments, and considerations for clinical practice. *Professional Psychology: Research and Practice*, 39(4), 405-413. doi: 10.1037/a0012896
- Matarazzo, B. B., Homaifar, H., Wortzel, H. S. (2014). Therapeutic risk management of the suicidal patient: safety planning. *Journal of Psychiatric Practice*, 20(3), 220–224. doi: 10.1097/01.pra.0000450321.06612.7a

Nov 10, 17: Case formulation, case studies, and treatment planning

Common readings:

- ‡Kuyken, W. (1999). Anna: A 26-year-old woman with major depression and borderline personality disorder. *Cognitive and Behavioral Practice*, 6, 50-53
....paired with.....

- ‡Ramsay, J. R. (1999). A life of quiet desperation: The case example of Anna. *Cognitive and Behavioral Practice*, 6, 73-77.
- Kobori, O. (2006). Cognitive behavioural formulation for the focal dystonia in a student athlete: a case report. *Behavioural and Cognitive Psychotherapy*, 35, 245-249. doi:10.1017/S1352465806003171
- Canadian Psychological Association, Task Force on Evidence-Based Practice of Psychological Treatments (2012). *Evidence-based practice of psychological treatments: A Canadian perspective*. Retrieved from http://cpa.ca/docs/File/Practice/Report_of_the_EBP_Task_Force_FINAL_Board_Approved_2012.pdf [pages 11-67 only]

Assigned readings:

- British Psychological Society (2011). *Division of Clinical Psychology: Good practice guidelines on the use of formulation*. Leicester, UK: Author.
- Persons, J. (2008). What is the case formulation approach to cognitive-behavior therapy? In *The case formulation approach to cognitive-behavior therapy* (pp. 1-16). New York, NY: Guilford Press.

.....Other case studies will be presented for class exercise, if time permits.