ADULT BEHAVIOR THERAPY  
(PSYC 351)  
Spring 2008

Instructor: Kelly Rohan, Ph.D.  
Meeting Time: Mondays 12:30 – 3:20 pm  
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Office Hours: by appointment or anytime  
Office: 224 John Dewey Hall  
Door is open

I. Course Description and Goals

This course introduces the student to the theory and practice of behavior therapy and cognitive-behavioral therapy with adults. This course will focus on a wide variety of DSM-IV disorders and psychological problems, including the anxiety disorders (panic disorder, social anxiety disorder, posttraumatic stress disorder, obsessive-compulsive disorder, and generalized anxiety disorder), mood disorders (major depression and bipolar disorder), eating disorders, marital/couple discord, personality disorders, psychotic behavior, and substance-related disorders. The strong scientist-practitioner emphasis behind behavioral and cognitive-behavioral approaches will be highlighted, and students will learn about the current empirical status of the field.

This course, in itself, does not qualify students as behavior therapists. Instead, it will provide an academic background for other necessary training experiences, including an organized series of supervised clinical practica and other advanced training opportunities. This course should be viewed as an overview and beginning step in developing your competence as a behavior therapist. Although many of our discussions will be relevant to health problems, we will primarily focus on cognitive-behavioral interventions for psychological problems and disorders. To learn about behavioral approaches to treating physical health problems, students are strongly encouraged to take Health Psychology (PSYC 369).

Objectives for this course include increased understanding of and the ability to critically evaluate:

a. The history, philosophy, and principles of behavioral and cognitive-behavioral therapy.

b. Behavioral and cognitive-behavioral case conceptualization and assessment techniques.


d. The empirical literature regarding behavioral and cognitive-behavioral treatments for adults.
II. Required Texts and Selected Readings

(This text presents a detailed account of the actual behavioral and cognitive-behavioral treatment protocols used in treating and assessing specific problems. Written by psychotherapy experts, this text answers the question, “But how do I do it?”)

(Dr. Beck reviews the fundamentals of cognitive therapy including cognitive case conceptualization, structuring therapy sessions, identifying problems, and challenging cognitions).

Additional readings will be assigned for each topic area. These readings will supplement the breath of the textbook readings with an in-depth look at recently published studies in the literature. These studies may examine the efficacy of behavioral and cognitive-behavioral treatments for a specific problem, the hypothesized mechanism of action underlying a certain treatment, or one of the theories we are learning about. Where available, review articles and/or meta-analyses may also be included to summarize the empirical status of behavioral and cognitive-behavioral treatments for specific problems. Additional readings will be made available to students at least 1 week before the scheduled class meeting. If available, PDF copies of readings will be emailed to students. Otherwise, a master copy of the readings will be placed in 208 Dewey for students to photocopy.

III. Course Format

A combination of didactic lecture and seminar formats will be employed during our class meetings. Accordingly, some of our class time will be devoted to informal lecture (with questions and comments welcome) and some class time will consist of seminar discussion. Students may have opportunities to practice applying the empirically-validated, manual-based, cognitive-behavioral treatments that we discuss in class through in vivo training exercises. Videotaped or audiotaped demonstrations by experts, role-plays, improvisation, discussion, and processing may also be incorporated as training tools.

IV. Class Participation and Attendance

This course, as a whole, will be interactive, and its success is dependent upon active preparation, involvement, and discussion by the students. Given that a large portion of the course will be taught in seminar format, students are expected to complete the assigned readings and to come to class prepared to discuss them. Students will be asked to respond to questions that have arisen from the readings. This is your
opportunity to share your reactions and thoughts about the readings. Students are expected to attend all class meetings and participate fully.

If a student must miss a class meeting due to an illness, emergency, or Department-approved travel; he or she should contact Dr. Rohan in advance. If a student misses a class meeting, compose a reflection paper that demonstrates critical thinking and integration across the various readings assigned for the missed class. Reflection papers should be no more than 3 double-spaced, typed pages in length, and submitted in hard copy to Dr. Rohan by no later than the next class meeting. Extensions on assignments will be permitted only in the case of a documented medical or family emergency with the period of extension determined on a case-by-case basis.

