

**UN3623 Topics in Clinical Psychology**  
**Mindfulness and Mindfulness-based Behavioral Therapies**  
**Course Syllabus, Summer 2019**  
**Columbia University**

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**Instructor:**

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July 8 – August 16, 2019  
Tuesdays / Thursday 6:15pm – 9:25 pm

**Bulletin Description**

A seminar for advanced undergraduate students exploring different areas of clinical psychology. The specific focus within clinical psychology may differ each time the course is offered, so it is possible for the course to be retaken for additional credit.

**Brief Course Description of the Summer 2019 Course**

This is a seminar for advanced undergraduate students which provides an introduction to the science and practice of mindfulness and mindfulness-based behavioral interventions. This class focuses on the experimental evidence that supports each of these therapies and also introduces the framework of these therapies.

**Full Course Description**

This seminar course will introduce students to the science and practice of mindfulness and mindfulness-based behavioral interventions. Mindfulness, which is the practice of paying attention to the present moment without judgment, originated in Eastern spiritual traditions thousands of years ago. In recent decades, Western researchers have offered data to suggest mindfulness may benefit people suffering from a range of psychological disorders and medical conditions. Through translating mindfulness meditation practices into teachable skills, researchers and clinicians have made mindfulness interventions available in mental health and medical settings.

This course will focus on four empirically supported mindfulness-based interventions: Mindfulness-based Stress Reduction (MBSR; Kabat-Zinn, 1982; 1990), Acceptance and Commitment Therapy (ACT; Hayes, Strosahl, & Wilson, 1999), Dialectical Behavior Therapy (DBT; Linehan, 1993a; 1993b), and Mindfulness-based Cognitive Therapy (MBCT; Segal, Williams, & Teasdale, 2002),

You will engage in the study of mindfulness and mindfulness-based interventions through multiple modalities—as a learner, researcher, participant, and leader. Coursework will include readings from the research literature, class discussion, session leadership, and experiential exercises. The main focus will be on the critical review of original research articles to

understand the evidence for these interventions as well as to identify gaps in the literature. I will also provide an overview of the nature of each treatment approach.

An important portion of the class will also be student-led. At the outset, I will lead this portion which will consist of a mindfulness exercise, presenting related literature, and leading a follow up discussion in order for students to observe how to do this. Students will also lead the class during the final presentations. As such, the trajectory of the course will shift from instructor led to student led.

This course is ideal for students interested in research-supported clinical practice and/or clinical research.

**Prerequisites:** Science of Psychology (PSYC 1001) or Mind, Brain, & Behavior (PSYC 1010) or similar introductory psychology course. A prior course in research methods is recommended, although not required.

### **Course Objectives**

Upon completion of this course, you will be able to:

- Evaluate original research articles in clinical science based on research methodology and generalizability of findings to real world clinical settings.
- Describe the nature and theoretical framework of mindfulness-based behavioral therapies.
- Recognize the empirical support for each intervention.
- Identify current gaps in existing research on mindfulness and mindfulness-based behavioral interventions.
- Lead a mindfulness practice.

***Role of course in the Psychology Curriculum:*** This course is a seminar designed especially for undergraduates majoring in Psychology and for students participating in the Psychology Post-Baccalaureate Certificate Program. It will fulfill the following degree requirements:

- For the Psychology major or concentration in the College and in the School of General Studies and for the Psychology Post-Baccalaureate Certificate Program, this class will meet the Group 3 distribution requirement.
- For Psychology Post-Baccalaureate students and for Psychology majors who enter Columbia in Fall 2013 or later, it will fulfill the seminar requirement.

### **Organizational Approach**

The course is organized into sections by the type of treatment. For each of four mindfulness-based therapies, students will learn the theoretical framework and review research support. Throughout, mindfulness will be taught through an experiential and hands on approach in which students will develop skills through direct practice with classmates.

Each class will begin with a brief mindfulness exercise and discussion of the related literature led by a student. The remainder of the class period will focus on the nature of a treatment approach as well as the evidence supporting this intervention. I will provide an overview of the treatment approach and explain how these therapies work in practice and facilitate class discussion. We

will have a class discussion about the research supporting the intervention based on the readings for the week and I expect that you will take an active part.

Ethical considerations related to the science and practice of psychology will be integrated throughout the course.

