Course Syllabus

Introduction to Clinical Psychology

Psych 1210  Dr. William J. Hawthorne III  Spring Semester 2016

Course Description:

This course is intended primarily for upper-level psychology majors, typically in the Junior or Senior year of studies. In this respect, it is designed to provide exposure for students considering graduate studies in Clinical Psychology. Students in other majors may take the course, providing that they have met background course requirements. I have structured the course with the goal of making the course relevant, real-world oriented, interesting, and interactive. I have designed this to be a challenging course worthy of upper-level students.

Context and Rationale:

Many say that the health care environment in the United States is in crisis; millions of people have no access to even basic health care. For many others, despite the “Affordable Care Act,” healthcare is still unaffordable and there continue to be great disparities in access to health services.

In the contemporary practice environment, healthcare is controlled by the insurance industry: major insurers own the health plans, the hospitals, and even the doctors. The industrialization of health care in the United States has arguably lead to a declining standard of care despite great technological advances, as business models dominate the provision of care and services are dominated by Big Business and Big Pharma.

Managed health care has placed increasing pressure on Clinical Psychologists and other health care providers to think like business people and to redefine the basic models of healthcare delivery and outcomes to conform to constraints of the marketplace. Yet, Clinical Psychologists are challenged to uphold stringent ethical practice principles, despite often contradictory pressures from corporate medicine, pharmaceutical corporations, and insurance companies, who place the emphasis on quick solutions, and the ‘bottom line.’

As you watch TV some evening, take note of the proportion of advertising that is devoted to pharmaceuticals (>80%). Many believe that medical and psychological treatment has become pharmacologically oriented as a ‘quick fix’ to more complex problems and, indeed, within the profession of Clinical Psychology, there is a raging debate over the issue of prescription privilege for Clinical Psychologists; some say it will result in the demise of Clinical Psychology, as the lines between psychiatry and psychology become blurred in an increasingly drug-oriented culture: others claim it will give Clinical Psychology more tools and contribute to greater continuity of care. Other challenges in the form of technology and a struggling/evolving delivery system challenge not only the basic models of treatment from which the profession has evolved but also pose increasing complex, if not perplexing, ethical and professional challenges for the practicing clinical psychologist.

Despite technological advances, the healthcare system continues to focus on sickness rather than health and increasingly it has become recognized that a specialty-driven health care system is fragmented in often ineffective. The Affordable Healthcare Act created the concept of the ‘Medical House,’ on one hand
promising the integration of behavioral and traditional medical practices but also potentially presenting barriers to the integrity and independence of psychological practitioners. Yet, Clinical Psychology continues to make inroads into primary care medical practice, potentially offering a more holistic and comprehensive perspective and paving the way for active prevention-based interventions. There is a growing appreciation that a reliance on pharmaceuticals, fad diets, and ‘quick fixes,’ psychotherapeutic and otherwise, has not resulted in better health for most Americans. Strongly motivated by cost reduction/profit retention, managed care and health insurance companies are exploring behavioral solutions to raise health awareness and motivate their consumers, both individuals and corporations, to adapt healthier lifestyles (it is more cost-effective to keep people healthy than to treat chronic disease). Psychology’s involvement in service delivery, research, and the administration of these services represents the potential for more effective and informed health care delivery systems and practices.

The structure and composition of contemporary society is rapidly changing and, along with it, the demand for a psychology of inclusion, recognition of important cultural differences, and the need to recruit and train Clinical Psychologists who possess a multicultural perspective and who come from diverse backgrounds. Yet, despite these seeming advances, one has only to cast a cursory view of the media to see that racism, fear, and ignorance persist in contemporary American society, as the news has been dominated by stories of police shootings, racial profiling, ‘immigration reform,’ and the inequalities that still exist in our society in terms of education, employment, and access to the “American Dream.” These facets of contemporary life dramatically shape and influence the lives of those people who become “patients.” In a multi-cultural environment, it is also essential not only that the profession develop models of “Cultural Competence” and advocacy for social justice and true equality but also that the practitioners begin to ‘look like’ the populations they serve.

