I. COURSE PURPOSE

As one of the three combined Masters/Doctoral advanced clinical theory courses, Cognitive and Behavioral Theories and Social Functioning examines behavioral and cognitive theories that seek to explain the bio-psycho-social-spiritual nature of human beings and predict how change may take place. The two theories are placed within their historical context as unique theories that developed from different broader paradigms – behavioral from the positivist paradigm and cognitive from the constructivist paradigm. The course follows the process of integration of the two theories into practice models and the integration of these models into social work practice and literature. Grounded in scholarly literature, lecture, discussion, and experiential exercises, the course challenges students to critically analyze cognitive and behavioral theories within the context of their psychological foundations against contemporary ecological, developmental, and strengths perspectives.
II. COMPETENCIES AND PRACTICE BEHAVIORS

Practice behaviors that are covered this class are indicated by **bold**. Practice behaviors that are not covered in this class are indicated by grey.

1. Professional Identity:

   *Identify as a professional social worker & conduct oneself accordingly.*

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
<th>Clinical</th>
<th>Combined</th>
<th>Social Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 Social workers demonstrate professional use of self across all practice settings.</td>
<td>1.1 Social workers demonstrate professional use of self across all practice settings.</td>
<td>1.1 Social workers demonstrate professional use of self across all practice settings.</td>
<td></td>
</tr>
<tr>
<td>1.2 Develop, manage, and maintain therapeutic relationships with clients within the person-in-environment and strengths perspectives.</td>
<td>1.2 Develop, manage, and maintain therapeutic and professional relationships with clients within the person-in-environment and strengths perspectives.</td>
<td>1.2 Develop, manage, and maintain professional relationships with clients within the person-in-environment and strengths perspectives.</td>
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</table>

2. Ethical Practice

   *Apply social work ethical principles to guide advanced practice.*

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<thead>
<tr>
<th>Practice Behaviors</th>
<th>Clinical</th>
<th>Combined</th>
<th>Social Change</th>
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</thead>
<tbody>
<tr>
<td>2.1 Social workers recognize and manage personal biases in practice settings.</td>
<td>2.1 Social workers recognize and manage personal biases in practice settings.</td>
<td>2.1 Social workers recognize and manage personal biases in practice settings.</td>
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</tr>
<tr>
<td>2.2 Social workers recognize and negotiate the complexities that can arise when organizational policies/procedures</td>
<td>2.2 Social workers recognize and negotiate the complexities that can arise when organizational policies/procedures</td>
<td>2.2 Social workers recognize and negotiate the complexities that can arise when organizational policies/procedures</td>
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</tbody>
</table>
interact with competing professional standards for ethical social work practice.

2.3 Social workers apply ethical principles through the use of an ethical decision making model that helps in the resolution of an ethical dilemma.

3. Critical Thinking
*Apply critical thinking to inform and communicate professional judgments.*

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<tr>
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<th>Social Change</th>
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<tbody>
<tr>
<td>3.1 Social workers engage in reflective practice.</td>
<td>3.1 Social workers engage in reflective practice.</td>
<td>3.1 Social workers engage in reflective practice.</td>
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</tr>
<tr>
<td>3.2 Social workers evaluate the strengths and weaknesses of multiple theoretical perspectives and differentially apply them to client situations.</td>
<td>3.2 Social workers evaluate the strengths and weaknesses of multiple theoretical perspectives and differentially apply them to client situations.</td>
<td>3.2 Social workers evaluate the strengths and weaknesses of multiple theoretical perspectives and differentially apply them to client situations.</td>
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</table>

4. Diversity in Practice
*Engage diversity and demonstrate awareness of the complexities regarding identity differences and how they impact practice.*

<table>
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<tr>
<th>Practice Behaviors</th>
<th>Clinical</th>
<th>Combined</th>
<th>Social Change</th>
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<tbody>
<tr>
<td>4.1 Social workers use their self-awareness to understand the influence of their personal biases and values in working with others.</td>
<td>4.1 Social workers use their self-awareness to understand the influence of their personal biases and values in working with others.</td>
<td>4.1 Social workers use their self-awareness to understand the influence of their personal biases and values in working with others.</td>
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</tr>
</tbody>
</table>
4.2 Social workers practice within the context of difference in shaping the life experiences of clients, themselves, and the working alliance.

