

**BRYN MAWR COLLEGE
GRADUATE SCHOOL OF SOCIAL WORK AND SOCIAL RESEARCH**

COGNITIVE BEHAVIORAL THERAPY AND APPROACHES

COURSE SYLLABUS

Summer 2022

Course Instructor: Rachel Speer, PhD, MSW, LCSW

This course examines cognitive behavioral therapy and other cognitive approaches to social work practice, teaching skills that focus on clients' problem-solving abilities, build on client strengths, target specific thought patterns that impede clients from reaching goals, and assess outcomes in terms of changes in thinking and behavior. Cognitive behavioral approaches have considerable evidence of effectiveness for a wide array of issues and disorders, including depression, anxiety, post-traumatic stress disorder [PTSD], grief, substance use, and personality disorders.

Knowledge of these approaches is especially valuable to social workers, given that they are the largest provider of mental health services in the U.S. At the same time, the cognitive behavioral model of the relationships among events, thoughts, behaviors, and emotions is applicable to numerous contexts and challenges, whether in mental health services or another type of social work practice. To best benefit from knowledge of cognitive behavioral approaches, social workers should have familiarity of applying them with individuals, children, families, and diverse cultural groups.

Course Objectives

In this course, with regular class attendance and participation, successful completion of course readings and assignments, participants will be able to:

- Identify the ways in which cognitive behavioral approaches are congruent or incongruent with social work values and ethics.
- Examine the applicability of cognitive behavioral approaches to diverse populations based on race, ethnicity, age, gender, and sexual orientation.
- Understand and describe the cognitive behavioral model, including key concepts and main tenants such as the relationship of events, thoughts, and behavioral, emotional, or cognitive outcomes.
- Develop a toolkit of cognitive behavioral techniques and exercises that can be applied across a wide range of client populations and presenting problems.
- Apply cognitive-behavioral techniques in social work practice.
- Conceptualize individual patients from a cognitive-behavioral perspective.
- Formulate a written case conceptualization of a person living with mental illness, trauma, substance use, or another emotional or behavioral challenge and develop an appropriate treatment plan.

Methods

The course includes assigned readings, lectures, films and web-based videos, large and small group discussion, and examinations.

A variety of pedagogical strategies will be used in this course to achieve the specified objectives which are grounded in the [Council on Social Work Education's Educational Policy and Accreditation Standards](#). The EPAS outlines core competencies and associated knowledge, values, skills, and affective and cognitive processes for the profession. As outlined by the EPAS, this course is specifically designed to provide a foundation for Competency 1, 6, 7, and 8. Course content targets these competencies to allow students to integrate the knowledge, values, skills, cognitive and affective processes targeted by these core competencies.

Table 1: EPAS 2015 Competencies

EPAS 2015 Competency	Course Content and Practice Behavior	Modalities
Competency 1: Demonstrate ethical & professional behavior	Facilitate professional stance in using social work ethics to conceptualize the social work assessment and CBT case conceptualization. Demonstrate professional use of self and develop therapeutic relationships with clients in mental health settings.	Lecture, readings, and discussions in sessions 1, 2, 3, 4, 5 Assignments 1 and 2
Competency 2: Engage diversity, difference, and reflexive use-of-self for trauma-informed clinical social work practice	Ensure appropriate application of evidence-based practice findings to diverse and underserved communities and cultures in mental health settings.	Lecture, readings, and discussions in sessions 1, 2, 7, 8, 9 Assignments 1 and 2
Competency 6: Engage with individuals, families, groups, organizations, and communities	Establish a relationship and collaborative process with clients that helps them understand their mental health needs and treatment options.	Lecture, readings, and discussions in sessions 3, 4, 5, 6, 7, 8, 9 Assignments 1 and 2
Competency 7: Assess individuals, families, groups, organizations, and communities	Conduct comprehensive and multidimensional assessments of clients/constituents and systems.	Lecture, readings, and discussions in sessions 3, 4, 5, 6, 7, 8, 9 Assignments 1 and 2

EPAS 2015 Competency	Course Content and Practice Behavior	Modalities
Competency 8: Intervene with individuals, families, groups, organizations, and communities	Select and appropriately modify interventions based on best practices, cultural responsiveness and various practice contexts to effectively address the concerns identified by clients/constituents.	Lecture, readings, and discussions in sessions 3, 4, 5, 6, 7, 8, 9 Assignments 1 and 2
Competency 9: Evaluate practice with individuals, families, groups, organizations, and communities	Use client feedback to evaluate the process and outcomes of clinical social work practice with individuals, families, and groups in mental health settings.	Lecture and discussion in sessions 3, 4, 5, 6 Assignment 1

Required Texts

Beck, J. S. (2020). *Cognitive behavior therapy: Basics and beyond (3rd Ed.)*. New York: Guilford Press.

