Stony Brook
School *of* Social Welfare

HWC 574 Clinical Skills: Motivational Interviewing and Cognitive Behavioral Therapy In Integrative Health (IH)
Fall 2018

Instructor: Melissa Macko, LCSW
Contact Information:
    E-Mail: Melissa.Macko@stonybrook.edu   **Phone:** (914) 400-5199
    Office Hours: By appointment
Class Location: HSC 2-107 HSC
Class Meeting Time: 7:00pm - 9:00pm

Instructors Listed By Section:

    01: Wed, 2:30PM, George Leibowitz

    02: Wed, 4:45PM, Lara Hunter

    03: Mon, 6:45PM, (Manhattan) Michelle Ballan

    04: Wed, 7:00PM, Linda Babolcsay

    05: Wed, 7:00PM, Melissa Macko

    06: Wed, 9:00AM, Kathy Rogers

	HWC 574 Clinical Skills: MI and CBT In Integrative Health (IH)	

Class Meeting Dates

Session 1: August 29, 2018	Session 6: Oct. 3, 2018	Session 11: Nov. 7, 2018
Session 2: Sept. 5, 2018	Session 7: Oct. 10, 2018	Session 12: Nov. 14, 2018
Session 3: Sept. 12, 2018	Session 8: Oct. 17, 2018	Session 13: Nov. 28, 2018
Session 4: Sept. 19, 2018	Session 9: Oct. 24, 2018	Session 14: Dec. 5, 2018
Session 5: Sept. 26, 2018	Session 10: Oct. 31, 2018	Session 15: Dec. 12, 2018

Disability Support Services (DSS) Statement: If you have a physical, psychological, medical or learning disability (permanent or temporary) that may impact your course work, please contact Disability Support Services, ECC(Educational Communications Center) Building, Room 128, (631) 632-6748. They will determine with you what accommodations, if any, are necessary and appropriate. All information and documentation is confidential. http://studentaffairs.stonybrook.edu/dss/index.shtml
You need to indicate to DSS that the School of Social Welfare ADA Coordinator is Kathy Albin, and DSS will then advise the Coordinator on reasonable accommodations.

Academic Integrity: Each student must pursue his or her academic goals honestly and be personally accountable for all submitted work. Representing another person's work as your own is always wrong (see additional section below on Plagiarism). Faculty is required to report any suspected instances of academic dishonesty to the Academic Judiciary. Faculty in the Health Sciences Center (School of Health Technology & Management, Nursing, Social Welfare, Dental Medicine) and School of Medicine are required to follow their school-specific procedures. For more comprehensive information on academic integrity, including categories of academic dishonesty please refer to the academic judiciary website at http://www.stonybrook.edu/uaa/academicjudiciary/.

In the School of Social Welfare, expectations and procedures for addressing academic integrity are detailed in the program handbook (https://socialwelfare.stonybrookmedicine.edu/current-students/policies).

University Community Standards / Critical Incident Management: Stony Brook University expects students to respect the rights, privileges, and property of other people. Faculty are required to report to the Office of University Community Standards any disruptive behavior that interrupts their ability to teach, compromises the safety of the learning environment, or inhibits students' ability to learn. **Faculty in the HSC Schools and the School of Medicine are required to follow their school-specific procedures.** Further information about most academic matters can be found in the Undergraduate Bulletin, the Undergraduate Class Schedule, and the Faculty-Employee Handbook.

Professionalism and Conduct
Students in the School of Social Welfare are expected to possess and demonstrate certain attributes, abilities and behaviors necessary for success in our program. Students are expected to meet these standards, especially in the classroom and in their field placements. Students are expected to maintain conduct that is in accordance with standards of practice defined by the School of Social Welfare, Stony Brook University, the field education agency and the professional regulations of the State of New York. The School of Social Welfare adopts the University's Code of Conduct, The School of Social Welfare's Student Conduct Code, the School of Social Welfare Technical Standards and the NASW Code of Ethics as the standards for the School of Social Welfare. Students must behave in a manner that is consistent with the ethics of the social work profession. Students who engage in activities that are contrary to these standards will be subject to review and possible disciplinary action by the School of Social Welfare and the University.