Sophisticated technologies and exciting advances in psychological research provide more than enough stimulation and promise for the future of Clinical Psychology. More than ever, there is interest in the integration of research and clinical practice and to empirically study and test psychological principles and interventions. Students entering the field of Clinical Psychology now have broader options to choose among training models and areas of emphasis: the Boulder Model, the Vail Model, the Clinical Science Model, Combined Models and traditional, university-based versus free-standing professional schools. As Clinical Psychology becomes increasingly broad and complex, it is clear that there is no single, universal, model of training that can prepare psychologists for all of these roles and modern clinical psychology must evolve to more effectively integrate and take advantage of the diversity that is evolving within the profession.

As essential element of this course is an exploration of the scientific basis of Clinical Psychology and the critical interface between clinical practice and clinical psychological research. In the ‘best of worlds’ each informs the other. The very concept of science rests on the principle of falsifiability: a dialectic, in which the process of constant questioning and debate leads to discovery, growth, and new knowledge. What we accept as fact today will eventually be overturned and replaced by a new understanding, through a process of challenge, research, and constant re-examination. Without this process, of questioning, there is no science – merely a system of beliefs. From that vantage point, it is my view that the areas of controversy we will examine in this course represent that constant process of change that keeps Clinical Psychology vital and relevant. You, as students, and as future researchers and clinicians, represent the future.
Course Goals:

To provide an introduction to the field of clinical psychology related to:

1. Models of education and training in Clinical Psychology with an emphasis on the options available to students applying for graduate study in Clinical Psychology.

2. Methods of Research in Assessment and Intervention, emphasizing the real-life complexity of defining and studying psychotherapy outcome.

4. The growing importance of Culture and Diversity in contemporary Clinical Psychology along with the appreciation of the impact of racism and immigration-related trauma in contemporary American society.

5. The integration of new empirically tested paradigms into mainstream Clinical Psychology.

6. The realistic impact of a changing healthcare environment and evolving role of Clinical Psychology as a healthcare specialty.

Course Structure and Format:

Text: I have selected a textbook that provides excellent coverage of a range of core issues in contemporary Clinical Psychology. This text, now in its third edition, has been well-reviewed by my students for the past four semesters. The new update that we will be using this semester was released in mid-November of 2014 addressing the transition from DSM-IV-TR to DSM-5.

Preparation/Presentation:

My expectation is that you will read the chapters in the text and assigned supplementary readings prior to the class meeting so that you may bring any questions or points of discussion that you have to class. A semester passes quickly and, even if we only attempted to cover material in the text, there would not be enough time! Although we will not address everything in the text, you will be responsible for the material in the assigned chapters.

I have added a group of topics that I believe are essential to understanding the evolving world of Clinical Psychology; these topics include a more in-depth view of immigration, culture and racism, the topic of substance use disorders and addictions, core issues in psychotherapy outcome research, the evolution of ‘Third Generation’ behavioral therapies, and Clinical Psychology’s role as an evolving health care discipline.

I incorporate a number of documentary and clinical vignette videos, as well as some artistic, dramatic, and literary materials that I feel significantly enhance coverage of important issues in contemporary clinical psychology and make for interesting discussion.

In the syllabus, you will find a, perhaps somewhat daunting list of supplementary journal articles. Most of these were used preparing my lectures and are, in that respect, provided as primary source materials. These are not all “required.” and are for your edification. I have made a few articles “required” and have been very selective in choosing these few articles for which you will be responsible. I believe these to be outstanding articles that go into much greater depth on certain issues that any of the current text books.
You will also note that a few of the required readings are more literary that scientific – their purpose is to promote divergent thought and discussion. If you go on in your Clinical Psychology studies, the articles I have selected as “required” are ones you are likely to keep. At the end of each chapter, the author of the text provides supplementary readings available on the Sage Publishing Website. These articles are worthy of your attention but are optional and will not be covered on the exams. Indeed, any of the “optional articles” will not be covered in exam content – but the “required articles” will.