## **Course Requirements**

### **Attendance**

Given the seminar format of this course, attendance and timeliness are both required. It is expected that students will attend all classes on time unless there is a significant conflict. Please email the instructor beforehand if a class must be missed. Unfortunately, due to the experiential nature and pace of this course, it will be challenging to grasp material following a missed class. One absence is excusable. After the first absence, excused absences require a note from your doctor or advising dean, and unexcused absences will count against your participation grade.

### **Class Participation**

This class will be taught in seminar format. Participation is a key factor in creating a seminar environment that fosters learning. It is expected that all students will participate in a collegial and mindful manner. This means focusing your attention on what is happening in the classroom and actively listening to fellow classmates and responding non-judgmentally. It is also expected that students will participate one-mindfully (e.g. focusing attention on the content of the class discussion without texting, without looking at social media, etc.) and effectively (e.g. in a way that fosters learning). We will discuss what constitutes effective class participation more thoroughly in our first meeting, and I will ask for your contributions and ideas. Additionally, I will ask you to submit one question related to the readings prior to class via CourseWorks.

### **Digital Technology**

Students are expected to refrain from using phones in any capacity during class. Please turn phones off or to silent. I would prefer that students not use laptops or tablets in order to practice being one-mindful, which we will discuss more in our first meeting. If you have a specific need to use a laptop/tablet, please see me.

### **Student-led mindfulness, presentation of related research, and discussion**

Each student will have the opportunity to lead the class in a brief mindfulness exercise. After conclusion of the practice, the student will provide an overview of the empirical support for the chosen mindfulness exercise and lead the class in related discussion. Mindfulness exercises can be found with the DBT skills training manual (Linehan, 2014), which is available through CourseWorks. I also encourage to students to seek out other mindfulness exercises such as from clinical psychology books available through the Columbia libraries. It is required that you email me a description of the mindfulness exercise you are planning to lead as well as 2-4 PowerPoint slides which review the related empirical evidence and include discussion questions 72 hours prior to the class period in which you will present. I am also available for in-person meetings to discuss the mindfulness exercises or any other component of the class. I love working with students and encourage you to find a time to meet with me.

**Midterm Paper:** *Review of the empirical support for a mindfulness meditation or treatment component (4-6 pages, excluding references and cover page)*

Students will choose a component of a mindfulness-based treatment such as particular mindfulness practice (e.g. Loving Kindness mindfulness) or a skill (e.g. ACT's Cognitive Defusion) and review the scientific literature which informs our current knowledge of the particular practice or skill. For instance, a student who chooses Loving Kindness will conduct a literature review of the existing research and summarize what is known empirically about the benefits of this practice. Current research journal articles must be included. Please use APA style (Times New Roman, size 12, double spaced). For further details please, visit: [https://owl.purdue.edu/owl/research\\_and\\_citation/apa\\_style/apa\\_formatting\\_and\\_style\\_guide/general\\_format.html](https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/general_format.html)

**Final Presentation and Paper:** *Review of the theoretical framework and empirical support for a mindfulness-based therapy for a specific population and/or condition.*

Students will choose one mindfulness-based therapy and a specific population and/or disorder which it treats and provide both a written (6 – 8 pages) and oral overview of the treatment as well as the scientific literature which supports the intervention. Potential topics include DBT for suicidal adolescents, DBT for eating disorders, ACT for chronic pain, and MBCT for depression. These papers and presentations will primarily consist of three components:

- 1) Summary of the treatment in the context of this specific population. For instance, if you are presenting on DBT with suicidal adolescents, focus on how the treatment was modified for work with adolescents and what aspects of the treatment are unique to this adaptation.
- 2) An overview of the existing research support for your chosen intervention. When available, please include studies comparing your chosen intervention to other psychological or psychopharmacological treatments. Current research journal articles must be included as part of this review.
- 3) Identification of gaps in the research. Identify gaps in the research and provide ideas on how these gaps might be filled (e.g. future directions).

You are welcome to choose one of the four interventions highlighted in this class and I expect you to go beyond the literature that was discussed in class and include additional papers in your presentation. You are also welcome to choose an intervention that was not covered in class, although I ask that you email in advance to let me know what intervention you hope to cover.

**\*\*Late assignments will require a Behavioral Chain Analysis (which I will teach you how to do) and will lose one full letter grade per day after due date.\*\***

## **Final Grades**

Final averages are calculated as follows:

Participation: 10%

Leading mindfulness and class discussion: 25%

Midterm Paper: 25%

Due: July 22<sup>nd</sup>

Final Presentation: 20%

Final Paper: 20%

Due: July 8<sup>th</sup>

## **Reading**

The required readings for the course are the original research articles and book chapters which are listed in this syllabus and will be posted on CourseWorks.