Observance of Religious Holidays:
The University is committed to ensuring that every student will have the right to pursue their education while practicing their faith. Students will be expected to notify their professor in advance, but definitely before the final date of the 'add/drop' period* of their intention to be out for religious observance. They can discuss with their faculty member at that time how they will be able to secure the work covered. Faculty are asked to avoid scheduling examinations, papers, presentations or other assignments to be due on any of the major listed holidays. When this is unavoidable, observant students will be given the opportunity for an equivalent make-up.
*Add/Drop Period for Fall 2018 term ends 9/24/18.

CLASSROOM EXPECTATIONS

Writing Expectations:
Papers should conform to college standards of written English. Written work should be typed, neatly and carefully formatted, proofread, checked for proper grammar and spelling, well-organized, and properly referenced using the APA Citation Style. Points will be deducted for weak organization, poor spelling, poor grammar, and improper citations.
Students are to utilize APA style in all written work. The Stony Brook Writing Center offers advice and support to all students. Contact information: 631-632-7405; 2009 Humanities Building. Students are also referred to Purdue University's Online Writing Lab. This is a useful web site that is available at:
http://owl.english.purdue.edu/owl/resource/560/01/. An online tutorial for use of APA is available at: http://apastyle.org/learn/tutorials/basics-tutorial.aspx

Plagiarism: Plagiarism is defined as representing another's words as your own or submission of another's work as one's own original work without proper acknowledgement of the source. It is critical that you attribute credit to the words and ideas of others, regardless of the source of those words and ideas (written, internet, personal communication, etc.). It is not permissible to use papers written for one class to be used again for another, but components may be built upon and reformulated as appropriate. This must be discussed with the professors involved.
Students are strongly encouraged to utilize Purdue University's reference guide regarding issues related to plagiarism. This information can be accessed at the following site: http://owl.english.purdue.edu/owl/resource/589/01/. Another source that discusses how to avoid plagiarism is: http://www.indiana.edu/~wts/pamphlets/plagiarism.shtml
Please read the codes of conduct carefully regarding plagiarism, and ask the faculty questions about it if you are unclear about what it means or requires. Plagiarism is a very serious form of misconduct for which formal and serious action may be taken by the school and university.

Absence and Lateness Policy
Students are expected to attend all classes on time and remain for the **entire** session; attendance is taken. In the event that students need to miss a class, they are expected to communicate with their instructor regarding the absence. A student who misses more than three classes (including for unavoidable emergencies such as medical absences) will fail the course. Absences, lateness and/or early departure will reduce a student's grade.

If students are absent from a class in which an assignment is due, they are still responsible for submitting the completed assignment on the **original due date** unless otherwise arranged with your professor. Accordingly, it is incumbent upon students to check with their colleagues or instructors after any absence to make sure they are up-to-date on all assignments and/or readings. ⌐L⌐SEP

Participation
Student participation is an essential part of class. You should come prepared to discuss all assigned reading material and actively/appropriately participate in class projects, assignments, and discussions/interactions with your colleagues and the instructor. As stated above, participation grades may be impacted by attendance and lateness.

Use of Technology in the Classroom
Use of technology is a helpful tool for the student as well as the instructor. However, many of these tools, used improperly, can create distraction and/or be a disturbance during class time to the instructor and other students. Use of cell phones or texting during class time is not permitted. Use of laptop computers and tablet-type devices is permitted for note taking only and at the instructor's discretion.

Electronic   Communication:
Email and especially email sent via Blackboard (http://blackboard.stonybrook.edu) is one of the ways the instructor officially communicates with you for this course. It is your responsibility to make sure that you read your email in your official University email account. For most students that is Google Apps for Education (http://www.stonybrook.edu/mycloud) but you may verify your official Electronic Post Office (EPO) address at: http://it.stonybrook.edu/help/kb/checking-or-changing-your-mail-forwarding-address-in-the-epo

If you choose to forward your official University email to another off campus account, instructors are not responsible for any undeliverable messages to your alternative personal accounts. You can set up email forwarding using these DoIT-provided instructions found at: http://it.stonybrook.edu/help/kb/setting-up-mail-forwarding-in-google-mail

If you need technical assistance, please contact Client Support at (631) 632-9800 or supportteam@stonybrook.edu

Recording in the Classroom
The taping of lectures requires the **prior permission** of the individual lecturer (instructor). (University Policy P512).

Social Media Guidelines
Social media offer new and interesting ways to connect with people, but social media communication has substantial potential for unintended and potentially damaging consequences. The School of Social Welfare has Social Media Guidelines for Students to help you understand the considerations and precautions that should be taken when engaging with social media.

