

Intervention Science Course Syllabus ~ Winter 2011

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Office: Straub 391
Office Hours: By appointment

Classroom: Clinic group room
Lecture: Th, 1-3:50 pm

Overview:

This course is intended to be the first step in preparing you to conduct therapy as a clinical scientist, providing a foundation for future clinical coursework and practicum. The class blends theoretical and empirical readings with more applied training in implementing therapy techniques. Course emphasis is on introducing evidence-based treatment, particularly cognitive behavioral therapy and its variants, with the awareness that these skills will be solidified through actual clinical experiences later in graduate school.

By the end of the course, it is expected that students will gain a greater understanding of the following:

- 1) How to conduct a structured clinical interview and formulate an initial diagnostic impression
- 2) How to develop a thoughtful case conceptualization and treatment plan
- 3) How to measure progress in therapy and follow a collaborative approach to clinical care
- 4) How to modify a treatment plan in response to a client's individual needs (e.g., cultural considerations, history of treatment failure, etc.)
- 5) How to use common empirically supported therapy techniques, including the dysfunctional thought record, Socratic questioning, behavioral activation, etc.

Class Participation

Students are expected to be active and informed participants. Instructor lecture will be mixed with group discussion and hands-on activities. The extent to which these discussions and activities are useful depend on students being engaged participants and appropriately prepared for class.

Attendance

Attendance is required for all class meetings. If you are unable to attend, please let me know in advance. Repeated absences will affect your grade.

Assigned Readings

Readings for this course should be completed before attending class. Each reading has been chosen with the demands of a hectic graduate student schedule in mind. Carefully reading the materials before class will improve class discussion for all students and ultimately facilitate your mastery of the necessary clinical skills.

The following books are suggested for purchase:

Beck, J.S. (1995). *Cognitive therapy: basics and beyond*. New York: The Guildford Press.

Barlow, D.H. (2008). *Clinical handbook of psychological disorders, fourth edition*. New York: The Guildford Press.

The remainder of the readings will be placed on Blackboard.

Reading Response

You are required to turn in 5 readings responses over the course of the term. These responses will account for 25% of your course grade. A paper copy of the response should be turned in at the start of class on the day you wish the response to be graded; late responses are not acceptable. Responses should be 1-2 pages long. The days you complete a reading response and the topic you choose to address are entirely up to you. Possible topics include questions about a particularly theory or technique, comparison of ideas across different articles or therapy approaches, critical evaluation of how a particular therapy technique intersects with the symptoms it is designed to ameliorate, reflections on mini-assignments, or any other thoughts that strike you as interesting or worthwhile. Responses will be graded as check, check plus, or check minus.

Final Project

The purpose of the final project is to develop your case conceptualization and treatment planning skills. You will be given a case vignette of a client. The client may have comorbid problems, or may present with a disorder for which there is more than one EST. Your assignment is to discuss the potential different approaches to treatment, select a specific approach, and justify this selection. This justification must be rooted in your consultation of the relevant research literature and not simply based on your opinion. In your treatment approach, you should include 1) your working conceptualization of the problem 2) treatment goals 3) measures of progress and 4) intervention techniques.

For example, your case may involve a client who presents with comorbid social phobia and depression. Do you treat both problems simultaneously? Do you

treat one first? If so, which one do you prioritize? You should expect many questions about why you made the choices that you did.

The final project will account for 25% of your grade. Twenty percent will be derived from your completion of the assignment. You will also be required to present your project to the class and 5% of your final grade will come from this presentation.

Grading

Final grades for the course will be assessed based on the following criteria:

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|------------------------------------|-----|
| Class attendance and participation | 15% |
| Reading responses | 25% |
| Final Project | 20% |
| Final Project presentation | 5% |
| SCID Assignment | 15% |
| Mini-assignments | 15% |

January 6

Course Introduction, History of Empirically Supported Treatments

January 13

Case formulation:

Meehl, P.E. (1973). Why I do not attend case conferences. In Meehl, P.E. (Ed.), *Psychodiagnosis: Selected Papers* (pp. 225-302, Chapter 13). Minneapolis: University of Minnesota Press.

*One of my absolute favorite pieces of writing about psychology, ever, ever, ever

All have Won and Must Have Prizes: The Dodo Bird

Luborsky, L., Rosenthal, R., Diguer, L., Andrusyna, T.P., Berman, J.S., et al. (2002). The dodo bird verdict is alive and well – mostly. *Clinical Psychology: Science & Practice*, 9, 2-12.

