

Clinical Science I - CRN 25305

(formerly, Intervention Science I)

Course Syllabus - Winter 2012

Tuesdays 2:00 - 4:50 pm in 295 Straub (clinic group room)

Instructors:	Karyn L. Angell, Ph.D.	Stephenie Frank, M.S.
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Availability: Karyn will be on campus Tuesdays, Thursdays, & Fridays, and at her private practice on Mondays & Wednesdays. The best way to contact her when she is off campus is by cell phone; she does not have internet access in her practice and does not check email (yes, she is a dinosaur). Stephenie is in Monday - Friday. The best way to contact her is by email.

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 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.

Some of class time will be spent learning and practicing core skills of CBT for depression and anxiety. These include case conceptualization, explaining the model, Socratic questioning, agenda setting, homework, behavioral activation, developing and debriefing behavioral experiments, cognitive restructuring at the automatic thought, dysfunctional attitudes and schema level, developing hierarchies, exposure and response prevention. Frequent use of clinical case examples will provide the foundation for practicing these skills.

Course Objectives: At the end of the course we expect students to have learned:

- 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 develop a collaborative therapeutic alliance, and how to measure progress in therapy.
- 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 (e.g., thought records, Socratic questioning, behavioral activation, 3-column, etc.)

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 class as this will improve class discussion and ultimately facilitate your mastery of the necessary clinical skills.

We will continue to use the books from Clinical Methods and Ethics I:

Dobson, D. & Dobson, K.S. (2009). Evidence-Based Practice of Cognitive-Behavioral Therapy. New York: The Guilford Press.

Ledley, D.R., Marx, B.P., & Heimberg, R.G. (2010). Making Cognitive-Behavioral Therapy Work: Clinical Process for New Practitioners. Ed. Second Edition. The Guilford Press: New York.

The following books are suggested for purchase for this class and will be required in CBT practicum:

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

Padesky, C.A., Greenberger, D. (1995). Clinician's Guide to Mind Over Mood. New York: The Guilford Press.

Greenberger, D., & Padesky, C.A. (1995). Mind Over Mood: Change How You Feel by Changing the Way You Think. New York: Guilford Press.

All other readings will be placed on Blackboard.

Assignments & Grading

Your grade will be determined by your class participation (20%), intervention assignments (20%), SCID interview & diagnostic summary (20%), and a Final Case Conceptualization report (30%) and presentation (10%).

Class Participation (20%): You are expected to talk. We can't know how brilliant you are unless you tell us what you're thinking. You are not expected to know everything; but you are expected to think about everything. So this is the perfect opportunity to ask all those stupid, silly, annoying, weird, "out-there" and even "non-research" questions. Which clinical syndromes and/or treatments pique your interest? Which

techniques seem ludicrous or counterproductive? Does any of this actually work on real people?? You should also talk to each other. Peer supervision and support are important resources. Consult with each other, with students more senior in the program, and with us. We want to hear how your thinking changes over the course, and how you are thinking about approaching CBT practicum next fall.

Intervention Assignments (20%): There will be a series of intervention assignments that are designed to mimic CBT homework assignments. I personally never assign a patient a task that I haven't done, and I strongly believe that you are a better therapist if you've tried to do what you ask your patient to do. There will be 6 intervention assignments over the term. I suggest you do them all, but you are only required to turn in 4 of your choosing. If you are concerned about your grade or have low attendance, the extra assignments may be used for extra credit upon discussion with me.

SCID Interview & Diagnostic Summary (20%): No therapy will be effective without a good diagnostic assessment and case conceptualization. You will be paired with an upper level clinical student for a mock intake interview. You are to set up an appointment with them, greet them in the waiting room, invite them into a clinic room, explain the assessment and obtain their consent. Please record the interview. Score the SCID, complete the summary sheet, decide on your final diagnosis(es), and write 1-2 paragraphs on your reactions to this assignment. Hand these in along with the DVD for us to review. We will also ask your "client" for feedback on your interviewing style, diagnostic questions, and professionalism. We know that role-plays can feel artificial, but it is in your best interest to remain in role through the entire interview.

Final Case Conceptualization Report (30%) and Presentation (10%): The final project is an opportunity for you to demonstrate your case conceptualization and treatment planning skills. You will be given a case vignette of a client. It will include symptoms, diagnoses, patient history, and presenting problem. 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 theory and research literature and not just what you like the best. In your treatment approach, you should include: 1) your working conceptualization of the problem, 2) your goals for treatment, 3) the intervention techniques you might choose, 4) important cultural considerations that might affect treatment progress or outcome, and 5) measures of treatment progress. On March 20th you will each present your case to the class using a case presentation framework (TBA).

Jan 10th **Course Overview & Introduction to CBT**

Intervention Assignment #1: Tracking exercise. Choose 4 behaviors to self-monitor for 1 week. Note any patterns or themes that emerge. **Due Jan 17th.**

Jan 17th **Case Conceptualization: Identifying Automatic Thoughts & Emotions**
Readings:

Beck, J.S. (1995). Cognitive therapy: basics and beyond (Ch 2, 6-9). New York: The Guildford Press.

