

Syllabus



PSYC S3623: Topics in Clinical Psychology Summer 2020

Course Information

Instructor: Usha Barahmand
Class Hours: Tuesday-Thursday 6:15 pm to 9:45 pm
Semester Start: Tuesday 05/26/2020
Semester End: Thursday 07/02/2020

Office Hours: By appointment
E-mail: ub2142@columbia.edu

I will respond to any student email within 48 hours during the work week. Please do not wait until the evening before an assignment is due to contact me; I will likely not respond to questions or concerns until the next day.

Bulletin Description

A seminar for advanced undergraduate students exploring different areas of clinical psychology. This course will provide you with an understanding of clinical case formulation and evidence-based treatments of choice for some of the psychological disorders that are the leading causes of disability worldwide

Brief Course Description

This course offers a survey of the essential features of clinical assessment and intervention. We will explore the principles underlying specific evidence-based interventions and their application in the treatment of specific psychological disorders. We will be focusing only on the cutting edge, tested and proven interventions used to address some of the most disabling mental illnesses that contribute to non-fatal health loss globally.

Full Course Description

This seminar for advanced undergraduate students is designed to provide an in-depth understanding of time-limited, empirically validated interventions. This course will focus on five empirically supported interventions: Behavioral Activation (BA), Cognitive-Behavioral Therapy (CBT), Emotion-Focused Therapy (EFT), Interpersonal Therapy (IPT), Dialectical Behavior Therapy (DBT) and Acceptance Commitment Therapy (ACT).

The defining elements of each intervention will be presented by describing the framework for its delivery. The framework can be divided into the theory supporting each treatment, and the targets and techniques of each treatment. Students will be introduced to manualized treatments delivered by trained professionals. Next, we will examine case vignettes and treatment sessions to gain a better understanding of the application of the specific therapies. Finally, original research articles that have provided evidence for these interventions will be discussed. Class meetings will consist mainly of facilitated discussions and student-led presentations on the theoretical concepts applied, the cognitions, emotions and behaviors targeted and what the therapist says or does in the treatment. Students are expected to read and comment on papers, participate actively in class discussions and presentations, and complete written assignments. There will also be relevant video presentations to reinforce your understanding of the therapeutic tactics and strategies.

The value of a seminar is a function of the quality of individual contributions to each meeting. I'll provide a basic structure for our meetings, but beyond that, the seminar will succeed on the strengths of our joint individual efforts. We're all responsible for the quality of this seminar experience. Accordingly, active participation by everyone is strongly encouraged.

Course Objectives

There are two overarching goals of the course. First, to develop a comprehensive overview of the research in psychotherapy and of its underlying theories. Second, given a realistic mental illness scenario, to effectively apply, both theoretically and practically, the knowledge that you acquire in this course. Our discussions and the short assignments that you will complete are intended to facilitate this process.

Upon completion of this course, students will have

1. developed an understanding of theories and concepts associated with particular interventions
2. acquired knowledge of evidence-based intervention techniques in the practice of clinical psychology
3. become familiar with current empirical support for each intervention.

4. gained an understanding of various factors contributing to the success of the psychotherapeutic process
5. had the opportunity to apply course material to realistic mental illness scenarios

Seminar Evaluation

Seminar grades are based on the following five components, weighted as noted.

(1) *Reading and Discussion (20%):*

Each week, all students are responsible for reading the assigned material and are expected to actively participate in discussion. Your level of involvement will be assessed by me and constitute this component of your seminar grade.

Students are expected to read each set of readings pertaining to *Framework Presentation and Case Study Presentation* prior to each class meeting. For each set of readings, you must submit at least 1 post **per topic** to the Discussion Board on Canvas. There will be on average 2 discussion topics per session. Postings for the week's readings are due no later than **Saturday (for Tuesday's class) and Sunday (for Thursday's class) at 9 pm** on the week before the two class meetings. Postings submitted after the deadline will result in point deductions. Discussion leaders will then use these postings for their presentations, so it is essential that you be on time with your submissions.