The class presentation/lecture will not simply be a repetition of the text but will focus on new or related material. There are some chapters in the text that I will not cover and some topics that I have included (e.g. immigration and racism, treatment of addictions, mindfulness and metacognitive approaches) that are not covered in any current Intro to clinical Psych text. You, as a participant in this course, may also engage in a little research, presentation, and experiential learning. Each class will begin with a brief period of “quiet sitting” or meditation and, in the course, you’ll learn a little about Mindfulness practice. In order to meaningfully participate in the class, it is important to keep up with reading assignments. Over the course of the semester, you will self-assess your participation in class.

Class Sessions:

There will be three components to each class this semester. Each class begins with a meditation or quiet sitting. In some class meetings there may also be an experiential exercise. I will work in a brief presentation on meditation and mindfulness, which we will re-visit when we take on Metacognitive and Third Gen therapies. Over the semester, we’ll build on these experiences and I will introduce material that presents the empirical findings relative to the importance of attention, metacognitive processes, and intention (which are the core elements of mindfulness) in behavioral health and psychological intervention. I think you will find this material intellectually satisfying and potentially personally useful. The second component of our class meeting is the formal presentation in which I will focus on a particular topic or issue to explore in depth. The third component is discussion – hopefully we will share ideas and experiences on these topics and this will enable our class to come to life.

Class Attendance and Participation:

Because I introduce material that is not in the text, it is important that you attend class. In a number of class sessions, video, case, and artistic material will be presented and discussed and the only way to have benefit of this material is to be present in class; exam content will contain questions specific to these elements of the class presentations.

Exams:

There will be 5 Exams this semester. The purpose of exams is to facilitate acquisition and to reinforce learning – not to be difficult or “tricky.” The exams will be relatively brief (one hour - max) and will consist mainly of objective items that focus mainly on an applied and conceptual understanding of the material. There will be approximately 26 questions in each exam. The questions require thoughtful reading and consideration; they do not simply tap your recognition memory but, rather, pull from your knowledge of the material and ask you to integrate and apply the principles. Each exam covers a ‘section’ or content area in order to keep the volume of material manageable. I publish the study guide the week before the exam. After the exam is completed, we review immediately review the questions and answers.
At the end of the semester, you will complete a self-assessment of your participation in the course.

**Course Materials:**

2. Articles will be posted on Courseweb. *I have noted which articles are “required” versus “optional.*
3. Video Materials for reaction and comment are posted on the Discussion Board

**Course Requirements and Grading:**

**Exams and Grading:**

**Exams:**

My goal for constructing the exams is to focus on concepts and application, not regurgitation of facts. My students have consistently indicated that they find my exams to both challenging and fair.

**Computation of Final Grades:**

There are 5 exams in your score distribution. The average of all 5 exams is substituted for your *lowest* exam score and the new total score is based on this adjusted score distribution. In other words, your lowest score gets thrown out and is replaced by the average of all five of your scores (which included your lowest score) – so the low score still has some influence on your total score, but the impact of any one score (lowest score) is softened. Individual Exams are unlikely to be curved but I also do an item analysis on each exam, and items determined to be ‘bad items’ (defined as >90% fail rate) are not retained but are credited to the item total score.

*Outcome. If you are having difficulty in the course DO NOT HESITATE to contact me!*

**Grade cutoffs are as follows - this applies to exams and to final grades:**

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*I have structured the course to be interesting and challenging. My goal is for students to have mastery of the material (and grades that reflect that mastery). Most of my students enjoy the course, find it a bit challenging, and do well. Because my teaching methodology is mastery-based, there is no reason to expect other than an excellent result! However, some students do fail this course…it is a possible but totally unnecessary*

*Grades below C are rare and generally indicate lack of achievement motivation, lack of attendance, coma, brain death, or some other condition which we should resolve well before the end of the semester! Be Proactive - I am ALWAYS available to my students – if you are having a problem, do not hesitate to call me! If you just want to talk or meet over coffee, do the same!*
Course Policies:

**Academic Integrity:**

Students in this course will be expected to comply with the University of Pittsburgh's Policy on Academic Integrity. Any student suspected of violating this obligation for any reason during the semester will be required to participate in the procedural process, initiated at the instructor level, as outlined in the University Guidelines on Academic Integrity. This may include, but is not limited to, the confiscation of the examination of any individual suspected of violating University Policy. Furthermore, no student may bring any unauthorized materials to an exam, including dictionaries and cell phones, tablet PCs, or the like.

