

PSY 610 Intervention Science I  
Winter 2013  
Tues 1:00-2:50  
Franklin 186

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Office Hours: By appointment

\*I can best be reached via email and under normal circumstances will respond within 24 hours.

**Course Description:**

This class is meant to introduce clinical graduate students to the science (and art) of psychotherapeutic intervention with adults. We will balance between the poles of research—examining empirical support for treatment approaches—and application—trying out specific techniques within and between class meetings.

This course does not represent a comprehensive overview of all empirically supported treatment approaches; rather, it will focus on acceptance-based behavioral interventions that fall under the umbrella of “third wave” behaviorism. We will also not be able to cover specific interventions for all types of psychological problems. Although the overarching behavioral approach can be applied to a range of difficulties, we will focus on ways to treat depression, anxiety, and emotion dysregulation. These foci are meant to reflect what you are most likely to encounter in your adult intervention training at the University of Oregon.

**Course Objectives:**

By the end of this class, students should be able to

1. Describe what has been empirically supported in psychotherapy research.
2. Formulate a behavioral case conceptualization and treatment plan.
3. Be familiar with the tenets of major mindfulness- and acceptance-based approaches for treating depression, anxiety, and emotion dysregulation.
4. Apply (at least, at an elementary level) techniques for building mindfulness, clarifying values, and changing behavior.
5. Articulate a personally relevant definition of clinical science.
6. Describe how clinical intervention could be integrated into an existing program of research.

**Required Readings:**

Roemer, L. & Orsillo, S. M. (2010). *Mindfulness- and acceptance-based behavioral therapies in practice*. New York: Guilford.

Other required readings will be posted on blackboard.

Recommended Readings:

- Orsillo, L., & Roemer, S. M. (2005). *Acceptance and mindfulness-based approaches to anxiety: Conceptualization and treatment*. New York: Springer.
- Martell, C. R., Dimidjian, S., & Herman-Dunn, R. (2013). *Behavioral Activation for depression: A clinician's guide*. New York: Guilford.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. New York: Guilford.
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford.

**Grading:** Course grades will be based on

- ***Clinical exercises and discussion questions (20%)***. Students will be expected to complete between-class exercises for certain weeks (see Assignments below) and to contribute 2 discussion questions for all except the first and final weeks of class. Discussion questions should be based on the assigned reading for the week and need not be long, but should aim to go beyond surface-level clarification to facilitate deeper critical thinking about issues raised and/or application of interventions. Questions should be posted to the Discussion Questions journal on Blackboard with your name and the date in the Title field before each class, and students should be ready to raise these questions during the discussion portion of class.
- ***Class participation (20%)***. Students are expected to attend all class meetings and to participate—this means being prepared to discuss the week's material (using one's own questions and responding in a thoughtful way to others' questions) and to try to apply it. If you know you will need to miss a class due to a conference or other obligation, please let me know as soon as possible.
- ***What is clinical science? papers (30%)***. We are designated as a clinical science program, and an important goal of this class is to clarify what this means. This is not expected to be a single event, but rather an iterative process in which our collaborative discussion and learning informs a more nuanced view of clinical science. To help with tracking this process, students will write a brief (2-3 page) paper at the beginning (due week 2) and end (due week 9) of class articulating their definition of clinical science. Papers will not be graded based on the "correctness" of the answer, but rather based on demonstrated ability to think clearly and critically about this issue, and to communicate this thinking effectively.
- ***Intervention research plan (30%)***. Another goal of this class is to facilitate the integration of clinical research with intervention. Even if you do not plan to conduct applied clinical research, it is good to be able to articulate how the research you are conducting could be applied to intervention (i.e., as justification in a grant application). Therefore, students will be asked to plan an intervention study that builds on their current or intended research. This should be written using the format for an NIH R21 Research Strategy (up to 6p single-spaced with Significance, Innovation, and Approach sections – see NIH guide on

Blackboard). The Specific Aims will be due before class on week 5, and the full plan will be due before class on week 10. Students will present their plans during the final class session.

For this class, an “A” means superior performance in each of these categories; an “AB” means very good performance across categories or superior performance in some and satisfactory in others; a “B” means good performance across categories or very good performance in some and satisfactory in others; and anything below a “B” means work is not meeting standards for graduate-level clinical training. If you are concerned about your performance in the course, please feel free to contact me to discuss this further and, if needed, what you can do to improve – the sooner, the better, but certainly before the last week of classes.

**Academic Misconduct:**

At this stage of training, I do not expect this to be an issue, but just to be clear, you are expected to do your own work in this class. This means that while you are allowed (even encouraged) to discuss ideas with others and to solicit feedback from classmates and/or professors on your written work, the discussion questions and papers you turn in should represent your own thinking, with appropriate citations for sources you have used. Any cases of suspected misconduct, including plagiarism or cheating, will result in a “0” grade for that assignment, and will be reported to the Office of Student Conduct. For further information about definitions of misconduct and conduct code violations, see <http://uodos.uoregon.edu/StudentConductandCommunityStandards/StudentConductCode/tabid/69/Default.aspx>

## Class Schedule

### 1/7 **Week 1: Empirical Support for Psychotherapy**

#### **Reading:**

Wampold, B. E. (2013). The good, the bad, and the ugly: A 50-year perspective on the outcome problem. *Psychotherapy, 50*, 16-24.

Seligman, M. E. P. (1995). The effectiveness of psychotherapy: The Consumer Reports study. *American Psychologist, 50*, 965-974.

Hollon, S. D., & Wampold, B. E. (2009). Are randomized controlled trials relevant to clinical practice? *Canadian Journal of Psychiatry, 54*, 637-643.