Recommended reading is:

Kabat-Zinn, J. (2009). *Wherever you go, there you are: Mindfulness meditation in everyday life*. Hachette Books.

Optional readings are:

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy* (p. 6). New York: Guilford Press.

Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. Guilford Publications.

Linehan, M. (2014). *DBT Skills Training Manual*. Guilford Publications.

Segal, Z. V., Williams, M., & Teasdale, J. (2013). *Mindfulness-based cognitive therapy for depression*. Guilford Publications.

## **DISCUSSION TOPICS AND READING ASSIGNMENTS**

### **July 9: Welcome to class!**

### **July 11: What is mindfulness? What are mindfulness-based treatment approaches?**

Baer, R. A., & Krietemeyer, J. (2006). Overview of mindfulness-and acceptance-based treatment approaches. *Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications*, 3-27.

Wallace and Shapiro, (2006). Mental Balance and Well-Being: Building Bridges between Buddhism and Western Psychology," *American Psychologist*. Vol. 61, No. 7., 690-701.

### **July 16: Mindfulness-based Stress Reduction**

Salmon, P. G., Sephton, S. E., & Dreeben, S. J. (2011). Mindfulness-Based Stress Reduction. *Acceptance and mindfulness in cognitive behavior therapy: Understanding and applying the new therapies*, 132-163.

Kabat-Zinn, J., Massion, A. O., Kristeller, J., Peterson, L. G., Fletcher, K. E., Pbert, L., et al. (1992). Effectiveness of a meditation-based stress reduction program in the treatment of anxiety disorders. *American Journal of Psychiatry*, 149, 936–943.

Grossman, P., Niemann, L., Schmidt, S., & Walach, H. (2004). Mindfulness-based stress reduction and health benefits: A meta-analysis. *Journal of psychosomatic research*, 57(1), 35-43.

### **July 18: Acceptance and Commitment Therapy**

Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior therapy*, 35(4), 639-665.

Hayes, S. C. (2008). Climbing our hills: A beginning conversation on the comparison of acceptance and commitment therapy and traditional cognitive behavioral therapy. *Clinical Psychology: Science and Practice*, 15(4), 286-295.

Arch, J. J., Eifert, G. H., Davies, C., Vilardaga, J. C. P., Rose, R. D., & Craske, M. G. (2012). Randomized clinical trial of cognitive behavioral therapy (CBT) versus acceptance and commitment therapy (ACT) for mixed anxiety disorders. *Journal of consulting and clinical psychology*, 80(5), 750.

### **July 23: Acceptance and Commitment Therapy: Cognitive Defusion**

Blackledge, J. T. (2007). Disrupting verbal processes: Cognitive defusion in acceptance and commitment therapy and other mindfulness-based psychotherapies. *The Psychological Record*, 57(4), 555-576.

Masuda, A., Hayes, S. C., Sackett, C. F., & Twohig, M. P. (2004). Cognitive defusion and self-relevant negative thoughts: Examining the impact of a ninety year old technique. *Behaviour Research and Therapy*, 42(4), 477-485.

### **July 25: Acceptance and Commitment Therapy**

Hacker, T., Stone, P., & MacBeth, A. (2016). Acceptance and commitment therapy—do we know enough? Cumulative and sequential meta-analyses of randomized controlled trials. *Journal of affective disorders*, 190, 551-565.

Luoma, J. B., Hayes, S. C., & Walser, R. D. (2007). *Learning ACT: An acceptance & commitment therapy skills-training manual for therapists*. New Harbinger Publications. Read Chapter 6.

Lang, A. J., Schnurr, P. P., Jain, S., He, F., Walser, R. D., Bolton, E., ... & Strauss, J. (2017). Randomized controlled trial of acceptance and commitment therapy for distress and impairment in OEF/OIF/OND veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*, 9(S1), 74.

### **July 30: Dialectical Behavior Therapy**

Rizvi, S. L., Steffel, L. M., & Carson-Wong, A. (2013). An overview of dialectical behavior therapy for professional psychologists. *Professional Psychology: Research and Practice*, 44(2), 73.