**Disabilities:**

If you have a disability that requires special testing accommodations or other classroom modifications, you need to notify both the instructor and the Disability Resources and Services no later than the 2nd week of the term. You may be asked to provide documentation of your disability to determine the appropriateness of accommodations. To notify Disability Resources and Services, call 648-7890 (Voice or TTD) to schedule an appointment. The Office is located in 140 William Pitt Union.

**G Grade Policy:**

It is extremely rare that I give a "G" grade. My experience is that students who get these grades rarely complete the work. Therefore, if you are having any sort of problem with the class or events in your life that impact your participation in class, it is incumbent upon you to contact me as soon as possible not near the end of the semester. I am always available to my students.

**Statement on Classroom Recording:**

To ensure the free and open discussion of ideas, students may not record classroom lectures, discussion and/or activities without the advance written permission of the instructor, and any such recording properly approved in advance can be used solely for the student’s own private use.

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A meeting-by-meeting agenda follows. Please note that, for each class meeting, I have noted the Text Chapter(s) and readings that correspond to the class meeting. Readings (articles) are categorized as required or Supplementary. On exams, you will only be accountable for the articles designated as required.

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**Course Schedule:**

**January 11: First Class Meeting**

*Clinical Psychology Practice: an Introduction to the contemporary practice environment and training models in Clinical Psychology*

**Readings:**

Text: Chapter 1, and some of Chapter 3
Chapter 2 is optional and will not be covered on exam
No Required Articles
We will start out with introductions and I will present an outline for the semester.

After introductions and an introduction to the course, we will begin by we’ll look at Clinical Psychology in the contemporary (Managed Care) practice environment. Changes in technology and the basic business models of health care have driven changes in the basic models and paradigms of modern clinical psychology, with the emphasis on the evolution of Clinical Psychology as a health care discipline within the context of a rapidly evolving environment, influenced by technology, economics, and science. I will introduce some of the defining characteristics of contemporary practice environment, managed healthcare, and the topic of primary care integration – arguably, the future of Clinical Psychology. In this session, we will also take a look at the primary training models within Clinical Psychology: the Boulder Model, the Vale Model, and the Clinical Science Model.

**January 18:** Dr. King Observance - No Class Meeting

*No Class Meeting this week – read ahead*

**January 25:**

**Topic:** *Psychology Ethics in Practice and the Ethics of Self-Care*

**Readings:**

*Text:* *Chapters 3 & 5,*

*Required Articles:* Norcross & Barnett: *Self-Care as an Ethical Imperative,* Wise, Hersh, Marks-Gibson: *Ethics and Self-Care, a Developmental Lifespan Perspective*

*Optional Article:* Childress: *Potential risks and Benefits of On-Line Psychotherapy,* Novotney: *A new emphasis on telehealth How can psychologists stay ahead of the curve — and keep patients safe?*, CA Board of Behavioral Sciences: *Consumer Information Regarding Online Psychotherapy Notice to California Consumers Regarding Psychotherapy on the Internet*

Part 1:

*Practice Ethics and the Challenges of technology:*

Psychology has a code of ethics that is both comprehensive and demanding. In this session, we will expand on Pomerantz discussion of Ethics, as applied to the realities of the managed care practice environment (which often operates at cross-purposes to the clinician’s Ethical obligations). We will also explore ethical challenges related to technology, specifically the Electronic Health Record and...
Teletherapy (and it’s various permutations). In preparation for this class, I would like you to review the chapter in the text and perhaps even see if you can find a few articles out there.

Part 2:
Self-care as an Ethical issue:

Health care providers are individuals who are for others and who often do considerable less well caring for themselves by working too many hours, failing to set limits, engaging in unhelpful mechanisms of coping with stress (such as substance use, poor dietary habits, and the like), and by not taking time for family relationships, exercise or play. In John Norcross’s excellent article, self-care is presented as an ethical obligation. Borrowing from Stephen Covey’s metaphor about ‘taking time to sharpen the saw,’ Norcross proposes that we are in fact ethically obligated to keep the saw sharp! Then Wise, Hersh, and Gibson approach the issue of self-care from a developmental perspective, focusing on the distinctive concerns that, from a lifespan developmental perspective, that characterize the particular issues and stressors confronting the professional and personal lives of students, trainees, interns, early career psychologists, and late career psychologists. This is a fascinating article the findings of which may surprise you!