Your discussion posts should reflect thoughtful analysis and consideration of the research and theories presented in the readings, stimulating further discussion. They should not be limited to content-based questions the answers to which will be found in a particular section of the reading (e.g., "What are the various therapeutic tasks used in EFT?"). At the same time, they should not be overly vague (e.g., "Can IPT be used to address PTSD?"). A good discussion post should be analytic, insightful, and critical. It should stimulate further discussion. You might reflect on a connection between the current reading and a previous one, or an experience you've had.

In class, your participation will be evaluated on the quality of your contributions, based on the following criteria:

- The student demonstrates knowledge and understanding of reading assignments
- The student provides new insight building on the reading assignments
- The student is an active listener, who addresses and integrates comments from classmates
- The student's comments are relevant and not tangential or ambiguous

- The student is courteous and respectful of classmates during class discussions

Participation in class will be scored as follows: 1 point for attending class, 3 points for minimal participation (e.g., 1 comment), and 5 points for full participation (5 points per class, for 12 sessions = 60 points total). Point totals will be converted to percentages, and will then be factored into your final grade (for example, 54 out of 60 points will be converted to a total score of 90%). In total class participation is worth a total of 10% of your grade.

(II) Discussion Leader (20%):

For every topic, one student will serve as lead discussant. Seminar enrollment will determine the number of times each student will serve as lead discussant. Students serving as lead discussants are responsible for leading the discussion of the assigned readings each session. The function of the discussant leader is to prepare, **in advance**, 10-12 discussion questions pertaining to the topic scheduled. These questions should be typed and posted on Canvas or emailed to all seminar participants by **Sunday for both Tuesday's class and Thursday's class** as they will be used to direct our group discussion. Lead discussants are free to structure their questions as they wish (perhaps questioning theories, hypotheses, methods, results, broader meanings of the readings, etc.). The discussant will also incorporate the questions and issues raised by other participants into the discussion either after or during discussion of the 10-12 questions prepared by the discussant leader. Assignment to topics will be determined during our first meeting.

Two students will serve as discussion leaders each session. The leaders will be required to present a **brief** summary and critique of the assigned readings (framework or case study when relevant) in front of the class, and lead the discussion. The discussion should focus on helping your classmates gain insight into the experiences of the clinical psychologist and patient, and difficulties encountered in treatment. When relevant, discussion leaders should plan to take class members through experiential exercises (e.g., role-playing, personality inventories, etc.).

Each presentation must be accompanied by an outline or PowerPoint of the class discussion, and should be turned in **by midnight Sunday before the class presentation**. Presentations turned in late will result in point deductions. Discussion leadership will be scored out of 100 points (45 points for preparation, 45 points for in class leadership, and 10 points for meeting deadlines), and is worth a total of 20% of your grade.

(III) Case Study Presentation (20%):

Each seminar participant will make a presentation of a case relevant to the intervention being discussed. The case presentation will include a description of the client's problems, the diagnosis given and the session by session focus of the intervention elaborating the principles in action and evidence of the change brought about by the intervention. The presentation should be made in very simple language and not read aloud from published material. The presentation should demonstrate your understanding of the mechanisms by which the therapy claims to have an impact. Each presentation should be detailed enough to span an hour. You will include questions and lead the discussion, which should focus on helping your classmates gain insight into the experiences of the clinical psychologist and patient, and difficulties encountered in treatment. When relevant, presenters should plan to take class members through experiential exercises (e.g., role-playing, personality inventories, etc.). Each presentation must be accompanied by PowerPoint slides and should be turned in **by midnight Sunday before the class presentation**. Presentations turned in late will result in point deductions. Case presentation will be scored out of 100 points (45 points for preparation, 45 points for in class leadership, and 10 points for meeting deadlines), and is worth a total of 20% of your grade.

(IV) Article Presentation (10%):

Each student will prepare and make a presentation of one of the empirical articles relevant to the therapeutic intervention listed below for each class topic. These presentations serve two functions. First, they are a means of exposing the class to research beyond the articles that all of us read. Second, they are a means of learning an important skill -- how to present an empirical paper in a limited amount of time. *In 15 minutes*, you will *summarize* the (a) theory and hypotheses, (b) method, (c) results, and (d) broader relevance of an article. Making appropriate use of visual media, covering only what absolutely needs to be covered, and presenting clearly what you have to say in no more than 15 minutes (the typical time allotted at a conference) are essential components of an effective academic presentation. The presentation will be followed by a Q&A session from the audience and the instructor. Your grade will depend on the quality of your presentation and your competence in answering the article-based questions posed to you. All presentations must be accompanied by PowerPoint slides and should be turned in **by noon (12 pm) Sunday after the class presentation**.