Wampold, B. E., et al. (2011). Evidence-based treatments for depression and anxiety versus treatment-as-usual: A meta-analysis of direct comparisons. *Clinical Psychology Review, 31*, 1304-1312.

Wampold, B. E. (2012). Humanism as a common factor in psychotherapy. *Psychotherapy, 49*, 445-449.

### 1/14 **Week 2: An Acceptance-Based Behavioral Conceptualization**

#### **Reading:**

Roemer & Orsillo chapter 1

Hayes, S. D. (2004). Acceptance and Commitment Therapy, Relational Frame Theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy, 35*, 639-665.

Öst, L. (2008). Efficacy of the third wave of behavioral therapies: A systematic review and meta-analysis. *Behaviour Research and Therapy, 46*, 296-321.

Kahl, K. G., Winter, L., & Schweige, U. (2012). The third wave of cognitive behavioural therapies: What is new and what is effective? *Current Opinions in Psychiatry, 25*, 522-528.

#### **Assignment:**

What is clinical science? Paper 1 due

### 1/21 **Week 3: Clinical Assessment and Case Formulation**

#### **Reading:**

Roemer & Orsillo chapters 2-3

Meehl, P. E. (1973). Why I do not attend case conferences.

Sim, K., Gwee, K. P., & Bateman, A. (2005). Case formulation in psychotherapy: Revitalizing its usefulness as a clinical tool. *Academic Psychiatry, 29*, 289-292.

Bach, P. A., & Moran, D. J. (2008). Functional analysis and ACT assessment. In *ACT in practice: Case conceptualization in Acceptance and Commitment Therapy*.

#### **Assignment:**

Complete posted questionnaire measures

### 1/28 **Week 4: Mindfulness Training**

#### **Reading:**

Roemer & Orsillo chapter 6

Keng, S., Smoski, M. J., & Robins, C. J. (2011). Effects of mindfulness on psychological health: A review of empirical studies. *Clinical Psychology Review, 31*, 1041-1056.

Shonin, E., Van Gordon, W., & Griffiths, M. D. (2013). Mindfulness-based interventions: Towards mindful clinical integration. *Frontiers in Psychology, 4*, 1-4.

Grossman, P. (2008). On measuring mindfulness in psychosomatic and psychological research. *Journal of Psychosomatic Research, 64*, 405-408.

**Assignment:**

Guided meditation (at least 5 days of the week)

2/4 **Week 5: Values Clarification**

**Reading:**

Roemer & Orsillo chapter 7

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). Connecting with values. In *Acceptance and Commitment Therapy: An experiential approach to behavior change*.

Bonow, J. T., & Follette, W. C. (2009). Beyond values clarification: Addressing client values in clinical behavior analysis. *The Behavior Analyst, 32*, 69-84.

Creswell, D., et al. (2005). Affirmation of personal values buffers neuroendocrine and psychological stress responses. *Psychological Science, 16*, 846-851.

**Assignment:**

Values writing exercise

Intervention Plan Specific Aims due

2/11 **Week 6: Behavior Change—Exposure**

**Reading:**

Levitt, J. T., & Karekla, M. (2005). Integrating acceptance and mindfulness with cognitive behavioral treatment for panic disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety*.

Hannan, S. E., & Tolin, D. F. (2005). Acceptance and mindfulness-based behavior therapy for obsessive-compulsive disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety*.

**Assignment:**

Create exposure hierarchy

2/18 **Week 7: Behavior Change—Activation**

**Reading:**

Martell, C. R., Dimidjian, S., & Herman-Dunn, R. (2013). The core principles of behavioral activation. In *Behavioral Activation for depression: A clinician's guide*.

Martell, C. R., Dimidjian, S., & Herman-Dunn, R. (2013). The structure and style of therapy. In *Behavioral Activation for depression: A clinician's guide*.

Dimidjian, S., et al. (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.

**Assignment:**

Activity monitoring

2/25 **Week 8: Behavior Change—Skills Training**

**Reading:**

Linehan, M. M., & Lungu, A. (in press). Suicidal patients with complex disorders. In C. K. Germer & R. J. Siegel (Eds.), *Compassion and wisdom in psychotherapy*.

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.

Lindenboim, N., Comtois, K. A., & Linehan, M. M. (2007). Practice in Dialectical Behavior Therapy for suicidal women meeting criteria for borderline personality disorder. *Cognitive and Behavioral Practice*, 14, 147-156.

**Assignment:**

Dialectics worksheet

3/4 **Week 9: Making Psychotherapy Relevant**

**Reading:**

Roemer & Orsillo chapter 11

Sue, S., Zane, N., Hall, G. C. N., & Berger, L. K. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual Review of Psychology*, 60, 525-548.

Benish, S. G., Quintana, S., & Wampold, B. E. (2011). Culturally adapted psychotherapy and the legitimacy of myth: A direct-comparison meta-analysis. *Journal of Consulting Psychology*, 58, 279-289.

Kazdin, A. E., & Blase, S. L. (2011). Rebooting psychotherapy research and practice to reduce the burden of mental illness. *Perspectives on Psychological Science*, 6, 21-37.

Shoham, V., & Insel, T. R. (2011). Rebooting for whom? Portfolios, technology, and personalized intervention. *Perspectives on Psychological Science*, 6, 478-482. (and, for those of you considering going into private practice)

Gottlieb, L. (Nov. 23, 2012). What brand is your therapist? *New York Times*.

**Assignment:**

What is clinical science? Paper 2 due

3/11 **Week 10: Intervention Plan Presentations**