Ledley, D.R., Marx, B.P., & Heimberg, R.G. (2010). Conceptualizing the Case and Planning Treatment (Ch. 4). In: Making Cognitive-Behavioral Therapy Work: Clinical Process for New Practitioners. 2nd Ed. The Guilford Press: New York.

Dobson, D. & Dobson, K.S. (2009). Integration and Case Formulation (Ch. 3). In: Evidence-Based Practice of Cognitive-Behavioral Therapy. New York: The Guilford Press.

Padesky, C.A., Greeberger, D. (1995). Clinician's Guide to Mind Over Mood (Ch 2). New York: The Guilford Press.

Intervention Assignment #2: Automatic Thought Record. Record a 3-column thought, mood, behavior record for 1 situation/day for 1 week. Note any insights or observations that occur to you. Or, evaluate the automatic thought record from "Sarah," and propose 3-4 hypotheses, questions for more data, and possible homework assignments that might confirm your hypotheses or answer your questions. **Due Jan 24th.**

Jan 24th **Assessment & Diagnosis: SCID**
Readings:

Ledley, D.R., Marx, B.P., & Heimberg, R.G. (2010). The Process of Assessment (Ch. 3). In: Making Cognitive-Behavioral Therapy Work: Clinical Process for New Practitioners. 2nd Ed. The Guilford Press: New York.

SCID manual

Jan 31st **SCID: Feedback & Treatment Planning (Problem List, CBT Model)**
Readings:

SCID assessment interview

Ledley, D.R., Marx, B.P., & Heimberg, R.G. (2010). The Process of Assessment (Ch. 5). In: Making Cognitive-Behavioral Therapy Work: Clinical Process for New Practitioners. 2nd Ed. The Guilford Press: New York

SCID Assignment: SCID interview and diagnosis summary. **Due Feb 14th.**

Feb 7th **Starting CBT: First Session, Agenda, Setting Goals, Collaboration, Hmwk**

Readings:

Ledley, D.R., Marx, B.P., & Heimberg, R.G. (2010). Introducing Cognitive-Behavioral Process (Ch. 1-2). In: Making Cognitive-Behavioral Therapy Work: Clinical Process for New Practitioners. 2nd Ed. The Guilford Press: New York.

Beck, J.S. (1995). Cognitive therapy: basics and beyond (Ch 3). New York: The Guildford Press.

Greenberger, D., & Padesky, C.A. (1995). Mind Over Mood: Change How You Feel by Changing the Way You Think (Ch 4-7). New York: Guilford Press.

Intervention Assignment #3: Challenging Automatic Thoughts. Select two difficult/stressful situations in your life - one academic and one other of your choosing - and record your automatic thoughts and emotions. Record evidence that supports and contradicts these thoughts. Propose an alternative thought that best fits the evidence. **Due Feb 14th.**

Feb 14th **Assumptions, Intermediate Beliefs, Core Beliefs, Schemas
Guest Lecturer Anne D. Simons, Ph.D.**

Readings:

Beck, J.S. (1995). Cognitive therapy: basics and beyond (Ch 13-14). New York: The Guildford Press.

Intervention Assignment #4: Core Beliefs. Select a situation or automatic thought from a previous assignment. Map out the automatic thought(s), intermediate belief(s), and core belief(s) that describe that situation. Suggest an intervention that might modify these beliefs. **Due Feb 21st.**

Feb 21st **Depression: Behavioral Activation & Activity Scheduling**

Readings:

Martell, CR, Dimidjian, S., & Herman-Dunn, R. Behavioral Activation for Depression: A Clinician's Guide (Ch 4-5). 2010. Guilford Press: New York.

Dobson, D. & Dobson, K.S. (2009). Behavior Change Elements in Cognitive-Behavioral Therapy (Ch. 6). In: Evidence-Based Practice of Cognitive-Behavioral Therapy. New York: The Guilford Press.

Intervention Assignment #5: Activity Scheduling. Plan and schedule 2 activities for the week. Record your prediction of your mood & thoughts before the activity, and your actual mood and thoughts after the activity. How accurate were your predictions? **Due Feb 28th.**

Feb 28th **Anxiety Disorders: Panic Disorder, Social Anxiety, & OCD**
Readings: TBA

Intervention Assignment #6: Fear Hierarchy and Exposure. Create a fear hierarchy for a fear of your own (real or imagined). Select an item in the mid-range of the hierarchy and set up an exposure for yourself. Record the duration/frequency/intensity of your trials. **Due Mar 6th.**

Mar 6th **CBT for Chronic Illness & Group Interventions**
Readings: TBA

Mar 13th **Dissemination & Case Presentations**
Readings: TBA (limited)

Assignment: Final Case Presentations