

**UN3623 Topics in Clinical Psychology**  
**Mindfulness-based Behavioral Therapies**  
**Course Syllabus, Spring 2026**  
**Columbia University**  
Fridays 12:10 pm – 2:00 pm

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**Professor:**

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**Office Hours:** Fridays 2:00 – 4:00pm

**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 Spring 2025 Course**

This is a seminar for advanced undergraduate students which provides an introduction to the science and practice of mindfulness and mindfulness-based behavioral therapies. 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 is the practice of paying attention to the present moment without judgment. Mindfulness can be practiced anytime and anywhere because it includes focusing on something we are already doing, such as the food we are eating or the emotions we are experiencing. Meditation is a formal practice that typically involves setting aside a period of time ranging from just a minute to much longer to do nothing but meditate. In recent decades, Western researchers have offered data to suggest mindfulness may benefit people suffering from a range of psychiatric disorders and medical conditions. Through translating mindfulness meditation practices into teachable skills and incorporating mindfulness skills into behavioral therapies, researchers and clinicians have made mindfulness interventions available in mental health and medical settings.

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

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 the effectiveness of 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 similar introductory psychology course and Abnormal Behavior (PSYC 2620). Prior coursework 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 PSYC S\*\*\* in the Psychology Curriculum:*** PSYC S\*\*\* 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 three 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 practice and discussion of the related literature. At the outset, I will lead this portion and as the course progresses, this segment of the seminar

will become student led. The rest of the class period will typically 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 over the course of quarter 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. **If you anticipate being unable to consistently attend classes in person this semester, please consider taking the course in a future semester.**

### Class Participation

I recognize that many individuals may be drawn to the material in this course due to their own experiences. While your experiences can certainly add depth to the material covered, and I appreciate this, we must be mindful of what other students may be going through. Therefore, I ask that you refrain from disclosing your personal lived experiences or those of others in your life during class discussions. This course is focused on the academic study of psychopathology; as such, it is important to engage from a scholarly perspective. Our discussions will concentrate on research and scholarly works, rather than anecdotal evidence. Class participation should reflect this focus.

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.

### 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 for purposes other than viewing Zoom 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.

## **Wellness Statement**

It is important for us all to be mindful of the challenges and stressors in our lives whether personal, emotional, physical, financial, mental, or academic. I urge you to make yourself – your own health and wellness – your priority. Sleep, exercise, and eating well can all be a part of a healthy regimen to cope with stress. Resources exist to support you in several sectors of your life, and I encourage you to make use of them. Should you have any questions about navigating these resources, please visit these sites:

<https://universitylife.columbia.edu/student-resources>

<https://universitylife.columbia.edu/student-resources-directory#health>

<https://health.columbia.edu/content/counseling-and-psychological-services>

**Discussion Questions submitted via CourseWorks.** I will ask you to submit one question related to the readings by prior to class by 10am via Courseworks. Please write clearly and limit your question to two sentences (e.g. one sentence describing a finding from an article, and a second sentence asking a question). Open-ended discussion questions stemming from your reading that will generate stimulating thoughts from other students. Questions starting with ...? *How?* *Why?* often will lead to open-ended questions. Be sure to use concise language that enables other students to readily understand the question you are asking. Sample discussion questions are available on CourseWorks.

## **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 single study which offers empirical support for the chosen mindfulness exercise and lead the class in related discussion. Please select one of the mindfulness practices listed below:

Body Scan

Mindful Breathing

Mindful Walking

Mindful Eating

Loving Kindness

Scripts for mindfulness exercises can be found in the DBT Skills Training Manual (Linehan, 2014), which is available on CourseWorks, on the [UCSD Mindfulness website](#), within the [ACT Coach app](#), and occasionally in the text of peer-reviewed journal articles.

**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 a particular mindfulness practice (e.g. Body Scan, Mindful Breathing, Mindful Walking, Mindful Eating, Loving Kindness) or a skill (e.g. ACT's Cognitive Defusion; DBT's Chain Analysis) 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).

Two sample midterm papers are available on CourseWorks.