February 1:

**Topic:** Culture, Immigration, Racism, and Clinical Psychology

**Readings:**

- **Text:** Chapter 4
- **Required Article:** Perez-Foster: *When Immigration is Trauma*, Harrell: *Multi-dimensional conceptualization of racism-related stress*
- **Franklin:** *The Invisibility Syndrome.*
- **Optional Article:** Nickerson and Bryant: *The Mechanisms of Psychosocial Injury Following Human rights Violations, Mass Trauma, and Torture*

Been watching ‘the debates,’ the news, reading the paper? Daily, the media present us with the message that we should be afraid of terrorists, illegal immigrants, of “those people” (you supply national origin, race, disability, sexual preference, or color here) and this clearly impacts our ‘psychology’ and lived experience. Particularly affected are those who are on the ‘outside’ of dominant society and who are non-privileged. Media coverage of police killings of minority individuals, demonstrations, ‘terrorism-related’ civil rights, and related events brings home the reality of racism and fear in America. America has 5% of the world population yet accounts for 25% of the world’s prisoners, most of whom are ethnic and racial minorities.

As Clinical Psychologists, are challenged to address the increasingly complex issues of racism of and oppression along race, culture, nationality, and class lines of the populations we serve, ‘cultural competence’ also becomes an ethical obligation and a necessary skill. Clearly, the controversies over ‘Immigration Reform’ speaks to the reality that immigrants to this country face particular issues related to the multiple hardships associated with the immigration process. I have provided you with a few excellent articles on this topic, please be sure to review them prior to our class meeting.
February 8:

**Exam 1 – Covering Training, Culture, Ethics and Practice Issues**

Diagnosis and Classification

**Readings:**
- **Text:** Chapter 7
- **Required Articles and Essays:** Barber: *The Medicated Americans*, Kriss: *The Book of Lamentations*

**Class Video Presentation**

This session will not be a review of the DSM-5. Rather, we will discuss the DSM as a Categorical system and look at a couple of alternatives, including emerging Dimensional and Transdiagnostic models as alternative ways to look at diagnosis and psychopathology. Then our attention will turn to the broader (and specific) issues of “Abnormality” vs. “Normality.” We’ll start this part of the class meeting with an interesting video that will get us into the issue.

*A former student send me a thought-provoking literary essay entitled “The Book of Lamentations,” in which the author makes some penetrating observations on what contemporary diagnostic convention (i.e. the DSM-5) has to say about our view of humanity. Please read before class so that we may discuss the issues it provokes as a lead-in to examining the issues surrounding diagnostic classificatory systems.*

*In another challenging article, Charles Barber’s “The Medicated American,” takes on much of current medical/mental health practice and its emphasis on pharmacological solutions to the problems of everyday living. Barber poses the question of whether the dominance of big pharma has blurred the concept of normality versus abnormality (mental disease versus normal discomfort) and has resulted in the proliferation of diagnoses for which pharmacological solutions are offered.*

February 15:

**Topic: The Clinical Interview and Psychometric Assessment**

**Readings:**
- **Text:** Chapter 8, Chapter 10

Good first encounters (i.e. interviews) set the stage for therapy, alleviate initial anxieties, clarify issues, and prepare the individual for therapy. Being a ‘good interviewer’ requires considerable skill. In this class, we explore the goals, principles, and skills inherent in interviewing. Then, we will transition into the next level of assessment of emotional and personality functioning based on the use of standardized measures and ‘tests.’ How does the clinician decide when ‘testing’ is indicated? What can we learn from psychometric assessment? What makes a ‘test’ a ‘test?’ Our examination of personality assessment will flow from this session into next week’s presentation and will conclude with an integrated case presentation.
February 22:

**Topic: Cognitive and Intellectual Functioning**

**Readings:**
- **Text:** Chapter 9
  - No Required or Supplementary Articles

**Class Case Study Presentation and Demonstration of selected Measures**

In this session, we transition from the assessment of personality and emotion to the assessment of cognitive and intellectual functioning. This presentation will be illustrated with case examples and demonstrations. Along the way, in this section, we will also address some very controversial issues, particularly related to culture and intellectual assessment.

