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. EDUCATIONAL OBJECTIVES

Upon completion of this course, students will be able:

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 compare and critique differences flowing from the unique historical foundation of each theory within other disciplines and become familiar with the work of social work scholars who are integrating these theories into the practice of social work.

4. To master knowledge of the basic explanatory and change concepts of both behavioral and cognitive theories.

5. To understand the connection between the explanatory and change concepts of cognitive and behavioral theories and the intervention techniques of the accompanying models.

6. To comprehend the commonality and differences in understanding and technique between learning and developmental theories.

7. To experience the connection between one's own cognitions and subsequent feelings and behavior.

8. To experience one's own behavior patterns and the environmental contingencies which stimulate or maintain those behaviors.

9. To demonstrate competence in applying the explanatory concepts of cognitive and behavioral theories to the assessment of adults and children of varied populations, especially those at risk.

10. To demonstrate competence in applying change concepts of the theories to the formulation of a plan in the treatment of adults and children of varied populations, especially those at risk.

11. To understand the ethical issues raised by commitment to evidence-based practice.

12. To demonstrate mastery of lecture material, class discussion and required reading material.

III. COURSE REQUIREMENTS

A. Required Texts - MSW Students


Additional Required Texts – Phd Students

Recommended Texts

B. Course Assignments

**Masters Level Students**

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Description</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midterm Exam</td>
<td>Required, objective, in-class, closed book</td>
<td>Due Class #6</td>
</tr>
<tr>
<td>Case Formulation</td>
<td>Required, take-home, application to case material</td>
<td>Due Class #9</td>
</tr>
<tr>
<td>Treatment Plan</td>
<td>Required, take-home, application to case material</td>
<td>Due Class #13</td>
</tr>
</tbody>
</table>

**Doctoral Level Students**

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Description</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midterm Exam</td>
<td>Required, objective, in-class, closed book</td>
<td>Due Class #6</td>
</tr>
<tr>
<td>Scholarly Paper</td>
<td>Required, critical analysis of a clinical issue via theory (to be individually negotiated with professor)</td>
<td>Due date to be negotiated with professor</td>
</tr>
<tr>
<td>Doctoral level participation</td>
<td>Required negotiation with professor re. class attendance, individual meetings with professor, extra readings, scholarly participation</td>
<td></td>
</tr>
</tbody>
</table>

C. Grading Policy: The letter grade for this course will be based on the University Grading System.

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

1. Midterm Exam 30%
2. Case Formulation Paper 30%
3. Treatment Plan & Critique 30%
4. Class participation (see Additional Behavioral Expectations) 10%

Doctoral Level Students

1. Midterm Exam 40%
2. Scholarly Paper 50%
3. Doctoral level participation 10%

F. 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 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 requests.

IV. CLASS EXPECTATIONS

A. Scholastic Expectations
Please refer to NCSSS Announcements, or appropriate Program Handbook for Academic Requirements, including scholastic and behavioral requirements. All written work should reflect the original thinking of the writer, cite references where material is quoted or adapted from existing sources, adhere to APA format, and should be carefully proof read by the student before submission to the instructor for grading.

B. Additional Behavioral Requirements: Please refer to additional section on professional conduct and classroom expectations.

C. Policies On The Use of Electronic Devices in the Classroom: 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.
D. **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. *Engaging in academic dishonesty will result in a grade of F in this course.*

E. **Accommodations**
Students with physical, learning, psychological or other disabilities wishing to request accommodations must identify with the Disability Support Services (DSS) and submit documentation of a disability. If you have documented such a disability to DSS that requires accommodations or an academic adjustment, please arrange a meeting with the instructor as soon as possible to discuss these accommodations.

F. **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 10% 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).
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. http://www.virginia.edu/~trc/tcgpart.htm).