You are responsible for being familiar with these guidelines, and they may be found through the following link: https://socialwelfare.stonybrookmedicine.edu/sites/default/files/social_media_guidelines.pdf

BlackBoard

Blackboard is used to facilitate the work of this class. Students are responsible for accessing the assignments, course documents, handouts, exercises, etc. on Blackboard, and can make their own copies. You must use your NetID to access BlackBoard and all Stony Brook computing resources. Information about obtaining your NetID and password can be found on SOLAR. Please refer to the "Blackboard Instructions" or go to https://it.stonybrook.edu/services/blackboard for a more detailed description of how to use Blackboard. For problems, you can also call: 631-632-9602 or e-mail: helpme@stonybrook.edu

SBU SSW CSWE COMPETENCIES FOR THE ADVANCED GENERALIST CURRICULUM

This course addresses the Advanced Generalist level of the core competencies identified by the Council on Social Work Education (CSWE, EPAS 2015). The School of Social Welfare's definitions for the Advanced Generalist level of the competencies reflect expectations for the school's advanced level social work curriculum. Although each of these competencies is addressed in the program curriculum, some play a more prominent role in certain courses than others. The nine competencies are listed below. Specific competencies associated with this course are linked to course readings/assignments/activities. Students demonstrate mastery of course content and core competencies through a variety of methods. Class participation offers the opportunity for communication of ideas and critical thinking and for observation of the behavioral/skill components of the competencies.

Competency 1: Demonstrate Ethical and Professional Behavior

Practitioners in advanced generalist social work model and adhere to ethical standards of professional behavior at all levels of practice. Advanced generalist social workers articulate and advocate for social work values and ethics in practice, research and policy arenas. They consistently employ conscious use of self, self-reflection, self-monitoring, and self-correction in practice. Practitioners in advanced generalist social work demonstrate enhanced professional judgment and behavior.

Competency 2: Engage Diversity and Difference in Practice

Practitioners in advanced generalist social work understand and value the importance of diversity and difference at all practice levels. They are knowledgeable about and able to respond to many forms of diversity and difference and how these influence professional relationships and understandings of social problems at all levels of practice. Advanced generalist social workers critique, synthesize and differentially apply human behavior and social theories to guide advanced generalist practice and recognize how practice choices on all levels can be culture-bound. Advanced generalist social workers use and apply research knowledge of diverse populations to enhance client wellbeing, to work effectively with diverse populations, and identify and use practitioner/client differences and life experiences from a strengths perspective.

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice
Practitioners in advanced generalist social work critically apply knowledge about oppression, historical trauma and human rights violations on the lives of clients at all levels of practice. Advanced generalist social workers challenge the structures that perpetuate oppression and embrace the obligation to advance human rights and foster social, economic and environmental justice. They engage in community collaborations to advocate for policies to ensure that social goods, rights and responsibilities are distributed equitably.

Competency 4: Engage in Practice-Informed Research and Research-Informed Practice
Practitioners in advanced generalist social work critically integrate scientific evidence for social work interventions at all levels of practice. Advanced generalist social workers apply quantitative and qualitative methods to generate data and evidence from practice settings and to evaluate social policies and programs. Practitioners in advanced generalist social work draw on practice experience to inform the development of new knowledge through research.

Competency 5: Engage in Policy Practice
Advanced generalist social workers analyze and evaluate the relationship between social policy at the international, federal, state, and local levels and the provision of social work services in communities and organizations. In order to empower communities and to give voice to those who have traditionally been voiceless in the formation of policies that affect their lives, advanced generalist social workers engage collaboratively with organizational and community interests to assess, formulate and amend policies to improve programs and services. They advocate for policy initiatives based on insights and experiences on all practice levels.

Competency 6: Engage With Individuals, Families, Groups, Organizations, and Communities
Practitioners in advanced generalist social work routinely use differential theoretical frameworks to engage with individuals, families, groups, organizations and communities while consistently maintaining a client-centered, strengths-perspective orientation. Advanced generalist social workers demonstrate practice autonomy in using interpersonal skills in relationship building. They consciously engage with multiple systems and constituencies at all levels of practice in an empowering and culturally responsive manner.