(V) Literature Review Paper and Presentation (30%)

Each student is to choose one specific therapy and provide both a written (6 – 8 pages) and oral review of the theoretical framework of a treatment as well as the scientific literature which supports the intervention for a specific condition. Some example topics are CBT for

schizophrenia, EFT for marital discord, IPT for suicidal ideation, CBT for psychotic disorders or DBT for anxiety. The purpose of the paper is to evaluate the current state of research and demonstrate your knowledge of scholarly debates around a topic.

These papers and presentations will primarily consist of the following components:

- 1) Summary of the theory and principles underlying the treatment.
- 2) Description of the treatment targets in the context of the specific population. Describe any treatment modifications and adaptations specific to the population or condition.
- 3) An outline of the existing empirical evidence supporting the intervention of your choice. All citations must be from recent research journal publications only. Include studies comparing your chosen intervention with other psychological or psychopharmacological treatments.
- 4) 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 may choose one of the interventions discussed in this class. However, the literature cited in your review must include studies not discussed in class. You may also want to choose an intervention not highlighted in class. But if you decide to do so, prior approval by me is necessary. Therefore, please email me in advance before you settle on an intervention.

Papers should include: (a) a title page; (b) an abstract page; (c) the body, including the components described above (d) references. At least 10 scholarly works (peer reviewed journal articles or chapters) must be cited. The paper should be written in APA style (7th edition), and it should not exceed *15 double-spaced pages* (including title page, abstract page, and reference pages). Papers are due by the last day of class (July 2nd). You will also make an oral presentation of your paper to the class at one of our two final class meetings (depending on class size, on either June 30 or July 2). Use of PowerPoint or other visual media is encouraged. Time allocated for each presentation will be 30 minutes.

The topic for your paper is due by session 5 (6/9), and is worth 10 points. An outline for the paper is due on session 8 (6/18), sample to be provided on Canvas), and is also worth 10 points. The final paper is due by session 12 (7/02), and is worth 80 points. In total this project will be worth 100 points, and will count for 30% of your final grade in the class.

Grading Scale:

97-100= A+	80-83= B-
94-96= A	77-79= C+
90-93= A-	74-76= C
87-89= B+	70-73= C-
84-86= B	60-69= D

Class Policies:

Academic Integrity:

As members of this academic community, we are expected to maintain the highest level of personal and academic integrity. Consider this excerpt from the Columbia University Faculty Statement on Academic Integrity: “[E]ach 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

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/dishonestyplagiarism>

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 we can try and remediate the issue, whatever it might be, than to deal with such a serious offense after the fact.

Attendance

Given the seminar style of this course, class participation, and thus attendance, is mandatory. At times, unplanned absences may occur. Such absences will be excused and not affect your final grade as long as they are documented (e.g., a dean's note). Regardless, you will be responsible for the work due in that class, including reading responses and other requirements. Please inform me of any absences as early as possible so I can plan in advance if any changes might be needed.

Late Assignments:

In general, late assignments will not be accepted and graded. Under very certain circumstances, you will be allowed to submit your assignment within 24 hours of the due date. Such circumstances may include a sudden or unplanned event that significantly impacts your ability to submit your assignment on time.

Students with Disabilities/Exceptionalities:

Students with any disability or exceptionality 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.

Typical Seminar Format:

Introductory remarks	10-15 minutes
Discussion of assigned readings	1 hour or more
Case study presentation	1 hour or more
Q&A	10 minutes or more
Article Presentation	15-20 minutes
Q&A	5 minutes

Seminar Topic Schedule

Date	Topic
Session 1	Introductions / Overview / Assignments / Welcome to Clinical Psychology
Session 2	Clinical Assessment and Diagnosis: DSM-5, the Clinical interview and Assessment
Session 3	Behavioral Activation Therapy
Session 4	Cognitive Behavioral Therapy
Session 5	Interpersonal Therapy
Session 6	Emotion-Focused Therapy
Session 7	Emotion-Focused Therapy
Session 8	Emotion-Focused Therapy
Session 9	Dialectical Behavior Therapy
Session 10	Dialectical Behavior Therapy
Session 11	Acceptance Commitment Therapy
Session 12	Cognitive Processing Therapy Literature Review

Seminar Readings

Session 1: Welcome to Clinical Psychology

Assigned Reading

Rubin, A., & Parrish, D. (2015). Evidence-Based Practice Empowers Practitioners: A Response to Epstein. *Research on Social Work Practice*, 25(4), 507-509.