5. Human Rights & Justice
*Advance human rights through understanding how social and economic justice factors impact practice*

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
<th>Clinical</th>
<th>Combined</th>
<th>Social Change</th>
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<tbody>
<tr>
<td>5.1 Social workers practice with the understanding that societal structures and values may oppress, marginalize, and alienate, or create, enhance, and privilege different cultural groups within a society.</td>
<td>5.1 Social workers practice with the understanding that societal structures and values may oppress, marginalize, and alienate, or create, enhance, and privilege different cultural groups within a society.</td>
<td>5.1 Social workers practice with the understanding that societal structures and values may oppress, marginalize, and alienate, or create, enhance, and privilege different cultural groups within a society.</td>
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</tr>
<tr>
<td>5.2 Social workers advocate at multiple levels for the human rights of marginalized populations.</td>
<td>5.2 Social workers advocate at multiple levels for the human rights of marginalized populations.</td>
<td>5.2 Social workers advocate at multiple levels for the human rights of marginalized populations.</td>
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6. Research Based Practice
*Engage in research-informed practice and practice-informed research*

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<th>Clinical</th>
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<th>Social Change</th>
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<tbody>
<tr>
<td>6.1 Social workers critically evaluate and utilize theoretical models and empirical research methods for the purpose of informing and evaluating social work practice and programs.</td>
<td>6.1 Social workers critically evaluate and utilize theoretical models and empirical research methods for the purpose of informing and evaluating social work practice and programs.</td>
<td>6.1 Social workers critically evaluate and utilize theoretical models and empirical research methods for the purpose of informing and evaluating social work practice and programs.</td>
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</table>
7. Human Behavior
*Apply knowledge of human behavior and the social environment*

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<thead>
<tr>
<th>Practice Behaviors</th>
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<tbody>
<tr>
<td>Clinical</td>
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<tr>
<td>7.1 Social workers differentially apply theories of human behavior that address the bio-psycho-social-spiritual nature of clients and the social environment to guide social work practice.</td>
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</tbody>
</table>

8. Policy Practice
*Engage in policy practice to advance social and economic well-being and to deliver effective social work services.*

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<tr>
<th>Practice Behaviors</th>
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<tbody>
<tr>
<td>Clinical</td>
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<tr>
<td>8.1 Advocate with and inform administrators and legislators to influence policies that affect clients and services.</td>
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</table>

9. Practice Contexts
*Respond to contexts that shape advanced social work practice.*

<table>
<thead>
<tr>
<th>Practice Behaviors</th>
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<tbody>
<tr>
<td>Clinical</td>
</tr>
<tr>
<td>9.1 Social workers assess the current political, economic, social, and cultural</td>
</tr>
</tbody>
</table>
climate as it affects the most vulnerable members of society.

9.2 Social workers intervene through advocacy to serve the most vulnerable persons within the political, economic, social, and cultural contexts.

10. Engage, Assess, Intervene, Evaluate

*Engage, assess, intervene, and evaluate with individuals, families, groups, organizations, and communities.*

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<thead>
<tr>
<th>Practice Behaviors</th>
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<tbody>
<tr>
<td>Engagement:</td>
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<td></td>
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<tr>
<td>Social workers:</td>
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<tr>
<td>10.1.1 Use empathy, active listening, and other clinical skills to establish rapport in order to set treatment goals with clients.</td>
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<tr>
<td>10.1.2 Develop culturally responsive therapeutic relationships.</td>
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<tr>
<td>10.1.3 Attend to the interpersonal dynamics and contextual factors that both strengthen and potentially threaten the therapeutic alliance.</td>
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<tr>
<td>10.1.4 Effectively use interpersonal skills to establish collaboration between multiple stakeholders involved in enhancing organizational, community, and social well-being.</td>
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</table>
involved in enhancing organizational, community, and social well-being.