Additional Readings:

Listed in the week-by-week topics below and provided in Moodle.

CLASS POLICIES

Attendance: Students are expected to attend all classes. If a student has three absences, the instructor will report this to the student's advisor and to the Dean's Office. Three or more absences automatically results in the student being referred to the Committee to Evaluate the Educational Performance of master's students and may receive an unsatisfactory grade for the course. The method used to monitor students' attendance in class will be noted by each instructor.

Students are expected to be on time. Continual tardiness may constitute unsatisfactory performance for the course. Students are also expected to notify the instructor in advance if the student expects to miss class.

If you've been exposed to Covid-19 or tested positive for Covid-19 do not come to school.

Students who have possible COVID-19 symptoms or have emergencies related to caretaking responsibilities related to COVID-19 may occasionally be unable to attend in-person class sessions for a brief time. Although classes at the GSSWSR are designed to be in-person or online, rather than a hybrid, in occasional situations, students may—if up to it—join the in-person class remotely by Zoom. Please contact your instructor with as much notice as possible to allow for coordination of the Zoom link and technology—ideally by the previous evening—and recognize that your instructor may be teaching and in meetings for several hours immediately before your class session and unable to be responsive without notice. The instructor's attention and engagement will remain mainly on those students who are present in the classroom, but the instructor will do their best to engage all students. However, students who are "zooming in" should not expect engagement by the instructor at the same level as being in-person or taking a fully online course. This approach provides the best learning experience for our students while also allowing those students who are absent to have some level of exposure to classroom instruction.

Additionally, if your instructor needs to stay away from class and campus due to a similar COVID-19 related issue, they will—if well enough—attempt to contact the class and school to teach the class remotely. In this situation, students should be able to participate in class from the regular classroom or attend via zoom.

Many of us have allergies or other physical conditions that mean that we routinely experience COVID-like symptoms. We understand that determining when your symptoms may be COVID is challenging, but we ask that you err on the side of caution to protect the health of every member of the community, particularly those who are vulnerable and/or who care for those who are vulnerable.

Restriction of Audio or Visual Recording, Reproduction, and Distribution of Course

Content: In order to protect the privacy of students, discussions about clinical practice, and the intellectual work of faculty and instructors in both in-person and online learning environments, students are not allowed to record, reproduce, screenshot, photograph, or distribute any live, video, audio, visual, or written content or discussion from the course without express permission from their instructor. Instructors will only typically allow recording of didactic/lecture portions of the class session and usually only when necessary for approved disability accommodations (see “Accommodations” below).

Accommodations: Students, who for any reason, believe that they may need accommodations in this course are encouraged to contact the Bryn Mawr College Coordinator of Access Services, at 610-526-7351 in Eugenia Chase Guild Hall, Room 103, to discuss their eligibility for accommodations. Students with disabilities who need to record classroom lectures or discussions must contact Access Services to register, request, and be approved for this accommodation. If one or more students needs to record an online or in-person class session for an approved academic accommodation, the instructor will alert the class that sessions (or portions of sessions) will be recorded without naming any students. Such recordings are to be used solely for individual or group study with other students enrolled in the class that quarter/semester. They

may not be reproduced, shared in any way (including electronically or posting in any web environment) with those not in the class.

Confidentiality Statement: In all instances of written and oral discussion, students will omit clients' names and disguise all other pertinent identifying data so as to preserve client confidentiality. Students are encouraged to discuss the topic of confidentiality with their field instructor. Students also need to be knowledgeable of agency confidentiality guidelines.

Grading: Grades for this course are Satisfactory (S; $\geq 85\%$), Marginal Satisfactory (S-; 75-84.99%), and Unsatisfactory (U; $\leq 74.99\%$). All written work must be turned in on time. Extensions may be granted at the instructor's discretion but only with a respectful and timely request. Each student should become familiar with the College's guidelines on plagiarism and with the National Association of Social Work *Code of Ethics*.

Plagiarism: Students should review the student handbook for information on ethics in social work and the academy, especially those regarding plagiarism.

Computers, Cell Phones, and other Technology: All cell phones and other communication devices should be turned off during class. If it is required that a cell phone be turned on, it should be on silent/vibrate. Classroom use of laptops, tablets and other technology must be approved by the instructor so that we can assure that these devices do not become a barrier to class participation. Use of social media and email during class is not allowed.