Issues for Discussion

What is Clinical Psychology and what are the requirements to be a clinical psychologist?

What activities do clinical psychologists pursue?

What is evidence-based practice?

Explain the eclectic approach to psychopathology and treatment.

What are the pros and cons associated with specially trained clinical psychologists being able to prescribe certain kinds of medication?

What models guide the training of clinical psychologists?

Session 2: Clinical Assessment and Diagnosis

Assigned Reading

Hengartner, M. P. & Lehmann, S. N. (2017). Why psychiatric Research Must Abandon Traditional Diagnostic Classification and Adopt a Fully Dimensional Scope: Two Solutions to a persistent problem. *Frontiers in Psychiatry*, 8, 1-5.

Issues for Discussion

What are the steps involved in psychological assessment?

What are some common data collection tools?

What are the general goals of assessment?

How do clinical psychologists make diagnoses?

Describe the basic structure of DSM-5.

What are some criticisms of the DSM and what are alternate proposals for clinical diagnoses?

What factors are important in selecting assessment instruments?

How does a clinician's theoretical orientation influence assessment?

What are the basic requirements of a good psychological report?

What kind of ethical concerns and dilemmas can be raised when clinicians conduct assessments?

What are the various types of interviews?

What are the main kinds of observational assessment?

What are general, specific and hierarchical models of intelligence?

Describe some commonly used tests of intelligence.

Describe some commonly used tests and scales during assessment.

What do the terms clinical utility and treatment utility mean? Why are they significant for testing?

Session 3: Behavioral Activation Therapy

Assigned Readings

Framework Presentation

Nagy, G., Cernasov, P., Pisoni, A., Walsh, E., Dichter, G., & Smoski, M. (2020). Reward Network Modulation as a Mechanism of Change in Behavioral Activation. *Behavior Modification*, 44(2), 186-213.

Case Study Presentation

Farchione, T., Boswell, J., & Wilner, J. (2017). Behavioral Activation Strategies for Major Depression in Transdiagnostic Cognitive-Behavioral Therapy: An Evidence-Based Case Study. *Psychotherapy, 54*(3), 225-230.

Article Presentation

Russo, G., Tirrell, E., Busch, A., & Carpenter, L. (2018). Behavioral activation therapy during transcranial magnetic stimulation for major depressive disorder. *Journal of Affective Disorders, 236*, 101-104.

Session 4: Cognitive Behavioral Therapy

Assigned Readings

Framework Presentation

Fenn, K., & Byrne, M. (2013). The key principles of cognitive behavioural therapy. *InnovAiT: Education and Inspiration for General Practice, 6*(9), 579–585. doi: 10.1177/1755738012471029

Lorenzo-Luaces, L., Keefe, J. R., & Derubeis, R. J. (2016). Cognitive-Behavioral Therapy: Nature and Relation to Non-Cognitive Behavioral Therapy. *Behavior Therapy, 47*(6), 785–803. doi: 10.1016/j.beth.2016.02.012

Głuszek-Osuch, M. (2016). Cognitive behavioural therapy (CBT) – case studies. *Medical Studies, 1*, 49–55. <https://doi.org/10.5114/ms.2016.58806>

Case Study Presentation (Choose one)

Pugh, N. E., Hadjistavropoulos, H. D., Klein, B., & Austin, D. W. (2014). A Case Study Illustrating Therapist-Assisted Internet Cognitive Behavior Therapy for Depression. *Cognitive and Behavioral Practice, 21*(1), 64–77. doi: 10.1016/j.cbpra.2013.08.002

van de Wal, M., Servaes, P., Berry, R., Thewes, B., & Prins, J. (2018). Cognitive Behavior Therapy for Fear of Cancer Recurrence: A Case Study. *Journal of Clinical Psychology in Medical Settings, 25*(4), 390–407. <https://doi.org/10.1007/s10880-018-9545-z>