V. Case Conceptualization Presentations

Each student will give one formal in-class presentation of a clinical case. The purpose of this exercise is to practice your case conceptualization skills from a behavioral/cognitive-behavioral perspective. The case can be either a patient you have evaluated/treated in a practicum experience or a written case description provided by Dr. Rohan. If you are using a patient of your own, provide Dr. Rohan with a brief (1-2 page) typed description or outline of your case at least 1 week in advance. If you would like Dr. Rohan to provide you with a case description, ask her for a case at least 1 week in advance.

In your presentation, you should very briefly introduce and describe the case. Spend the majority of your time on case conceptualization. Describe the ABC’s of the problem behavior(s). Propose a preliminary treatment plan that draws directly from your case conceptualization. Make sure your treatment targets all aspects of the problem behavior(s), including its antecedents and consequences. Specify how you would assess whether or not the treatment plan is working (e.g., What are your outcome variables and how will they be measured?). Note any additional information about the case that you would need to solidify your conceptualization or treatment plan. Plan on 15-20 minutes to present. Handouts or other visual aids may be used to facilitate comprehension of your presentation if you like.

VI. Behavior Change Project

A. Purpose

Each student will design and implement a behavior change project. The purpose of this project is to practice applying cognitive-behavioral principles in selecting an appropriate target(s) for intervention, conceptualizing problem behaviors, designing your assessment methods, working toward change, and measuring therapeutic success. You should select a basic behavior problem that needs modification and avoid tackling significant clinical problems. Multiple projects are an option and may be desirable for obtaining maximum credit if targets and interventions are simple and brief. Successful target change is not necessary for the purpose of this exercise. Instead, the focus is on
the process. You may choose yourself, your child, your pet, or someone else as the subject of the project. NOTE: If you plan to use someone else, please see Dr. Rohan immediately for approval so as to resolve any ethical issues (e.g., dual role relationships).

B. Specific Assignments

This project will include a written proposal, an interim report, final written report, and class presentation. All proposals and reports must be typed, double-spaced, 1-inch margins around, 12-point font) and should follow APA style. Submit a hard copy of all assignments, not an email attachment. For late proposal and interim reports, one point will be subtracted for each business day beyond the deadline. For final reports, five points will be subtracted for each business day late.

1. **Proposal** (due February 4th)

A written proposal for the project should follow APA’s publication guidelines. A Presenting Problem section should state who your subject will be, your target behavior(s) and/or cognition(s), and a preliminary case conceptualization (i.e., what factors you think may be related to onset and maintenance of the problem; a functional analysis). In a Baseline Data section, state what assessment methods you plan to use to gather baseline data on the problem, including its antecedents and consequences. In a Preliminary Treatment Plan section, state how you plan to effect change and how you will measure the impact of your intervention on the target(s). Related references may also be included along with a “References” section. The proposal is due within 3 weeks in order to maximize your time for assessment and intervention.

2. **Interim Report** (due March 17th)

The interim report information should build on your proposal and follow APA format. The Presenting Problem section should remain fairly consistent from the proposal. In the Baseline Data section, describe the data gathering method(s) you used to collect baseline data on the problem. Note any problems met in data collection and how you dealt with them. Present the baseline data on your target behavior(s) using graphs or tables if needed. In the next section, Revised Case Conceptualization, provide a revised case conceptualization based on your baseline data. Now that you have observed the problem behavior(s) across time, what factors seem to be related to its onset and maintenance? What are its antecedents and consequences? In a Treatment Plan section, present a clearly articulated intervention plan for how you will change the target behavior, including its antecedents and consequences, and how you will measure therapeutic change. Explain how your proposed treatment plan logically follows from your case conceptualization. If you have begun your intervention, describe your progress in a Preliminary Results section. Include graphs and tables as needed.