<table>
<thead>
<tr>
<th>Grade</th>
<th>Class Participation Criteria</th>
<th>(Carpenter-Aeby, 2001)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No effort</td>
<td>Absent</td>
</tr>
<tr>
<td></td>
<td>No effort, disruptive, disrespectful.</td>
<td></td>
</tr>
<tr>
<td>60-70</td>
<td>Infrequent Effort</td>
<td>Present, not disruptive (This means coming in late.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tries to respond when called on but does not offer much.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrates very infrequent involvement in class.</td>
</tr>
<tr>
<td>70-80</td>
<td>Moderate Effort</td>
<td>Demonstrates adequate preparation: knows basic case or reading facts, but does not show evidence of trying to interpret or analyze them.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Offers straightforward information (e.g. straight from the case or reading), without elaboration or very infrequently (perhaps once a class).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Does not offer to contribute to discussion, but contributes to a moderate degree when called on.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrates sporadic involvement.</td>
</tr>
<tr>
<td>80-90</td>
<td>Good Effort</td>
<td>Demonstrates good preparation: knows case or reading facts well, has thought through implications of them.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Offers interpretations and analysis of case material (more than just facts) to class.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrates consistent ongoing involvement.</td>
</tr>
<tr>
<td>90-100</td>
<td>Excellent Effort</td>
<td>Demonstrates excellent preparation: has analyzed case exceptionally well, relating it to readings and other material (e.g., readings, course material, discussions, experiences, etc.).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Demonstrates ongoing very active involvement.</td>
</tr>
<tr>
<td>Total Pts</td>
<td></td>
<td>100 points</td>
</tr>
</tbody>
</table>
### 724 – Spring 2013 Class Schedule with Corresponding Dates and Assignments

<table>
<thead>
<tr>
<th>Date</th>
<th>Class Session</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/17</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>1/24</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>1/31</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>2/7</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>2/14</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>2/21</td>
<td>6</td>
<td>Mid-term Exam</td>
</tr>
<tr>
<td>2/28</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>3/4-3/9</td>
<td>Spring Break – No classes</td>
<td></td>
</tr>
<tr>
<td>3/14</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>3/21</td>
<td>9</td>
<td>Case Formulation Due</td>
</tr>
<tr>
<td>3/28</td>
<td>No Classes – Easter Holiday</td>
<td></td>
</tr>
<tr>
<td>4/4</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>4/11</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>4/18</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>4/25</td>
<td>13</td>
<td>Treatment Plan Due</td>
</tr>
<tr>
<td>5/2</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>
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 bucket theory of the mind. “Xeroxing” or taking-in of external reality - unchanged; the behavioral ABC; Operant and respondent behaviors – operant and respondent conditioning. Focus on explanatory concepts.

Required Readings
 Recommended Readings

3 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


4 THEORY BUILDING AND PUTTING IT ALL TOGETHER: CONTRIBUTIONS OF SOCIAL WORKERS TO COGNITIVE AND BEHAVIORAL THEORIES AND MODELS
From Pavlov and Skinner to Thyer and Gambrill; From Ellis and Beck to Nurius and Berlin
Combining behavioral and cognitive theories into one unified model

**Required Readings**


**Recommended Readings**


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**CASE FORMULATION WITH COGNITIVE AND BEHAVIORAL THEORIES**

Behavioral Analysis and Cognitive Conceptualization. Creating a case formulation.

**Required Readings**


**Recommended Readings**

6 UNDERSTANDING THE CHANGE PROCESS
Treatment planning; educating about the process; setting the stage for change

** IN CLASS CONCEPT TEST ** First half of class

Required Readings

Recommended Readings

7 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

Recommended Readings
8 CONCEPTUALIZING CHANGE IN BEHAVIORAL THEORIES
Cognitive-Behavioral treatment of anxiety – emphasis on respondent techniques of behavioral theory.

Required Readings

Recommended Readings

9 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

** CASE FORMULATION PAPER DUE **

Required Readings
Recommended Readings


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**10 CONCEPTUALIZING CHANGE IN COGNITIVE THEORIES**

Why do people change? Motivation; What works to help others change? Treatment planning and the beginnings of change; emphasis on cognitive.

**Required Readings**


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**Recommended Readings**


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**11 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; Cognitive-Behavioral treatment of depression – emphasis on techniques of cognitive theory.

**Required Readings**


**Recommended Readings**


**APPLICATION TO CASE MATERIAL**

A return to *theory*. How does theory help explain and plan for change?

**Required Readings**


Small group activities working on case application and materials

**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.)

Publishing Company.

behavior therapy approach for social workers. In T. Ronen, & A. Freeman
(Eds.), Cognitive behavior therapy in clinical social work practice (pp.

it works. In Treating trauma and traumatic grief in children and

Gaudiano, B.A. (2005). Cognitive behavior therapies for psychotic disorders:
Current empirical status and future directions. Clinical Psychology:
Science and Practice, 12, 33-50.

Cognitive behavior therapy in clinical social work practice (pp. 303-327).

Ronen, & A. Freeman (Eds.), Cognitive behavior therapy in clinical social
work practice (pp. 375-399). New York, NY: Springer Publishing
Company.