Statement of Support: In this course, I am committed to creating and supporting a classroom community that is inclusive, equitable, and conducive to learning for all students, as well as sensitive to the specific, unique, and unpredictable challenges we will each and all encounter this term. To this end, I am designing course activities and assignments meant to help you gain and demonstrate understanding of key course content in ways that are flexible and personally meaningful. If you are unable to attend class or complete an assignment by the due date, I ask that whenever possible you let me know ahead of time and work with me to determine when you will complete the work (from class or assigned). In this situation there will be no grade penalty for late work. If it is not possible for you to request extra time beforehand, I ask that you maintain communication with me as much as possible so that we can work together to determine a good course of action.

COURSE OUTLINE

5/16/22: Class #1: Course overview and Introduction to Cognitive Behavioral Approaches

- Introductions
- Role of critical thinking
- Introduction to the CBT model and interventions

Reading:

Beck, J. (2020). Cognitive behavioral therapy (pp. 1 – 15)

Shafran, R., Clark, D. M., Fairburn, C. G., Arntz, A., Barlow, D. H., Ehlers, A., ... & Wilson, G. T. (2009). Mind the gap: Improving the dissemination of CBT. *Behaviour research and therapy*, 47(11), 902-909.

González-Prendes, A. A., & Brisebois, K. (2012). Cognitive-behavioral therapy and social work values: A critical analysis. *Journal of Social Work Values and Ethics*, 9(2), 21-33.

5/19/22: Class #2: Treatment and the Therapeutic Relationship

- Key concepts in the CBT Model: Cognitive distortions, automatic thoughts, intermediate beliefs, core beliefs
- Counseling skills
- Treatment planning

Reading:

Beck, J., 2020: Cognitive Behavior Therapy (pp. 16-25, 56-70, 160-173)

Okamoto, A., & Kazantzis, N. (2021). Alliance ruptures in cognitive-behavioral therapy: A cognitive conceptualization. *Journal of Clinical Psychology*, 77(2), 384-397.

5/23/22: Class #3: Cognitive Conceptualization and Evaluation

- Key tenants in the CBT case conceptualization including the case conceptualization diagram

Reading:

Beck, J. (2020). Cognitive behavioral therapy (pp. 26-55, 71-86)

5/26/22: Zoom Session: Class #4: Emotions and Automatic Thoughts

- Identifying emotions
- Evaluating automatic thoughts
- Role-play activity for midterm assignment

Reading:

Beck, J. (2020). Cognitive behavioral therapy (pp. 210-259)

Suveg, C., Comer, J. S., Furr, J. M., & Kendall, P. C. (2006). Adapting manualized CBT for a cognitively delayed child with multiple anxiety disorders. *Clinical Case Studies*, 5(6), 488-510.

5/31/22: Class #5: Modifying Automatic Thoughts

- Responding to automatic thoughts
- Activity scheduling and action planning
- Additional techniques

Readings:

Beck, J. (2020). Cognitive behavioral therapy (pp. 117-159, 260-272, 322-339)

Excerpt from Anxiety by Paul Stallard published by Routledge. Available in Moodle.

Excerpt from Depression by Chrissie Verduyn, Julia Rogers and Alison Wood published by Routledge. Available in Moodle.

6/2/22: Class #6: Beliefs

- Introduction to beliefs
- Responding to beliefs

Reading:

Beck, J. (2020). Cognitive behavioral therapy (pp. 282-321)

6/6/22: Zoom Session: Class #7: Mindfulness, Imagery, and Structuring Sessions and Treatment

- Integrating mindfulness into CBT
- Imagery
- Structuring sessions and challenges
- Termination

Reading:

Beck, J., 2020: Cognitive Behavior Therapy (pp. 87-116, 174-209, 273-281, 340-376)

Hinton, D. E., Pich, V., Hofmann, S. G., & Otto, M. W. (2013). Acceptance and Mindfulness Techniques as Applied to Refugee and Ethnic Minority Populations With PTSD: Examples From " Culturally Adapted CBT". *Cognitive and Behavioral Practice*, 20(1), 33-46.

6/9/22: Asynchronous Session. No in-person class. Class #8: Cognitive Approaches to Trauma

- CBT and trauma
- Review for final exam

Readings & videos:

Galovski, T. E., Blain, L. M., Mott, J. M., Elwood, L., & Houle, T. (2012). Manualized therapy for PTSD: Flexing the structure of cognitive processing therapy. *Journal of consulting and clinical psychology*, 80(6), 968.

Review the following workbook: <https://tfcbt.org/wp-content/uploads/2014/07/Your-Very-Own-TF-CBT-Workbook-Final.pdf>

Watch the following videos:

Introduction to TF-CBT (22 min): <https://www.youtube.com/watch?v=00u2fwOtlPM>

Introduction to CPT (22 min): <https://www.youtube.com/watch?v=EBMuIw5kjCk&t=1074s>

Optional reading:

Ehring, T., Welboren, R., Morina, N., Wicherts, J. M., Freitag, J., & Emmelkamp, P. M. (2014). Meta-analysis of psychological treatments for posttraumatic stress disorder in adult survivors of childhood abuse. *Clinical psychology review*, 34(8), 645-657.