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<tr>
<th>Assessment:</th>
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<tbody>
<tr>
<td>Social workers:</td>
<td>Social workers:</td>
<td>Social workers:</td>
</tr>
<tr>
<td>• 10.2.1 Use multi-dimensional assessment tools that include bio-psycho-social-spiritual data to assess client’s strengths, capacities, and readiness for change.</td>
<td>• 10.2.1 Use multi-dimensional assessment tools that include bio-psycho-social-spiritual data to assess client’s strengths, capacities, and readiness for change.</td>
<td>• 10.2.1 Assess organizations, communities, and policy environments using relevant theories and models.</td>
</tr>
<tr>
<td>• 10.2.2 Use differential diagnostic processes.</td>
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<td>• 10.2.3 Assess organizations, communities, and policy environments using relevant theories and models.</td>
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<tr>
<td>Social workers:</td>
<td>Social workers:</td>
<td>Social workers:</td>
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<tr>
<td>• 10.3.1 Develop, with clients, an intervention plan that incorporates client strengths, capacities, and protective factors.</td>
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</tr>
<tr>
<td>• 10.3.2 Use culturally appropriate clinical techniques for a range of presenting concerns identified in the assessment.</td>
<td>• 10.3.2 Use culturally appropriate clinical techniques for a range of presenting concerns identified in the assessment.</td>
<td>• 10.3.2 Use appropriate and collaborative interventions to affect organizational, community, and societal change.</td>
</tr>
<tr>
<td>• 10.3.3 Adapt appropriate intervention strategies based on continuous clinical assessment.</td>
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<td></td>
</tr>
</tbody>
</table>
- 10.3.4 Use appropriate and collaborative interventions to affect organizational, community, and societal change.

<table>
<thead>
<tr>
<th>Evaluation: Social workers:</th>
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</thead>
<tbody>
<tr>
<td>• 10.4.1 Critically analyze, monitor, and evaluate interventions and program implementation and outcomes.</td>
</tr>
<tr>
<td>• 10.4.2 Revise intervention and program implementation plans based on ongoing process and outcome evaluation.</td>
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</tr>
</tbody>
</table>
III. FURTHER EDUCATIONAL OBJECTIVES

Upon completion of this course, students will be able to:

1. To understand and differentiate between theory, clinical practice theory, and practice model
2. To compare and critique differences flowing from the contextual ground of behavioral theory in the positivist paradigm and cognitive theory in the constructivist paradigm.
3. To master knowledge of the basic explanatory and change concepts of both behavioral and cognitive theories.
4. To understand the connection between the explanatory and change concepts of cognitive and behavioral theories and the intervention techniques of the accompanying models.
5. To comprehend the commonality and differences in understanding and technique between learning and developmental theories.

IV. COURSE REQUIREMENTS

A. Required Texts and Readings:


All other required readings are listed on the Blackboard course website.

B. Recommended Readings


C. Other Recommended Resources and Media:

See Blackboard course site for additional resources and weblinks.

D. Course Assignments:
Midterm Exam (30%)  Required, objective, in-class, closed book  Class #5

Case Formulation (30%)  Required, take-home, application to case material  Due Class #9

Treatment Plan (30%)  Required, take-home, application to case material  Due Class #13

Attendance and Participation (10%)  See grid at end of syllabus

DO NOT PUT YOUR NAME ON ANY ASSIGNMENTS. USE YOUR CUA ID NUMBER ONLY!!!!!!!!!!!!!!

E. Grading Policy: The university grading system will be utilized (see policy in bulletin). The grade will be based upon the extent to which the student meets the course objectives as demonstrated by class participation and the two NCSSS required papers.

F. Attendance and Participation

1. Students are expected to attend all class sessions, to arrive at classes on time, and to conduct themselves in an ethical and scholarly fashion. In the event that it is necessary for a participant to miss a class session or come late, s/he is expected to notify the instructor in advance. Students are responsible for obtaining any class notes or other materials distributed when they are absent. Unexcused or multiple absences may result in a reduction of the final grade.

2. No laptops or other electronic devices are permitted in the classroom, unless you have a specific documented learning disability. Please turn off all cell phones or other devices that would disrupt the learning environment of the classroom and put them away and removed from the classroom environment. Recording devices should only be used with the permission of the instructor and should be turned off at the request of the instructor or class participants when requested in the event that personal or confidential information is being discussed.

3. Students are expected to read all required readings for each class session and be prepared to participate in classroom discussions and exercises.

4. The course combines the formats of didactic lectures and participatory seminars. Students and the instructor will endeavor to draw on their own experience including professional practice experience, relevant literature and analytic thinking about the course content. Each student is expected to participate actively in class discussions and to come
prepared to share current knowledge, ideas, and relevant experiences as appropriate. Students and the instructor will view each other as resource persons.

G. **Course and Instructor Evaluation:**

NCSSS requires electronic evaluation of this course and the instructor. At the end of the semester, the evaluation form may be accessed at [http://evaluations.cua.edu/evaluations](http://evaluations.cua.edu/evaluations) using your CUA username and password. Additional informal written or verbal feedback to the instructor during the semester is encouraged and attempts will be made to respond to special requests. These evaluations will serve as a basis for ongoing course revisions.