Malkinson, R. (2007). Grief and bereavement. In T. Ronen, & A. Freeman (Eds.),
Cognitive behavior therapy in clinical social work practice (pp. 521-550).

Cognitive behavior therapy in clinical social work practice (pp. 551-570).

Roche, V. (2007). Medical settings. In T. Ronen, & A. Freeman (Eds.), Cognitive
behavior therapy in clinical social work practice (pp. 571-590). New

posttraumatic stress disorder. In V.M. Follette & J.I. Ruzek (Eds.),
Cognitive-behavioral therapies for trauma (pp. 96-116). New York, NY:
The Guilford Press.

behavioral therapy for schizophrenia. Journal of Psychiatric Practice, 10,
5-16.

**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**

**Recommended Readings**
**APPENDIX A**

**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 summary of the case should be provided (1-2 pages) that includes the presenting problem of the case as if it were being placed in a medical chart. Please see the suggested guide that is placed under Assignments on the blackboard site. Using the case formulation form from Appendix 1 *as a guide* the student should write up a case formulation that uses the CBT framework to describe the essential elements in the case. In other words, how would the combined approach of using cognitive and behavioral theories together describe what is happening with the case. Explain why is the person feeling, thinking and behaving in the way that they present in treatment.

This paper should be no more than 5 pages

**Grading Criteria:**

<table>
<thead>
<tr>
<th>The student has</th>
<th>Possible Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly described the client and the client’s presenting issues and concerns.</td>
<td>5</td>
</tr>
<tr>
<td>Clearly identified the target issue (i.e., a behavior, a feeling, a reaction)</td>
<td>5</td>
</tr>
<tr>
<td>Explained the issue from a behavioral theory lens</td>
<td>20</td>
</tr>
<tr>
<td>Explained the issue from a cognitive theory lens</td>
<td>20</td>
</tr>
<tr>
<td>The student has thoroughly described other environmental/social situations or</td>
<td>10</td>
</tr>
<tr>
<td>issues that might have a bearing on the client, such as class, culture or other</td>
<td></td>
</tr>
<tr>
<td>client specific issues.</td>
<td></td>
</tr>
<tr>
<td>Biological, genetic and medical factors have been considered and their potential</td>
<td>5</td>
</tr>
<tr>
<td>influence</td>
<td></td>
</tr>
<tr>
<td>The working hypothesis/case formulation:</td>
<td>25</td>
</tr>
<tr>
<td>• Links the formative influences to the current issue</td>
<td></td>
</tr>
<tr>
<td>• Is comprehensive and provides an accurate clinical summation of the relevant</td>
<td></td>
</tr>
<tr>
<td>issues that are currently influencing the situation of the client using the</td>
<td></td>
</tr>
<tr>
<td>CBT framework.</td>
<td></td>
</tr>
<tr>
<td>• Is written in client-friendly language</td>
<td></td>
</tr>
<tr>
<td>• Provides at least one example of the CBT cycle</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>
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 using the assessment and formulation developed from the first assignment. The paper does not have to be in a chart format, but all of the elements within the chart need to be included. 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 should include a brief summary of evidence that supports the use of this model for this client. Please refer to the grading criteria below.

This paper should be no more than 4-5 pages.

Grading Criteria:

<table>
<thead>
<tr>
<th>The student has:</th>
<th>Possible Pts.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed at least 2 treatment goals (1 cognitive oriented goal and 1 behavioral oriented goal)</td>
<td>10</td>
</tr>
<tr>
<td>Written each goal and corresponding interventions following the SMART format (Can be single-spaced in an outline/bullet format)</td>
<td>10</td>
</tr>
<tr>
<td>Proposed interventions that utilize behavioral and cognitive strategies appropriately</td>
<td>15</td>
</tr>
<tr>
<td>Identified treatment goals that directly address the target issues as described and identified in the case formulation assignment</td>
<td>20</td>
</tr>
<tr>
<td>Included treatment goals that pay attentive to issues of individual differences in clients.</td>
<td>10</td>
</tr>
<tr>
<td>Written a compelling argument for the use or avoidance of CBT using the EBP process for this client and his/her presenting issues, which includes a discussion of the research, client factors and clinician expertise (approximately 1-2 pages)</td>
<td>25</td>
</tr>
<tr>
<td>Followed APA formatting correctly</td>
<td>5</td>
</tr>
<tr>
<td>Turned in a paper that is free of errors</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
</tr>
</tbody>
</table>