February 29:

**Exam 2: Diagnosis and Assessment**

*Research 1 - Efficacy and Effectiveness. An introduction to outcome research and the case for and against Manualized Therapy.*

**Readings:**
- **Text:** Chapter (part of) 3, (part of) 11, skim 6
- **Supplementary Articles:** National Register of Health Service Providers in Psychology (Register Report): *Evidence-Based Practice Resources*

This session focuses on the issue of how to study psychotherapy outcome. How do we know that a particular intervention, or any intervention for that matter, is effective? We pick up two elements in this presentation – Pomerantz discussion of manualized therapy in Chapter 3 and part of chapters 6 and 11, related to the topic of efficacy and effectiveness. In the text, Pomerantz, presents the controversies related to the practice of *Manualized Therapy*, approaches which are, for the most part, short term, primarily behavioral, and were developed in the lab for the treatment of specific disorders or problems. Favoring many clinicians and managed care organizations, these approaches appear offer the benefits of a scientific and objective approach that decreases reliance on clinician judgment but may not always generalize to the realities of clinical practice outside of the lab. Controversies arise relative to the transferability of these approaches from the lab to the world of clinical practice. This presentation addresses the importance of conducting these studies and explores methods for studying psychotherapy outcome.

March 7: No class Meeting – Spring Break
March 14:

Readings: Text: Chapter 11
Required Article: Steere: “On Listening to Another,” (an essay presented in class)
Optional Articles: Messer-Wampold: Face Facts, Common Factors are More Potent than Specific Therapy Ingredients, Tschacher, Junghan, and Pfammater: Towards a Taxonomy of Common Factors in Psychotherapy-Results of an Expert Survey

This presentation introduces intervention (psychotherapy) and will include quite a bit of information not covered in the text. Following from the previous session, we now move on to the research that examines the many factors that influence psychotherapy outcome. The research suggests that most of psychotherapy outcome variance is not related to theory-driven factors, but, rather to factors operate across the various approaches and theories and this area of research is known as “Common Factors,” and addresses the features most psychotherapy interventions have in common. We will begin with a model developed by Jerome Frank that incorporates several research perspectives. I will also present an essay written in the 1950s by Douglas Steere, Ph.D., entitled “On Listening to Another.” Dr. Steere was a highly regarded Quaker writer and former head of the Department of Philosophy at Haverford College, in Philadelphia, PA. I often describe this as ‘the best essay about psychotherapy that wasn’t written about psychotherapy,’ as it was written about the complexity and becoming a skilled listener. Dr. Steere’s insights into the process of effective listening are profound and complement Frank’s model, as well as the others we discuss in this section.

A note on the next section – Interventions.

Material in this session will be illustrated by video vignettes that illustrate the basic approach and the vignettes will enable us to explore the core elements of each approach. In this section, I hope that we will be able to actively discuss the principle involved in each of the approaches and the manner in which the intervention follows from the theoretical assumptions that form the theory.

March 21:
Exam 3 – Covering Research and Common Factors
Psychotherapies based on Intra-Psychic and Interpersonal Processes:

Readings: Text: Chapters 12 & 13
Required Article: Tobin: My 50 Minute Hour (literary essay)
Supplementary Article: Lacewing, Psychodynamic Psychotherapy, Insight, and Therapeutic Action, Volkert, Schultz, and Andreas: Meaning of Life: Relationship to Clinical Diagnosis and Psychotherapy Outcome

Video Vignettes
These are the basic, foundational, therapeutic approaches, including psychodynamic, psychoanalytic approaches and their modern variants, such as Interpersonal Therapy, that Pomerantz describes as the initial “waves” of psychotherapy, which emphasize intrapsychic and interpersonal functioning as a basis for understanding and intervening in psychopathology. In this class meeting, we will review in depth two different video vignettes that present psychotherapy from the psychodynamic perspective.