Koons, C. R., Robins, C. J., Tweed, J. L., Lynch, T. R., Gonzalez, A. M., Morse, J. Q. Bastian, L. A. (2001). Efficacy of dialectical behavior therapy in women veterans with borderline personality disorder. *Behavior Therapy*, 32, 371–390.

### **August 1: Dialectical Behavior Therapy**

Linehan, M. M. (1997). Validation and psychotherapy. *Empathy reconsidered: New directions in psychotherapy*, 353, 392.

Linehan, M. M., Dimeff, L. A., Reynolds, S. K., Comtois, K. A., Welch, S. S., Heagerty, P., & Kivlahan, D. R. (2002). Dialectical behavior therapy versus comprehensive validation therapy plus 12-step for the treatment of opioid dependent women meeting criteria for borderline personality disorder. *Drug and alcohol dependence*, 67(1), 13-26.

### **August 6: Dialectical Behavior Therapy**

Lynch, T. R., Chapman, A. L., Rosenthal, M. Z., Kuo, J. R., & Linehan, M. M. (2006). Mechanisms of change in dialectical behavior therapy: Theoretical and empirical observations. *Journal of clinical psychology*, 62(4), 459-480.

Robins, C. J. (2002). Zen principles and mindfulness practice in dialectical behavior therapy. *Cognitive and behavioral practice*, 9(1), 50-57.

### **August 8: Mindfulness-based Cognitive Therapy**

Segal, Z, Teasdale, J & Williams, M (2004) Mindfulness-Based Cognitive Therapy: Theoretical Rationale and Empirical Status (pp. 45-65). In Hayes, Follette, & Linehan. *Mindfulness and Acceptance*. New York: Guilford Press.

Segal, Z. V., Bieling, P., Young, T., MacQueen, G., Cooke, R., Martin, L., Bloch, R., Levitan, R. D. (2010). Antidepressant monotherapy vs sequential pharmacotherapy and mindfulness-based cognitive therapy, or placebo, for relapse prophylaxis in recurrent depression. *Archives of General Psychiatry*, 67, 12, 1256-64.

### **August 13: Future Directions and Presentations**

Linehan, M. M. (2016). Behavior therapy: Where we were, where we are and where we need to be going. *Cognitive and Behavioral Practice*, 23(4), 451-453.

Dimidjian, S., & Linehan, M. M. (2003). Defining an agenda for future research on the clinical application of mindfulness practice. *Clinical Psychology: Science and Practice*, 10(2), 166-171.

### **August 15: Presentations / Wrap Up**

#### **Academic Dishonesty**

As members of the academic community at Columbia University, we are expected to maintain the highest level of personal and academic integrity as outlined in this excerpt the Columbia University Faculty Statement on Academic Integrity: “Each one of us bears the responsibility to participate in scholarly discourse and research in a manner characterized by intellectual honesty and scholarly integrity.... The exchange of ideas relies upon a mutual trust that sources, opinions, facts, and insights will be properly noted and carefully credited. In practical terms, this means that, as students, you must be responsible for the full citations of others’ ideas in all of your research papers and projects... [and] you must always submit your own work and not that of another student, scholar, or internet agent.” More information about Columbia University Faculty Statement on Academic Integrity can be found here:

<https://www.college.columbia.edu/faculty/resourcesforinstructors/academicintegrity/statement>).

Plagiarism – whether intentional or inadvertent – is a serious violation of academic integrity, and will thus not be tolerated. You are required to submit exclusively original work that you wrote, composed, or ideated on your own. If you are uncertain or have any questions about what constitutes plagiarism, I encourage you to read the information provided on Columbia’s website about the various forms of plagiarism and ways to avoid it. Here is the link to a relevant webpage on plagiarism: <https://www.college.columbia.edu/academics/dishonesty-plagiarism>

I am obligated to report any incident of plagiarism to the appropriate channels at the university, which may result in significant penalties that may impact your academic career at Columbia.

If you feel overwhelmed, confused, or that you are likely to resort to plagiarism, please talk to me. It is better to inform me beforehand so that we can problem solve rather than deal with such a serious offense the behavior has occurred.



**Students with Disabilities**

Students with any disability that may require any accommodations are requested to contact the Office of Disability Services (ODS) in Lerner Hall before the start of the course to register for these accommodations. The procedures for registering with ODS can be found at <http://health.columbia.edu/services/ods> or by calling (212) 854-2388. I also ask that you speak with me on the first class to inform me of any required accommodations, and I would be more than happy to be of service and assistance to address them.