V. **CLASS EXPECTATIONS**

**Scholastic Expectations:**

Please refer to NCSSS Announcements, or appropriate Program Handbook for Academic Requirements, including scholastic and behavioral requirements. All written work should demonstrate communication ability consistent with graduate level performance, reflect the original thinking of the writer, cite references where material is quoted or adapted from existing sources, adhere to APA format, and be carefully proofread by the student before submission to the instructor for grading.

**Academic Honesty:**

Joining the community of scholars at CUA entails accepting the standards, living by those standards, and upholding them. Please refer to University Policy and Appropriate Program Handbooks.

**Accommodations:**

Students with physical, learning, psychological or other challenges wishing to request accommodations must identify themselves with the Disability Support Services (DSS) and submit documentation of a disability. Once you have documented a disability, DSS will establish whether any accommodations or academic adjustments are required. If so, please arrange a meeting with the instructor as soon as possible to discuss these accommodations.

**Late Papers:**

It is expected that students will turn in papers by the due date specified in the syllabus. For each day that the paper is late, a 5 pt. grade reduction will be given. If the paper is due at 9:00 am, a paper turned in at 5:00 pm that same day is still considered late. If you should need an extension, the student must discuss this with the instructor at least 48 hours ahead of the due date (excluding weekends and/or holidays).

Revised 12/2014
Other Information/Supports:

A. The Center for Academic Success provides academic support services for all students through a broad base of programs and services, including Tutoring Services, Workshops, Academic Coaching, Individual Skills Meetings, Peer Mentoring, and more. Phone: (202) 319-5655 Email: cua-academicsuccess@cua.edu Web: success.cua.edu

B. The Writing Center provides free, one-on-one consultations with trained graduate instructors for writing projects across all disciplines at any stage of the process, from brainstorming to revising. Appointments in the main location, 202 Pryz, can be scheduled in advance online (http://english.cua.edu/wc/). Drop-in appointments are also welcome based on availability in the Pryz and at the satellite location in the Mullen Library Lobby (see website for days and hours). Phone: (202) 319-4286 Email: cua-writingcenter@cua.edu Web: english.cua.edu/wc/

C. Technical Support
   Students must attempt to solve technical problems, and contact their instructor when technical problems do arise. Technology Services has the means to track all incoming support requests. This can be essential regarding potential disputes for assignment submission. Students are responsible for meeting course deadlines. If you experience technical problems, please exercise one or all of the following options:
   • Technology Services Website:  http://computing.cua.edu/support/requesthelp.cfm
   • Call the Information Center at (202) 319-4357 (help)
   • Email the Service Desk at techsupport@cua.edu
   • Service Desk Walk-ins Computer lab 117B Leahy Hall M-F 9:00 am-5:00 pm
   • Enter a support ticket online at http://techsupport.cua.edu/

D. University grades: The University grading system is available at http://policies.cua.edu/academicgrad//gradesfull.cfm#iii for graduate students. Reports of grades in courses are available at the end of each term on http://cardinalstation.cua.edu

E. Blackboard Tracking
   Blackboard Learn automatically records all students’ activities including: your first and last access to the course, the pages you have accessed, the number of discussion messages you have read and sent, chat room discussion text, and posted discussion topics. This data can be accessed by the instructor to evaluate class participation and to identify students having difficulty, or to verify academic honesty.

Revised 12/2014
### 724 – Class Schedule with Corresponding Dates and Assignments

<table>
<thead>
<tr>
<th>Date</th>
<th>Class Session</th>
<th>Assignment</th>
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<tbody>
<tr>
<td>1/9</td>
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<tr>
<td>1/16</td>
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<td>NO CLASS – MLK DAY</td>
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<td>1/23</td>
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<td>3/6</td>
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<td>NO CLASS – SPRING BREAK</td>
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<td>4/10</td>
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<td>13</td>
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<td>4/17</td>
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<td>NO CLASS – EASTER MONDAY</td>
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<td>4/24</td>
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<td>14</td>
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</table>

Revised 12/2014
Class Schedule

Class 1

COGNITIVE BEHAVIORAL THEORIES AND SOCIAL WORK
Course overview; “There is nothing so practical as a good theory;” Positivist and constructivist paradigms for theories of inquiry; defining theory, practice theory and practice model; explanatory and change functions of theories for practice; Is social work a profession?