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities
Practitioners in advanced generalist social work assess individuals, families, groups, organizations and communities using a multi-level, structural approach to identify the locus of intervention targets. Advanced generalist social workers apply a complex analysis of human development and life-cycle issues as well as relevant policy, environmental and structural issues within a strengths-based assessment of social change potential. Advanced generalist social workers engage in assessment processes using valid assessment tools and can identify the biases, challenges and limitations of assessment frameworks in relationship to diverse socioeconomic status, racial, ethnic, gender, sexual orientation, cultural and lifestyle factors.

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

Practitioners in advanced generalist social work differentially apply multiple types of intervention strategies utilizing culturally grounded approaches with individuals, families, groups, organizations and communities. Advanced generalist social workers use and critically analyze multiple theoretical perspectives and evidence-based practices to target obstacles encountered at multiple levels including individual, family and group dynamics as well as community and societal structural impediments to client health and well-being. They autonomously choose, implement and monitor the appropriate steps and stages within intervention strategies while establishing procedures for process and outcome evaluation.

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

Practitioners in advanced generalist social work understand and value the need to evaluate practice with individuals, families, groups, organizations and communities at multiple levels of client system intervention. Advanced generalist social workers autonomously choose and use appropriate evaluation tools to conduct process and outcome evaluations for the purposes of determining effectiveness of applied interventions across multiple client systems.

CSWE 2015 EPAS COMPETENCIES & COURSE CONTENT

Competency	Present in Course (Yes/No)	Course Session	Assignment/ Assessment	Competency Dimension (Knowledge; Values; Skills; Cognitive and Affective Processes)
1. Demonstrate Ethical and Professional Behavior	Yes	All	Role-plays; Final	Knowledge, Values, Skills
2. Engage Diversity and Difference in Practice [SEP]	Yes	8	Case formulation; role plays	Knowledge, Value, Skills, Cognitive Process
3. Advance Human Rights and Social, Economic, and Environmental Justice[SEP]	No			
4. Engage In Practice-informed Research and Research-informed Practice [SEP]	Yes	All	Midterm; Case Formulation	Knowledge, Skills
5. Engage in Policy Practice	No			

6. Engage with Individuals, Families, Groups, Organizations, and CommunitiesSEP SEP	**Yes**	**All**	**Midterm; Final**	**Knowledge, Skills**
7. Assess Individuals, Families, Groups, Organizations, and Communities	**Yes**	**3, 4, 9, 11, 12**	**Case Formulation**	**Knowledge, skills**
8. Intervene with Individuals, Families, Groups, Organizations, and CommunitiesSEP	**Yes**	**3, 11, 12, 13**	**Motivational Interviewing**	**Knowledge, Skills**
9. Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities	**Yes**	**1,2, 15**		**Knowledge, Values, Skills**

COURSE DESCRIPTION AND OBJECTIVES:

As an advanced practice course in the Integrated Health specialization, this required course introduces students to the application of evidence-based clinical modalities, that include group treatment, and short term interventions with a strong emphasis on Motivational Interviewing and Cognitive Behavioral Therapy as applied in health and mental health care settings. Motivational Interviewing (MI) is a person-centered, directional, evidence-based counseling method utilized to elicit and strengthen intrinsic motivation for positive change. MI has demonstrated effectiveness with substance abuse, smoking cessation, chronic health conditions, diet and exercise and high risk sexual behavior. Cognitive Behavioral Therapy (CBT) is an effective combination of talk therapy and behavioral therapy. CBT is a type of psychotherapy in which individuals reframe negative thinking patterns into positive thoughts which result in positive actions and behaviors. Behavioral and cognitive-behavioral skills and techniques are applied to disorders such as depression and anxiety commonly seen by social workers in family clinics, group health clinics, community mental health centers, psychiatric hospitals and other settings where social and emotional problems are treated. Students will develop strategies for the integration of these models in social work practice (the focus of Advanced Practice II in the IH curriculum), and develop skills for the critical application of these approaches, treatment planning, and case conceptualization/formulation with diverse populations. Students will be given opportunities to practice skills and will receive continual coaching on their use of clinical skills. 3 credits.