*Please read the chapters before class as the session will be very oriented to the vignettes and, in this context, we will focus on the relationship of the underlying model of psychopathology to the form of the intervention, examining both theoretical and empirical supports for these approaches, as well as your observations and reactions to the vignettes.

March 28:
Behavioral Approaches

**Readings:** Text: Chapters 14  
No required or supplementary articles

**Video Vignettes**

A major departure from the psychodynamic approaches to therapy, Behavioral Therapies emphasize observable (measurable) behaviors, without recourse to intrapsychic processes/unconscious conflicts, or the like. In this session, we review the A,B,Cs of Behavior and the principles of behavior therapy and behavioral assessment. It is important to note also, that the Behavioral Perspective is critical for appreciating the foundations of Cognitive-Behavioral, Metacognitive, and “Third Gen” Behavior Therapies.

*Material in this session will be illustrated by video vignettes. Please review the chapter and be ready to Discuss!*

April 4:  
Psychotherapy Approaches Based on Cognitive and Metacognitive Processes

**Readings:** Text: Chapter 15  
Required Article: Germer: What is Mindfulness?  

**Video Vignettes**

In this session, we examine second and third generation behavior therapies and interventions, typically classified as cognitive-behavioral. The newer (Third Generation) approaches include Dialectic Behavior Therapy and Acceptance and Commitment Therapy, which integrate metacognitive process, behavior, and mindfulness, and the ‘traditional’ behavioral and cognitive-behavioral approaches to psychotherapy, which place the emphasis on behavior and cognitive experience. We examine the underlying theoretical
assumptions of psychopathology and the manner in which this is utilized in the intervention, along with the empirical supports for the models.

We will review video material featuring Marsha Linehan, Ph.D. (BDT) and Arron Beck, M.D. (Cognitive Therapy).

**April 11:**

**Exam 4: Intervention**

*Family Therapy* and Group Therapy

**Readings:** Text: Chapter 16

No supplementary articles

**Video Vignettes**

Modern family therapy has evolved from functioning as an adaptation or extension of the traditional therapies to an approach that appreciates the complexity of the family from the perspective of *Systems Theory*. In this meeting we will explore the major concepts in family therapy from the Systems perspective, exploring concepts such as the “Identified Patient,” Homeostasis, Family Developmental perspectives, and communication models. We will also examine the research on the indications and contra-indications for family therapy interventions.

Group therapy has long been appreciated as a powerful intervention. We will also examine the research on the indications, contra-indications, and structure of group interventions in a number of settings. The in-class presentation will revolve around an excellent video vignette utilizing group therapy in the medical setting. We’ll talk about the group from the perspective of Irvin Yalom’s *Curative Factors*.

**April 18:**

*Motivational Interviewing and the Transtheoretical Model: New approaches to Substance Use, Addictions, and problems typically encountered in medical settings*

**Readings:** Text: Chapter 13, you may skim chapter 18 on general health issues- look particularly at the material on Exercise as intervention.

**Required Articles:** Stathapolou, Powers, et al: Exercise Interventions for Mental Health: A Quantitative and Qualitative Review.

**Video Vignettes**

Our final subject, not covered in any current Intro to Clinical Psych text, addictions. Pomerantz lists William Miller’s Motivational Interviewing as an existential therapy because it centers on the dimensions of Choice and Responsibility are primary areas of focus and is often presented along with Norcross, Prochaska, and DiClemente’s Transtheoretical Model of behavior change, which is generally thought of as addressing readiness to change. In this session we will examine these approaches applied to the treatment of addictions as well as the types of problems typically encountered in the Primary Care environment. We will also explore the issues that complicate the treatment of addictions, particularly addictions to substances and contribute to the generally poor treatment outcomes for these problems.
Finally, we will look at other life style related behavior changes and health-oriented interventions, such as exercise and their impact on treatment outcomes.

**Recommended Video: Dr. Miller’s lecture on Motivational Interviewing in our Courseweb Video Section**

**April 25:**
Final Exam (5): **Intervention**

The Final exam follows the same format as the other 4 exams. At the end of the exam, you will complete a self-assessment of your attendance and participation over the course of the semester. I will also give you a short questionnaire to ask for your suggestions for the next semester.