**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 (7 – 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 (e.g. bulimia), DBT for substance use, ACT for chronic pain, MBCT for depression, and Radically Open DBT, DBT adapted for Sexual and Gender Minority people, DBT-Prolonged Exposure (DBT-PE) for PTSD, ACT for PTSD. 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 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 depth in class (e.g. Radically Open DBT, MBCT). I ask that you email me in advance to let me know what you hope to focus your final paper on.

\*Additional detail will be provided for each assignment

*\*\*Late assignments will lose one full letter grade per day after due date. \*\**

### **Final Grades**

Final averages are calculated as follows:

Participation: 15%

Leading mindfulness and class discussion: 20%

Midterm Paper: 25%

Due: February 27<sup>th</sup>: 11:00am

Final Presentation: 20%

Due: April 24<sup>th</sup> ; 11:00am

Final Paper: 20%

Due: May 8<sup>th</sup> ; 11:59pm

Please utilize the Columbia Writing Center:

<https://www.college.columbia.edu/core/uwp/writing-center>

## **Reading**

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

Required reading is:

[Publication Manual \(OFFICIAL\) 7th Edition of the American Psychological Association Seventh Edition](#)

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*. 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.

Linehan, M. M. (2020). *Building a life worth living: A memoir*.

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

Walser, R. D., & Westrup, D. (2007). *Acceptance and commitment therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. New Harbinger Publications.

## **DISCUSSION TOPICS AND READING ASSIGNMENTS**

**January 23: Welcome to class!**

**January 30: What is mindfulness? What are mindfulness-based treatment approaches?; Evidence-based Practice**

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.

Cook, S. C., Schwartz, A. C., & Kaslow, N. J. (2017). Evidence-based psychotherapy: Advantages and challenges. *Neurotherapeutics*, 14(3), 537-545.

Persons, J. B. (2012). *The case formulation approach to cognitive-behavior therapy*. Guilford Press. Chapter 1

<https://www.div12.org/psychological-treatments/>

### **February 6 Mindfulness-based Stress Reduction; APA style**

Kabat-Zinn, J., Lipworth, L., & Burney, R. (1985). The clinical use of mindfulness meditation for the self-regulation of chronic pain. *Journal of behavioral medicine*, 8(2), 163-190.

[Publication Manual \(OFFICIAL\) 7th Edition of the American Psychological Association Seventh Edition](#)

[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)

### **February 13: 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.

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.

### **February 20: Acceptance and Commitment Therapy: Cognitive Defusion**

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.

Twohig, M. P., Abramowitz, J. S., Smith, B. M., Fabricant, L. E., Jacoby, R. J., Morrison, K. L., ... & Ledermann, T. (2018). Adding acceptance and commitment therapy to exposure and response prevention for obsessive-compulsive disorder: A randomized controlled trial. *Behaviour research and therapy*, 108, 1-9.

### **February 27: Acceptance and Commitment Therapy; adding ACT to Exposure and Response Prevention**

Readings TBA

### **March 6: 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.

Linehan, M. M., Armstrong, H. E., Suarez, A., Allmon, D., & Heard, H. L. (1991). Cognitive-behavioral treatment of chronically parasuicidal borderline patients. *Archives of general psychiatry, 48*(12), 1060-1064.

### **March 13: 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.

### **March 20: Spring Break**

### **March 27 : Dialectical Behavior Therapy**

Rizvi, S. L., & Ritschel, L. A. (2014). Mastering the art of chain analysis in dialectical behavior therapy. *Cognitive and Behavioral Practice, 21*(3), 335-349.

### **April 3: Dialectical Behavior Therapy**

Cohen, J.M., Norona, J., Yadavia, J.E., & Borsari, B. (2021) Affirmative Dialectical Behavior Therapy Skills Training with Sexual Minority Veterans. *Cognitive and behavioral practice.*

### **April 10: Group Meetings**

Prof Cohen is at [Anxiety and Depression Association of America](#) annual conference

**April 17:** 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.

Hofmann, S. G., & Hayes, S. C. (2019). The future of intervention science: Process-based therapy. *Clinical Psychological Science, 7*(1), 37-50.

## **April 24: Presentations**

## **May 1: Presentations**

### **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.