Key Course Concepts

OARS	Integrated Models of CBT
Righting Reflex	Socratic Questioning
SBIRT	Mindfulness
Thought Stopping	Four Principles/Processes of MI
Cognitive Restructuring	Co-occurring disorders
Cognitive Triad	Constructivist Paradigm
Relapse Prevention	Double-sided reflection
Spirit of MI	Clinical Case Conceptualization/Formulation
Behavioral Skills Training	Contingency Management
Core Beliefs	Exposure

COURSE READINGS/ASSIGNMENTS

REQUIRED TEXTS:

1. Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.
2. Rosengren, D. B., (2018). *Building motivational interviewing skills: A practitioner workbook* (2nd Ed.). New York, NY: Guilford Press.
3. Tolin, D. F. (2016). *Doing CBT: A comprehensive guide to working with behaviors, thoughts, and emotions*. New York, NY: The Guilford Press.
4. Supplementary readings will be posted on Blackboard.

Recommended Readings

Rollnick, S., Miller, W. R., & Butler, C. C. (2008). *Motivational interviewing in health care: Helping patients change behavior.* New York, NY: Guilford Press.

Videos Demonstrating MI and CBT:

These videos are available through Kanopy at SBU (Films are from Psychotherapy.net), go to https://stonybrook.kanopy.com/ and enter your user name and password. Clips from these films will be viewed in class to demonstrate specific skills, and students should view them in their entirety as part of the **"third hour"** of class. Please be prepared to discuss your learning and skills development in class. There will also be questions on the weekly quizzes based on these videos.

1. Motivational Interviewing Step by Step: Four Video Series. Learn MI theory, techniques, and application in this foundational training series depicting clients in diverse settings. http://www.psychotherapy.net/video/motivational-interviewing-series?gclid=EAIaIQobChMIktaDlYHW3AIVg43ICh2XzQrLEAAYASAAEgKCdPD_BwE
2. Brief Therapy for Addiction series: William Miller demonstrates MI with a client struggling with smoking cessation. http://www.psychotherapy.net/video/motivational-interviewing-series?gclid=EAIaIQobChMIktaDlYHW3AIVg43ICh2XzQrLEAAYASAAEgKCdPD_BwE
3. William Miller Interview on MI: http://www.psychotherapy.net/video/william-miller-motivational-interview
4. Meichenbaum: https://www.psychotherapy.net/video/meichenbaum-cognitive-behavioral-therapy
5. Depression: A cognitive therapy approach (Freeman) https://stonybrook.kanopy.com/video/depression-cognitive-therapy-approach
6. Interview with Aaron Beck: https://www.psychotherapy.net/video/aaron-beck-cognitive-therapy

CLASS FORMAT

Class will be conducted in a seminar format. Special attention is given to case material, and skills for assessment, prevention, and intervention as they apply to students' field experience in integrated health. Lectures, videos, and role-play will be utilized throughout the course. Guest speakers, including clinicians and researchers with expertise in integrated behavioral health may present cases, skills for working with diverse, underserved client and/or their research throughout the semester. A large of part of the expectations in this course include <u>participation in class discussion, role plays, and demonstration of skills </u>(the final grade depends on it).

ASSIGNMENTS AND EVALUATION

A. Weekly quizzes on MI and CBT Readings and Videos listed in the syllabus (30%). **Quizzes will be given during the beginning of each class session.**

B. Midterm: Role-Play demonstrating MI skills (30%). – This is a group assignment in which students will video tape role-plays (approximately 4-5 students in each group). Students will view each other's videos for the "third hour" of the class session (outside class activity). The written product is a role play the instructors will view along with a transcript of the "session" with a clear demonstration and labeling within the transcript of MI clinical skills. At the end of each class, ten minutes will be allocated to help prepare for this assignment. A specific client from your current field placement can be used or one may be provided by the instructor. Additional details will be provided by your instructor.

C. Final: CBT Case Formulation/Treatment Plan (30%)—group presentations will be scheduled for the last class.

D. Attendance and Participation (10%)

GRADING CRITERIA

There are a total of 100 points possible in this course. Grading is based on the following scale:

Points	Grade
100 – 95	A
94 – 90	A-
89 – 85	B+
84 – 80	B
79 – 75	B-
74 – 70	C+
69 – 65	C
64 – 60	C-
59 – 00	F

All submitted work MUST adhere to the Publication Manual of the American Psychological Association, 6th Edition. The publication manual is available in written/electronic formats.

PLEASE NOTE: Readings will be a combination of required texts, as well as articles and book chapters that will be posted on Blackboard. **It is the student's responsibility to read and be familiar with all of the information contained in this course outline.**

Course Outline:

Session 1   Topic: Introduction to MI and CBT. Historical context and empirical support for their use in integrated behavioral health.