3. **Final Report** (due April 28th)
The final report should resemble a single subject design publication in a reputable peer-reviewed journal. The final product should include the Presenting Problem, Baseline Data, Revised Case Conceptualization, and Treatment Plan sections from the interim report. The Results section should thoroughly present the impact of your intervention on the target(s). Note any problems met in trying to effect change. If you had to change your treatment plan, explain why and how. If you had to again revise your case conceptualization based on anything you learned in applying the intervention, explain this process. End with a Discussion section. The Discussion should not just recap the results, but evaluate the project’s strengths and limitations. How would you proceed differently in a future effort? If your intervention was successful, what maintenance plans/strategies could be used? In the Discussion, you should also comment on what you learned from the project and how you could apply what you learned to the way you interact with patients or approach clinical problems.

VII. Examinations

There will be two examinations: a mid-term and a final. Both examinations will consist of take-home essay questions related to the theoretical, clinical, and empirical aspects of behavioral and cognitive-behavioral therapy. The questions will be distributed 1 week before the exam answers are due. Students will have 1 week to compose short (i.e., no more than 5-6 double-spaced, typed pages using 12-point font for each question) responses to 2-3 essay questions covering the course content. Some questions will require thoughtful integration across the various reading assignments and seminar discussions. The exams are open-book, but must be completed alone. Each student should write his or her student ID number (i.e., full 950#) on the back of the last page of the essays so that exams can be evaluated blind to identity. The final exam will be cumulative. Submit a hard copy of your answers, not an email attachment.

VIII. Student Evaluation

Points earned in each domain will be summed to determine the final course grade. You will be most satisfied with your grade if you work hard and consistently from week to week by learning as much as you can from the readings, participating in the class discussions, selecting and presenting your case, and making steady progress on your behavior change project. This method will pay off with systematic accrual of points.

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<tr>
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<th>Grade</th>
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<tr>
<td>100 - 94</td>
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<tr>
<td>93 - 90</td>
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<td>66 - 64</td>
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<td>Class Participation</td>
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<td>In-Class Case Presentation</td>
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<td>Mid-Term Exam (25)</td>
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<td>Final Exam (25)</td>
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<tr>
<td>Behavior Change Project</td>
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<td>Proposal (5)</td>
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<td>Interim Report (5)</td>
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<td>Final Report (15)</td>
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**IX. Feedback**

Students will receive written feedback on their performance throughout the course. Personalized feedback memorandums will be provided subsequent to the in-class case presentation to comment on the content and style of these presentations. For the change project, written comments and suggestions for improvement will be provided directly on the proposal, interim report, and final report. At mid-term, each student will receive more general feedback regarding the quality of his or her class participation as well as a summary of grades to date. All feedback is meant to be constructive and helpful. Students should see Dr. Rohan with any questions or to review their progress in person.

**X. Course Evaluations**

Dr. Rohan likes receiving feedback even more than she likes giving it. Completed course evaluations and informal discussions and/or emails about how her course may be improved are always welcome and appreciated!

**XI. Special Needs**

Any student who has a need for accommodation based on the impact of a disability should contact Dr. Rohan as soon as possible to discuss the specific situation. Students who believe that there is something Dr. Rohan needs to know that might improve his or her learning environment in the classroom should contact her as soon as possible.
### XII. Class Schedule and Critical Dates