Article Presentation

Käll, A., Jägholm, S., Hesser, H., Andersson, F., Mathaldi, A., Norkvist, B. T., ... Andersson, G. (2020). Internet-Based Cognitive Behavior Therapy for Loneliness: A Pilot Randomized Controlled Trial. *Behavior Therapy*, 51(1), 54–68. doi: 10.1016/j.beth.2019.05.001

Session 5: Interpersonal Therapy

Assigned Readings

Framework Presentation

Raines, A. J. & Weissman, M. M (2012). Interpersonal Psychotherapy, Editor(s): V.S. Ramachandran, Encyclopedia of Human Behavior (Second Edition), Academic Press. 472-478. <https://doi.org/10.1016/B978-0-12-375000-6.00212-3>.

Case Study Presentation

Hall, E. B., & Mufson, L. (2009). Interpersonal Psychotherapy for Depressed Adolescents (IPT-A): A Case Illustration. *Journal of Clinical Child & Adolescent Psychology*, 38(4), 582–593. <https://doi.org/10.1080/15374410902976338>

Article Presentation

Fairburn, C. G., Bailey-Straebler, S., Basden, S., Doll, H. A., Jones, R., Murphy, R., O'Connor, M. E., & Cooper, Z. (2015). A transdiagnostic comparison of enhanced cognitive behaviour therapy (CBT-E) and interpersonal psychotherapy in the treatment of eating disorders. *Behaviour Research and Therapy*, 70, 64–71. <https://doi.org/10.1016/j.brat.2015.04.010>

Session 6: Emotion-Focused Therapy

Assigned Readings:

Framework Presentation

Greenberg, L. S. (2004). Emotion-focused therapy. *Clinical Psychology & Psychotherapy*, 11(1), 3–16. <https://doi.org/10.1002/cpp.388>

Case Study Presentation

Goldman, R. Watson, J. C., & Greenberg, L. (2011). Contrasting Two Clients in Emotion-Focused Therapy for Depression 2: The Case of "Eloise," "It's Like Opening the Windows and Letting the Fresh Air Come In" *Pragmatic Case Studies in Psychotherapy*, 7, 1, 305-338.

Watson, J. C., Goldman, R. & Greenberg, L. (2011). Contrasting Two Clients in Emotion-Focused Therapy for Depression 1: The Case of "Tom," "Trapped in the Tunnel" *Pragmatic Case Studies in Psychotherapy*, 7, 2, 268-304.

Article Presentation: None

Session 7: Emotion-Focused Therapy

Assigned Readings:

Framework Presentation

Timulak, L., & Keogh, D. (2019). Emotion-Focused Therapy: A Transdiagnostic Formulation. *Journal of Contemporary Psychotherapy*, 50(1), 1–13. <https://doi.org/10.1007/s10879-019-09426-7>

Case Study Presentation

Dillon, A., Timulak, L., & Greenberg, L. S. (2016). Transforming core emotional pain in a course of emotion-focused therapy for depression: A case study. *Psychotherapy Research*, 28(3), 406–422. <https://doi.org/10.1080/10503307.2016.1233364>

Article Presentations

Glisenti, K., Strodl, E., & King, R. (2018). Emotion-focused therapy for binge-eating disorder: A review of six cases. *Clinical Psychology & Psychotherapy*, 25(6), 842–855. <https://doi.org/10.1002/cpp.2319>

Session 8: Emotion Focused Therapy

Assigned Readings:

Framework Presentation

Goldman, R. N., & Greenberg, L. (2013). Working with Identity and Self-soothing in Emotion-Focused Therapy for Couples. *Family Process*, 52(1), 62–82. doi: 10.1111/famp.12021

Case Study Presentation

Lafrance Robinson, A., McCague, E. A., & Whissell, C. (2014). “That chair work thing was great”: a pilot study of group-based emotion-focused therapy for anxiety and depression. *Person-Centered & Experiential Psychotherapies*, 13(4), 263–277. <https://doi.org/10.1080/14779757.2014.910131>

Article Presentations

López-Pérez, B., & McCagh, J. (2019). How do I want to feel? The link between emotion goals and difficulties in emotion regulation in borderline personality disorder. *British Journal of Clinical Psychology*, 59(1), 96–114. <https://doi.org/10.1111/bjc.12235>