6/13/22: Class #9: CBT and Diversity

- CBT and its application to diverse populations.

Readings: (Available in Moodle).

Ford-Paz, R., & Iwamasa, G. Y. (2012). Culturally diverse children and adolescents. *Cognitive-behavior therapy for children and adolescents*, 75-118.

Austin, A., & Craig, S. L. (2015). Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice*, 46(1), 21.

Hall, W. J., Ruiz Rosado, B., & Chapman, M. V. (2019). Findings from a feasibility study of an adapted cognitive behavioral therapy group intervention to reduce depression among LGBTQ (Lesbian, Gay, Bisexual, Transgender, or Queer) young people. *Journal of clinical medicine*, 8(7), 949.

6/16/22: Week #10: Final Examination and Course Wrap-up

COURSE ASSIGNMENTS

COURSE QUIZ AND ASSIGNMENTS

Assignment 1: Case Conceptualization, 50% of the final grade (Due class 6)

This 8–10 page paper will be based on interviews with an actual client in clinical practice or with a student playing the role of client. The case conceptualization will follow the structure outlined in the Beck textbook, on pages 379 – 385, with a few exceptions described in the assignment criteria. By completing this case conceptualization, students will practice clinical skills such as engagement and collaboration, analysis of the client's behavior and cognitions in the context of cognitive behavioral theories, conducting a comprehensive assessment, and exercising ethical decision making in treatment selection. See appendix A for grading rubric.

Assignment 2: Final exam, 40% of the final grade (To be completed in class 10)

This quiz will cover course material and readings through Class 9, consist of open-ended questions, and take about an hour of class time. This assignment will provide students with the opportunity to apply key cognitive behavioral concepts across a range of clients and to critically evaluate theoretical strengths and weaknesses.

Participation: 10 % of the final grade

Participation is broadly defined. At a minimum, it means that readings, asynchronous content, and assignments are completed on their assigned due date and time. Participation also includes asking questions, applying course concepts to class discussion, contributing to the learning of others, participating in role play activities, providing accurate and respectful feedback to others, identifying any unique learning needs or problems to the instructor, and utilizing office hours, when necessary, to ask for clarification or assistance in fulfilling course expectations and assignments. Classroom contributions should focus on relevant course concepts and professional practice experiences.

Appendix A: RUBRIC & GRADING CRITERIA FOR ASSIGNMENT #1
CASE CONCEPTUALIZATION

Your final product should be a research paper of 8-10 pages in length. Below are the paper requirements and corresponding values for a grade (Total 50 points possible. This paper accounts for 50% of final grade):

Section/Criterion	Points
Part One: Intake Information	
Identifying information, chief complaint, mental status, and diagnosis.	5
Part Two: Historical Information	
Relevant psychosocial history, including history of present illness/problem, psychiatric history, personal and social history, and medical history.	10
Part Three: The Cognitive Conceptualization Diagram (CCD)	
Case conceptualization diagram (see pages 44-54 in the course text)	5
Part Four: The Case Conceptualization Summary	
Cross-sectional view of current cognitions and behaviors (including client's key automatic thoughts, intermediate assumptions, and core beliefs)	2
Identification of 2-3 specific cognitive distortions, with examples	3
Longitudinal view of cognitions and behaviors (including historical information about thoughts, assumptions, beliefs, compensatory behaviors, and outcomes)	2
Cultural or other historical contributions to thoughts and beliefs (<i>note that this is not included in J. Beck's outline</i>)	2
Strengths and assets	2
Working hypothesis (summary of conceptualization)	2
Part Five: Treatment Plan	
Treatment plan (including problem list, treatment goals, plan for treatment, description of any cultural adaptations)	5
Part Six: Course of Treatment and Outcome	
Elicitation of feedback from client (actual or role play)	2
<i>This brief section should include your client's constructive feedback (positive and negative) about your interview, and your reflection on that feedback.</i>	

Research-based Reflection	
Identify one article that supports your use of CBT based on either the client's clinical issue (e.g., depression, anxiety, OCD) or population (e.g., children, multicultural groups, LGBTQ+). Please include a brief description of the study, a summary of the effectiveness/degree of effectiveness, and an argument for why the approach you chose is clinically justifiable given research recommendations.	5
Writing Quality and Use of APA	
Depth of analysis and critical thinking (e.g., use of specific examples; application of knowledge from class; depth and breadth of presentation) and writing quality and professionalism of presentation (e.g., lack of typographical errors; clear and logical presentation of ideas) including proper use of APA.	5