<table>
<thead>
<tr>
<th>Class Date</th>
<th>Topic</th>
<th>Book Chapters</th>
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<tbody>
<tr>
<td>January 14</td>
<td>Course Introduction Brief History; Empirically Supported Treatments</td>
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<tr>
<td>January 21</td>
<td>No class—Martin Luther King, Jr. Day</td>
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<td>January 28</td>
<td>Behavioral Assessment; Case Conceptualization</td>
<td>Beck 1, 2</td>
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<td>February 4</td>
<td>Anxiety Disorders I: Panic Disorder and Specific Phobias</td>
<td>Barlow 1</td>
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<td></td>
<td>*Case Presentation________</td>
<td>Beck 3</td>
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<td>February 11</td>
<td>Anxiety Disorders II: Posttraumatic Stress Disorder and Obsessive-Compulsive Disorder</td>
<td>Barlow 2, 4</td>
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<td>Beck 4, 5</td>
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<td>February 18</td>
<td>No class—President's Day</td>
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<td>February 25</td>
<td>Anxiety Disorders III: Social Anxiety Disorder and Generalized Anxiety Disorder</td>
<td>Barlow 3</td>
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<td>Beck 6, 8</td>
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<td>March 3</td>
<td>Eating Disorders</td>
<td>Barlow 14</td>
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<td>Beck 7, 9</td>
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<td>March 10</td>
<td>No Class—Spring Recess</td>
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<td>March 17</td>
<td>Mood Disorders I: Major Depression</td>
<td>Barlow 6</td>
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<td>Beck 10, 11</td>
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<td>March 24</td>
<td>Mood Disorders II: Major Depression (cont.’d)</td>
<td>Barlow 8</td>
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<td>*Case Presentation________</td>
<td>Beck 12, 13</td>
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<td>*Mid-Term Exam Due (submit hard copy no later than class time)</td>
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March 31  Mood Disorders III: Bipolar Disorder  Barlow 10
*Case Presentation________  Beck 14

April 7  Marital/Couple Discord  Barlow 16
*Case Presentation________  Beck 15

April 14  Schizophrenia and Psychotic Behavior  Barlow 11
*Case Presentation________  Beck 16

April 21  Personality Disorders  Barlow 9
*Case Presentation________  Beck 17

April 28  Substance-Related Disorders  Barlow 12, 13
*Case Presentation________
*Final Exam Questions Distributed
*Behavior Change Project Final Report Due
(submit hard copy no later than class time)

(May 5)  (No class)
*Final Exam Due (submit hard copy by 4:00 pm)

XIII. Additional Resources

Hopefully, this course will spark your interest and you will want to learn more about cognitive-behavioral models and treatments and stay up-to-date regarding the empirical status of the field. Here are some appropriate journals to peruse. (NOTE: This is not an exhaustive list).

Behavior Modification
Behavior Therapy
Behaviour Research and Therapy
Behavioural & Cognitive Psychotherapy
Clinical Psychology: Science and Practice
Cognitive and Behavioral Practice
Cognitive Therapy and Research
International Journal of Cognitive Therapy
Journal of Abnormal Psychology
Journal of Applied Behavior Analysis
Journal of Behavior Therapy and Experimental Psychiatry
Journal of Cognitive Psychotherapy
Journal of Consulting and Clinical Psychology
The Behavior Therapist

Empirically Supported Treatments
Visit the American Psychological Association Division 12 (Clinical Psychology) EST Link: http://www.apa.org/divisions/div12/rev_est/index.html
Additional Required Readings by Topic

Introduction/Brief History


Behavioral Assessment and Case Conceptualization


Anxiety Disorders I: Panic Disorder and Specific Phobias


Anxiety Disorders II: Posttraumatic Stress Disorder
and Obsessive-Compulsive Disorder

PTSD


OCD


Anxiety Disorders III: Social Anxiety Disorder and Generalized Anxiety Disorder

Social Anxiety Disorder


**Generalized Anxiety Disorder**


**Eating Disorders**


*Note: This will be a review for students who took Adult Psychopathology, but they should take a closer look at the treatment section of this article.


**Mood Disorders I: Major Depression**


*NOTE: Read only sections relevant to depression and the conclusion: p. 285-296 and p. 308.

**Mood Disorders II: Major Depression (cont.’d)**


**Mood Disorders III: Bipolar Disorder**


**Marital/Couple Discord**


Schizophrenia and Psychotic Behavior


Personality Disorders


Substance-Related Disorders