Siev, J., Huppert, J., & Chambless, D.L. (2009). The dodo bird, treatment technique, and disseminating empirically supported treatments. *The Behavior Therapist*, 32, 69-76.

January 20

Foundations of cognitive behavioral therapy: session format, the cognitive model, the dysfunctional thought record

Beck, J.S. (1995). Chapters 3, 4, and 6. In: *Cognitive Therapy: Basics and Beyond*. The Guilford Press: New York.

*You should previously have read Chapters 1 and 2 in *Basics and Beyond* in Methods and Ethics last fall. If necessary, please skim these chapters again to familiarize yourself with the cognitive model and foundations of CBT.

Mini-assignment due January 27: Dysfunctional thought record

January 27

Behavioral activation:

Dimidjian, S., Martell, C.R., Addis, M.E., & Herman-Dunn, R. (2008). Behavioral activation for depression. In D. Barlow (Editor), *Clinical handbook of psychological disorders, fourth edition* (pp. 328-364). New York, NY: Guilford Press.

Dimidjian, S., Hollon, S.D., Dobson, K.S., Schmaling, K.B., Kohlenberg, R.J., & Addis, M.E. (2006). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology, 74*, 658-670.

Mini-assignment due February 10: Behavioral scheduling

February 3

Making anxious people anxious on purpose: exposures and the fear hierarchy

Slater, L. (2003). The cruelest cure. *New York Times*. Retrieved from <http://www.nytimes.com/2003/11/02/magazine/the-cruelest-cure.html?pagewanted=1>

Beck, A.T., & Emery, G. (1985/2005). Anxiety disorders and phobias: a cognitive Perspective (pp. 1-36, 265-266). New York: Basic.

Mini-assignment due February 10: Fear hierarchy

February 10

Clinical interviewing: the Structured Clinical Interview for DSM-IV
Guest lecturer: Stephenie Frank

Reading:

Review SCID manual

SCID homework, due February 17

You will be assigned a tape of an actual SCID interview from the clinic. You should watch the tape and complete the SCID as you watch, to arrive at a final diagnosis. Please turn in the SCID workbook and a sheet with your final diagnosis on it on February 17. As this is a real interview, confidentiality is mandatory. You should not discuss your case with anyone who is not a clinical psychology graduate student, nor should you discuss it anywhere other than inside the clinic.

February 17

Making anxious people anxious, part 2: interoceptive exposures and panic disorder treatment

Craske, M. G. & Barlow, D. H. (2008). Panic disorder and agoraphobia. In D. H. Barlow (ed.), *Clinical handbook of psychological disorders, fourth edition*, (pp. 1-64). New York: The Guilford Press.

February 24

Interpersonal psychotherapy for depression

Bleiberg, K.L. & Markowitz, J.C. (2008). Interpersonal psychotherapy for depression. In D.H. Barlow (ed.), *Clinical handbook of psychological disorders, fourth edition* (pp. 306-327). New York: Guilford Press.

Markowitz, J.C., & Swartz, H.A. (1997). Case formulation in interpersonal psychotherapy of depression. In T.D. Eells (Ed.), *Handbook of psychotherapy case formulation* (pp. 221-250). New York: Guilford Press.

March 3

Eating disorders

Agras, W.S., Walsh, B.T., Fairburn, C.G., Wilson, G.T., & Kraemer, H. (2000). A multicenter comparison of cognitive-behavioral therapy and interpersonal psychotherapy for bulimia nervosa. *Archives of General Psychiatry*, 57, 459-466.

Fairburn, C.G., Marcus, M.D., & Wilson, T.G. (1993). Cognitive behavioral therapy for binge eating and bulimia nervosa: a comprehensive treatment manual. In C.G. Fairburn & G.T. Wilson (eds.), *Binge eating: Nature, assessment and treatment* (pp. 361-404). New York: Guilford Press.

Tanofsky-Kraff, M., and Wilfley, D. E. (2009). Interpersonal psychotherapy (IPT) for bulimia nervosa and binge eating disorder. In C. Grilo, and J. Mitchell (Eds.), *The Treatment of Eating Disorders* (pp 271-293). New York: Guilford Press.

March 10

Final presentations