Required Reading:

Stanhope, V., Tennille, J., Bohrman, C., & Hamovitch, E. (2016). Motivational interviewing: Creating a leadership role for social work in the era of healthcare reform. *Social Work in Public Health*, *31*(6), 474-480. http://dx.doi.org/10.1080/19371918.2016.1160338

Session 2   Topic: MI Principles; Four Processes; MI Spirit; Stages of Change

Required Reading:

Rosengren Part I: Chapters 1 & 2 Intro What is MI and Why Use It?
                          Chapter 3 Introduction to the Four Processes

Miller and Rollnick   Part I Chapters 1-3

<u>Class Activity:</u>

Short Clip with Bill Miller on working with ambivalence and the "righting reflex":
https://vimeo.com/18469694

Clip from "Origins and Spirit of MI" (Stephen Rollnick)
https://www.youtube.com/watch?v=Vr-aZ4tdoac

Watch Video and Review/Practice in Dyads: Motivational Interviewing Core Skills in Action
https://www.youtube.com/watch?v=Gf_guzP_u2M

Session 3   Topic: MI; MET; Co-Occurring Disorders; Engagement and Using OARS; Screening and Brief Intervention in Integrated Health

Screening for co-occurring disorders and using MI in brief interventions; SBIRT; Common tools used in integrated health settings: Beck Depression Inventory (BDI II), PHQ-9, the Generalized Anxiety Disorder Scale (GAD-7), the Columbia-Suicide Severity Rating Scale (C-SSRS), and Alcohol Use Identification Test (AUDIT), Students will practice MI and screening with one or two tools in class using clinical cases provided by the instructor.

Required Reading:

Rosengren Part II: Engaging Chapters 4-7 Using OARS and Reflective Listening

Miller and Rollnick Part II Engaging Chapters 4-7

Case Western Center for Evidence-based Practice MI "Am I Doing This Right" practice card: https://www.centerforebp.case.edu/client-files/pdf/miremindercard.pdf

Class Activity (also for the Third Hour):

On Kanopy, watch the Bill Miller video using MI with a client struggling with smoking cessation.

Screening Brief Intervention and Referral to Treatment (SBIRT). Watch the video, Motivational Interviewing Core Skills in Action.
http://sbirt.vermont.gov/training/clinical-skills-videos/

Session 4   Topic: MI and Focusing; Finding the Horizon; Exchanging Information

Required Reading:

Rosengren Part III Chapters 7 & 8

Miller and Rollnick Part III Chapters 8-11

Class Activity (continued) :

 Bill Miller video using MI with a client struggling with smoking cessation.

Session 5   Topic: Evoking; Change Talk; Developing Discrepancy

Required Reading:

Rosengren Part IV Chapter 9-11

Miller and Rollnick Part IV Chapters 8-11 Evoking

Session 6   Topic: Planning; Strengthening Commitment and Supporting Change

Required Reading:

Rosengren Part V Chapters 12 & 13

Miller and Rollnick Part V Chapter 19-22

Supplemental Reading:

Miller and Rollnick Part VI MI in everyday practice, Chapter 23-26.

Session 7   Topic: CBT Theories; Social Learning; Adaptive/Maladaptive Cognitions; Emotional Systems

Required Reading:

Tolin, Part I: Why do people suffer? Laying out the basics and Chapters 2-4

Rachman, S. (2015). The evolution of behavior therapy and cognitive behavior therapy. *Behavior research and therapy*, 64, 1– 8. DOI: 10.1016/].brat.2014.10.006

Kehle, S. M. (2008). The effectiveness of cognitive behavioral therapy for generalized anxiety disorder in a frontline service setting. *Cognitive Behaviour Therapy*, *37*(3), 192-198.