Required Readings

Recommended Readings


2

HISTORY AND BASIC TENETS OF BEHAVIORAL/SOCIAL LEARNING THEORY: THE POSITIVIST PARADIGM
The behavioral ABC; respondent learning and conditioning. Focus on explanatory concepts; case application

Required Readings

BEHAVIORAL THEORY – THE NEXT EVOLUTION
Operant learning and conditioning; social learning theory; case application

Required Readings:


Recommended Readings


HISTORY AND BASIC TENETS OF COGNITIVE THEORY: THE CONSTRUCTIVIST PARADIGM
The motor theory of the mind; Constructing our internal reality; the meditational model; the cognitive ABC; Focus on explanatory concepts

Required Readings


Recommended Readings


** THEORY BUILDING AND PUTTING IT ALL TOGETHER: CONTRIBUTIONS OF SOCIAL WORKERS TO COGNITIVE AND BEHAVIORAL THEORIES AND MODELS **

Contributions of social workers; combining behavioral and cognitive theories into one unified model

** IN CLASS CONCEPT TEST ** Behavioral and cognitive theories

**Required Readings**


Wright et al. – Chapter 1: Basic principles of cognitive-behavioral therapy

**Recommended Readings**


** CASE FORMULATION WITH COGNITIVE AND BEHAVIORAL THEORIES **

Behavioral Analysis and Cognitive Conceptualization. Creating a case formulation.
Required Readings


Wright et al. – Chapter 3: Assessment and case formulation

Recommended Readings

7

UNDERSTANDING THE CHANGE PROCESS
Treatment planning; educating about the process; setting the stage for change; goal setting; EBP process and its role in treatment planning.

Required Readings
Wright et al. – Chapter 2: The therapeutic relationship

Wright et al. – Chapter 4: Structuring and educating.

Recommended Readings

8

FROM THEORY TO TECHNIQUE IN BEHAVIORAL THEORY
From theory to model; concepts that explain “how to” facilitate change through external stimulus and reinforcement. Focus on change concepts. Acceleration and deceleration.

Required Readings


Revised 12/2014
Recommended Readings


9

CONCEPTUALIING CHANGE IN BEHAVIORAL THEORIES
Cognitive-Behavioral treatment of anxiety – emphasis on respondent techniques of behavioral theory.

** CASE FORMULATION PAPER DUE **

Required Readings

Wright et al. – Chapter 6: Behavioral methods I: Improving energy, completing tasks, and solving problems.

Wright et al. – Chapter 7: Behavioral methods II: Reducing anxiety and breaking patterns of avoidance.

Recommended Readings


10 FROM THEORY TO TECHNIQUE IN COGNITIVE THEORY
From theory to model; concepts that explain “how to” facilitate change through internally accessing, eliminating, or thinking different mediating thoughts; making meaning. Focus on change concepts

Required Readings
Wright et al. - Chapter 5: Working with automatic thoughts
Wright et al. - Chapter 8: Modifying Schemas

Recommended Readings


11 CONCEPTUALIZING CHANGE IN COGNITIVE THEORIES
Identifying and modifying core beliefs.

Required Readings

Recommended Readings


12 PUTTING IT ALL TOGETHER: CHANGE IN THE CBT MODEL
Social work’s person-in-environment perspective; change in the person; mediating thoughts as factors of person

Small group activities working on case application and materials

Required Readings


Wright et al. – Chapter 9: Common problems and pitfalls: Learning from the challenges of therapy

Recommended Readings


13 APPLICATION OF COGNITIVE AND BEHAVIORAL THEORIES TO PARTICULAR POPULATIONS

** FINAL ASSIGNMENT DUE **

Required Readings
Read 2 of the following that interest you the most.
(Please let me know if there is topic that interests you that is not here and I can try to find it for you.)

Revised 12/2014


doi: http://dx.doi.org/10.1016/j.jbtep.2012.07.013


14

**ENDINGS**

Termination, transfer of skills, and relapse prevention in cognitive-behavioral. Is there countertransference in cognitive-behavioral therapy? What happened to strengths? “It’s all good”: Cognitive and Behavioral theories are not the silver bullet.

**Required Readings**


Wright et al. – Chapter 11: Building competence in cognitive-behavior therapy

**Recommended Readings**


Revised 12/2014
APPENDIX A: BIO-PsyCHO-SOCIAL-SPRiTUAL CASE FORMULATION

Objective: The objective of this assignment is for the student to demonstrate the ability to organize and describe case material using cognitive and behavioral theories.