Session 9: Dialectical Behavior Therapy

Assigned Readings

Framework Presentation

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. doi: 10.1002/jclp.20243

Case Study Presentation

Welch, S. S., & Kim, J. (2012). DBT-Enhanced Cognitive Behavioral Therapy for Adolescent Trichotillomania: An Adolescent Case Study. *Cognitive and Behavioral Practice*, 19(3), 483–493. doi: 10.1016/j.cbpra.2011.11.002

Article Presentation

Neacsiu, A. D., Eberle, J. W., Kramer, R., Wiesmann, T., & Linehan, M. M. (2014). Dialectical behavior therapy skills for transdiagnostic emotion dysregulation: A pilot randomized

controlled trial. *Behaviour Research and Therapy*, 59, 40–51. doi: 10.1016/j.brat.2014.05.005

Session 10: Dialectical Behavior Therapy

Assigned Readings:

Framework Presentation

Bonavitacola, L., Miller, A. L., McGinn, L. K., & Zoloth, E. C. (2019). Clinical Guidelines for Improving Dialectical Thinking in DBT. *Cognitive and Behavioral Practice*, 26(3), 547–561. doi: 10.1016/j.cbpra.2018.11.003

Case Study Presentation: None

Article Presentations

Fitzpatrick, S., Bailey, K., & Rizvi, S. L. (2019). Changes in Emotions Over the Course of Dialectical Behavior Therapy and the Moderating Role of Depression, Anxiety, and Posttraumatic Stress Disorder. *Behavior Therapy*. doi: 10.1016/j.beth.2019.12.009

Session 11: Acceptance Commitment Therapy

Assigned Readings:

Framework Presentation

Hayes, S. C. (2016). Acceptance and Commitment Therapy, Relational Frame Theory, and the Third Wave of Behavioral and Cognitive Therapies – Republished Article. *Behavior Therapy*, 47(6), 869–885. doi: 10.1016/j.beth.2016.11.

Case Study Presentation

Schneider, R. L., & Arch, J. J. (2017). Case study: A novel application of mindfulness-and acceptance-based components to treat misophonia. *Journal of Contextual Behavioral Science*, 6(2), 221–225. doi: 10.1016/j.jcbs.2017.04.003

Article Presentation

Zarling, A., Bannon, S., & Berta, M. (2019). Evaluation of acceptance and commitment therapy for domestic violence offenders. *Psychology of Violence*, 9(3), 257–266. doi: 10.1037/vio0000097

Session 12: Literature Review Presentations

Assigned Readings:

Framework Presentation

Donahue, Bryan, & Chard, D., Craig, Kathleen Allen J. M. (2012). Cognitive Processing Therapy. 105-107.

Galovski, T. E., Harik, J. M., Blain, L. M., Farmer, C., Turner, D., & Houle, T. (2016). Identifying Patterns and Predictors of PTSD and Depressive Symptom Change During Cognitive Processing Therapy. *Cognitive Therapy and Research*, 40(5), 617–626. doi: 10.1007/s10608-016-9770-4

Case Study Presentation

Held, P., Klassen, B. J., Small, C. F., Brennan, M. B., Horn, R. V., Karnik, N. S., ... Zalta, A. K. (2020). A Case Report of Cognitive Processing Therapy Delivered Over a Single Week. *Cognitive and Behavioral Practice*, 27(2), 126–135. doi: 10.1016/j.cbpra.2019.07.006

Article Presentation

Murray, S. M., Augustinavicius, J., Kaysen, D., Rao, D., Murray, L. K., Wachter, K., ... Bass, J. K. (2018). The impact of Cognitive Processing Therapy on stigma among survivors of sexual violence in eastern Democratic Republic of Congo: results from a cluster randomized controlled trial. *Conflict and Health*, 12(1). <https://doi.org/10.1186/s13031-018-0142-4>

Wilkinson-Truong, C., Wacha-Montes, A., & von Linden, M. (2020). Implementing cognitive processing therapy for posttraumatic stress disorder in a university counseling center. *Professional Psychology: Research and Practice*, 51(2), 163–171. <https://doi.org/10.1037/pro0000259>

Literature Review Presentations