Class Activity:

Complete the Personal Target Worksheets (Tolin, p. 17 Defining the Target and pgs. 49-50 Understanding your behavioral system)

Session 8   Therapeutic Alliance; Case Formulation; Beck and Meichenbaum's Models of CBT; Cultural Sensitivity

Required Reading:

Tolin Part II: Chapters 5 and 6

Graham, J. R., Sorenson, S., & Hayes-Skelton, S. A. (2013). Enhancing the cultural sensitivity of cognitive behavioral interventions for anxiety in diverse populations. *Behavioral Therapy, 36* (5), 101-108. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4225557/

Class Activity (next three sessions) for the "Third Hour":

Available through SBU Kanopy:

Watch the film: Meichenbaum demonstrating CBT and write a reflection based on the questions handed out in class:

https://www.psychotherapy.net/video/meichenbaum-cognitive-behavioral-therapy

Session 9   Topic: Clinical Case Conceptualization/Formulation (continued); Treatment Planning; Depression and Anxiety; Chronic Pain

Required Readings:

Tolin: Chapter 7 CBT Finesse

Majeed, M. H., & Sudak, D. M. (2017). Cognitive behavioral therapy for chronic pain-one therapeutic approach for the opioid epidemic. *Journal of Psychiatric Practice*, *23*(6), 409-415.

Psycotherapy.net videos: CBT for Anxiety and Depression (available through SBU Kanopy)
https://www.psychotherapy.net/video/CBT-anxiety

https://www.psychotherapy.net/video/cognitive-behavioral-depression

Review this blog: Depression and its relationship with the opioid problem:
https://www.behavioral.net/blogs/ron-manderscheid/prescription-drug-abuse/next-steps-depression-opioid-problem

Session 10   Topic: CBT; Behavioral Techniques; Contingency Management; Homework;

Required Readings:

Tolin Chapters 8-12

Tolin Chapter 20 Case of William using Contingency Management

LeBeau, R. T., Davies, C. D., Culver, N. C., & Craske, M. G. (2013). Homework compliance counts in cognitive behavioral therapy. *Cognitive Behavioral Therapy*, *42*(3), 171-179. Doi: 10.1080/16506073.2013.763286

Session 11 & 12 Topic: CBT Interventions; Restructuring Thoughts and Core Beliefs

Required Reading:

Tolin Chapters 13-17.

Supplementary Reading (Review these three examples of therapy assessment and treatment plans. These cases will be helpful for your final case presentations):

Tolin Chapters 21- 22 Ana, and Elizabeth's CBT assessments and treatment plans.

Class Exercise:

Please keep a thought record for a day. The purpose is twofold – to actually go through the process before you engage with your clients, and to understand the power of the process before as you begin to apply any theory, technique, strategy.

Please keep a thought record for a day – either using the format below or one you locate online or in the Tolin text (Chapter 13, pg. 153), if you prefer. It should reflect an awareness of what a thought record is, and how it can be helpful.

EVENT	EMOTION (1-100)	Belief/ Thought (1-100)	Modified thought (belief 1-100) How did you modify or restructure it? Specify	Change in emotion/ emotional intensity (1-100)

Session 13   Topic: Modulating Emotion and Distress tolerance

Required Readings:

Tolin Chapters 18 and 19

Abramowitz, J. S. & Arch, J. J. (2014). Strategies for improving long-term outcomes in Cognitive Behavioral Therapy for obsessive-compulsive disorder: Insights from learning theory. *Cognitive and behavioral practice, 21,* 20 – 31. DOI: 10.1016/j.cbpra.2013.06.004

Session 14   Topic: CBT Third Wave, Mindfulness and MBSR

Required Reading:

Grecucci, A., Pappaianni, E., Sjugzdaite, R., Theuninck, A., & Job, R. (2015). Mindful emotion regulation: Exploring the neurocognitive mechanisms behind mindfulness. *Biomed Research International*, 2015, 1-9. Doi:10.1155/2015/670724

Barnhofer, T., Crane, C., Brennan, K., Duggan, D. S., Crane, R. S., Eames, C., &…Williams, J. G. (2015). Mindfulness-based cognitive behavioral therapy (MBCT) reduces the association between depressive symptoms and suicidal cognitions in patients with a history of suicidal depression. *Journal   of   Consulting   and   Clinical   Psychology,* 83(6),   1013-1020. Doi:10.1037/ccp0000027

Session 15   Conclusion: Preparing for Advanced Practice II; SAMHSA's Integrated Change Therapy (ICT); Integrating MI and CBT.

*Student Case Presentations

References/Supplementary Readings

Beck, J., & Aaron, A. T. (2011). Cognitive behavior therapy: Basics and beyond (2nd ed.). New York, NY: Guilford Press.

Beck AT, Wright FD, Newman CF, Liese BS. (1993). Cognitive Therapy of Substance Abuse. New York: Guilford Press.

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