Assignment: The student should identify a case, either from their field work or some other helping role to use for the paper. A brief bio-psycho-social-spiritual summary of the case should be provided (2-3 pages) that includes the presenting problem of the case as if it were being placed in a medical chart. Please see the guide that is placed under Assignments on the blackboard site. Using some of the examples used in class as a guide the student should write up a case formulation in a narrative form (NOT handed in a completed chart). First, explain the target issue using behavioral theory, including the terms and concepts of the theory. Second, explain the target issue using a cognitive theory lens, also using the concepts and terms of the theory. Then using the combined CBT approach, describe the case in a NON-JARGON/CLIENT FRIENDLY manner (can be written as a summary to a caregiver or colleague or as if you were speaking directly to the client). The connection between the thoughts, feelings, and behaviors should be clear as the student explains why the person is feeling, thinking and behaving in the way that they present to the worker. Students should follow the outline below using the headings provided. This paper should be no more than 7-8 pages.

<table>
<thead>
<tr>
<th>Grading Criteria: The student has</th>
<th>Possible Pts.</th>
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</thead>
<tbody>
<tr>
<td><strong>Case Summary:</strong> Used the provided outline and described the client addressed each area described in the assessment outline (2-3 pages)</td>
<td>15</td>
</tr>
<tr>
<td><strong>Target Issue:</strong> <em>In a separate paragraph,</em> clearly identified the target issue (i.e., a behavior, a feeling, a reaction) including the frequency, duration, intensity, and any other descriptors that help “paint a picture” of the main issue. (approximately 1 paragraph)</td>
<td>10</td>
</tr>
<tr>
<td><strong>Behavioral Theory:</strong> Explained the target issue from a behavioral theory lens (including classical/respondent conditioning, operant conditioning, and social learning theory) – <em>Use terms here from the theory</em> (1-1 1/2 pgs.)</td>
<td>20</td>
</tr>
<tr>
<td><strong>Cognitive Theory:</strong> Explained the target issue from a cognitive theory lens (use the cognitive conceptualization diagram and create a narrative from it) - <em>Use terms here from the theory</em> (1-1 1/2 pgs.)</td>
<td>20</td>
</tr>
<tr>
<td><strong>The working hypothesis/case formulation:</strong></td>
<td>25</td>
</tr>
<tr>
<td>• Links the formative influences to the current issue – <em>is an explanation and NOT a description or resummary of the case material</em></td>
<td></td>
</tr>
<tr>
<td>• Is comprehensive and provides an accurate clinical summation of the relevant issues that are currently influencing the situation of the client using the CBT framework (connect all three points of the triangle here – integrate the CT and BT sections from above).</td>
<td></td>
</tr>
<tr>
<td>• Is written in <em>client-friendly language – NO jargon</em></td>
<td></td>
</tr>
<tr>
<td>• Provides at least one example of the CBT cycle (approximately ¾-1 page)</td>
<td></td>
</tr>
<tr>
<td>The paper is well written with no errors</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
</tr>
</tbody>
</table>

Revised 12/2014
APPENDIX B: TREATMENT PLAN AND CRITIQUE

Objective: The aim of this assignment is for students to demonstrate their ability to link their assessment and formulation to an appropriate treatment plan and using the principles of evidence-based practice, critique the plan.

Assignment: Using the case from the first assignment, this assignment asks students to develop a treatment plan to address the ONE target issue identified in the case formulation assignment, using the format that was provided in the class ppts and in the examples provided. In this assignment, students should pay close attention to linking their assessment to their interventions. The interventions should address the difficulties presented by the client as outlined in the assessment. Students should be mindful of the interventions being appropriate and feasible for the individual issues of that client, considering culture, spirituality, gender identity, class, sexual orientation, race, and ethnicity. The final section of the paper uses the EBP process to critique the proposed plan. The paper should follow the outline provided below. Please refer to the grading criteria below. This paper should be no more than 4-5 pages with 3-5 references.

Grading Criteria - The student has:

<table>
<thead>
<tr>
<th>Goal 1: Written a Behavioral Goal (includes goal, objectives, and interventions) in which</th>
<th>Possible Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The goal addresses the target issue, written in positive language</td>
<td>5</td>
</tr>
<tr>
<td>• The proposed 2 objectives are clear indicators of goal achievement and are not limited to ONLY client self-report; they are specific and measurable.</td>
<td>5</td>
</tr>
<tr>
<td>• The proposed 3-5 interventions are consistent with behavioral theory</td>
<td>5</td>
</tr>
<tr>
<td>• The goal, objectives, and interventions are all written in SMART format</td>
<td>5</td>
</tr>
<tr>
<td>(20 pts. Total)</td>
<td>20</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Goal 2: Written a Cognitive Goal (includes goal, objectives, and interventions) in which</th>
<th>Possible Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The goal addresses the target issue, written in positive language</td>
<td>5</td>
</tr>
<tr>
<td>• The proposed 2 objectives are clear indicators of goal achievement and are not limited to ONLY client self-report; they are specific and measurable.</td>
<td>5</td>
</tr>
<tr>
<td>• The proposed 3-5 interventions are consistent with cognitive theory</td>
<td>5</td>
</tr>
<tr>
<td>• The goal, objectives, and interventions are all written in SMART format</td>
<td>5</td>
</tr>
<tr>
<td>(20 pts. Total)</td>
<td>20</td>
</tr>
</tbody>
</table>

Included treatment goals that pay attentive to issues of individual differences in clients – in other words, all aspects of the plan are appropriate for that client 5

EBP: Used the EBP process to critically think about an appropriate intervention approach for this client that includes a discussion of the research, client factors, and clinician expertise. DO NOT USE THIS SECTION TO JUSTIFY ADOPTING CBT! Think about your case with fresh eyes. 15

EBP Conclusion: Written a summative paragraph that provides a rationale for a particular approach BASED on the EBP process. This section should integrate the client and clinician factors along with the research that may or may NOT be CBT! 10

Critique: Provided a separate critique of the current proposed treatment plan for their client based on the EBP process. (Compare the EBP conclusion to the current treatment plan. What would you change? What would you keep? WHY???) 15

Followed APA formatting correctly 5

Included 3-5 references outside of course readings 5

Turned in a paper that is free of errors 5

TOTAL 100

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Appendix C: Professional Conduct

Class participation is more than mere attendance. It is arriving on time, reading the assigned material, preparing for class with questions, contributing appropriately to class discussions, doing assignments, and participating in class activities. The class participation grade is a subjective grade given by the professor. The professor will use this matrix to determine the class participation grade (modified from Maznevski, M. (1996). Grading Class Participation. Teaching Concerns, hhtp://www.virginia.edu/~trc/tcgpart.htm).

<table>
<thead>
<tr>
<th>Grade</th>
<th>Class Participation Criteria</th>
<th>(Carpenter-Aebey, 2001)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 No effort</td>
<td>Absent</td>
<td>No effort, disruptive, disrespectful.</td>
</tr>
</tbody>
</table>
| 60-70 Infrequent Effort | | | Present, not disruptive (This means coming in late.)
| | | | Tries to respond when called on but does not offer much.
| | | | Demonstrates very infrequent involvement in class.
| 70-80 Moderate Effort | | | Demonstrates adequate preparation: knows basic case or reading facts, but does not show evidence of trying to interpret or analyze them.
| | | | Offers straightforward information (e.g. straight from the case or reading), without elaboration or very infrequently (perhaps once a class).
| | | | Does not offer to contribute to discussion, but contributes to a moderate degree when called on.
| | | | Demonstrates sporadic involvement.
| 80-90 Good Effort | | | Demonstrates good preparation: knows case or reading facts well, has thought through implications of them.
| | | | Offers interpretations and analysis of case material (more than just facts) to class.
| | | | Contributes well to discussion in an ongoing way: responds to other students’ points, thinks through own points, questions others in a constructive way, offers and supports suggestions that may be counter to the majority opinion.
| | | | Demonstrates consistent ongoing involvement.
| 90-100 Excellent Effort | | | Demonstrates excellent preparation: has analyzed case exceptionally well, relating it to readings and other material (e.g., readings, course material, discussions, experiences, etc.).
| | | | Offers analysis, synthesis, and evaluation of case material, e.g. puts together pieces of the discussion to develop new approaches that take the class further.
| | | | Contributes in a very significant way to ongoing discussion: keeps analysis focused, responds very thoughtfully to other students’ comments, contributes to the cooperative argument-building, suggest alternative ways of approaching material and helps class analyze which approaches were effective.
| | | | Demonstrates ongoing very active involvement.

Total Pts 100 points

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