



Foundations of Psychotherapy II

The University of Toledo

Department of Psychology

PSY 6/7370; CRN: 24648/24650; Section: 001

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Instructor Phone: 419-530-4302 (Tull); 419-530-2771 (Francis); 419-530-2719 (Bullock); 419-530-2716 (Mihura)

Class Location: Remote

Class Day/Time: Wednesday 1030am-110pm

Credit Hours: 3

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SPECIAL COURSE EXPECTATIONS DURING COVID-19

It's important to note that based on the unpredictability of the COVID-19 virus things can change at any time so please be patient and understanding as we move through the semester. We also ask that you keep us informed of concerns you may have about class, completing course work/assignments in a timely manner, and/or health concerns related to COVID.

This course will be offered remotely. Each week prior to the class time, you will receive an invite to attend the class remotely through Zoom, Webex, or another web-based teleconferencing service. As with an in-person class, you are expected to attend class on-time and in its entirety. If you are experiencing any technical difficulties, please contact the instructor and teaching assistant as soon as possible.

CATALOG/COURSE DESCRIPTION

This course is designed to provide a basis for the attainment of the profession-wide competency of intervention, with a specific focus on preparing students to develop competence in evidence-based interventions consistent with the scope of Health Service Psychology. This course will present an overview of and foundational knowledge relevant to four key areas of psychological intervention: (1) Cognitive Behavioral Therapy, (2) Family and Couple Therapy, (3) Psychodynamic Psychotherapy, and (4) Child and Adolescent Therapy.

PURPOSE AND GOALS

The purpose of this course is to expose students pursuing doctoral degrees in professional psychology to the current body of knowledge in the areas psychopathology and intervention, broadly defined. Each section of this course will present students with didactic training on interventions derived from a variety of theoretical orientations and approaches, with the level of intervention including those directed at an individual, a family, or a group.

The goals of this course are to:

- Provide students with a broad foundational understanding of psychological interventions that are informed by current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Provide students with a broad foundational understanding of evaluating intervention effectiveness and adapting intervention goals and methods consistent with ongoing evaluation.

MAJOR COURSE TOPICS

This course presents foundational knowledge in each of four areas of psychological intervention: cognitive behavioral therapy, family and couple therapy, psychodynamic psychotherapy, and child and adolescent therapy. Course content relevant to each of these areas is represented in cognitive behavioral therapy and the theory underlying this literature; empirically-supported principles of change; acceptance-based behavioral therapies; the historical and conceptual development of family and couple therapy; theoretical perspectives on couple/family interaction and the specific therapeutic techniques that stem from these theoretical perspectives; psychodynamic therapy principles with adult clients; contemporary psychodynamic theories and therapies with an emphasis on techniques most supported in the empirical literature; evidence-based psychotherapy components for disorders of childhood.

STUDENT LEARNING OUTCOMES

- I. In the area of Cognitive Behavioral Therapy, the student is expected to
 - a. Understand, reflect upon, articulate, and integrate the historical context of cognitive behavior therapy and its influence on third-wave behavioral therapies.
 - b. Understand, reflect upon, articulate, and integrate behavioral, cognitive, and emotion theory underlying cognitive behavioral therapy.
 - c. Understand, reflect upon, articulate, and integrate cognitive behavioral and third-wave interventions that promote behavior change.

- II. In the area of Family & Couple Therapy, the student is expected to
 - a. Understand, reflect upon, articulate, and integrate the historical and conceptual development of family and couple therapy as a discipline.
 - b. Understand, reflect upon, articulate, and integrate family and couple therapy in

the context of currently prevalent theoretical perspectives on couple/family interaction.

- c. Understand, reflect upon, articulate, and integrate family and couple therapy in the context of specific therapeutic techniques that stem from those theoretical perspectives.

III. In the area of Psychodynamic Therapy, the student is expected to

- a. Understand, reflect upon, articulate, and integrate psychodynamic therapy principles with adult clients.
- b. Understand, reflect upon, articulate, and integrate contemporary psychodynamic theories and therapies with an emphasis on techniques most supported in the empirical literature.
- c. Understand, reflect upon, articulate, and integrate psychodynamic therapy in the context of treating adult neurotic conditions, as well as borderline conditions.

IV. In the area of Child and Adolescent Therapy, the student is expected to

- a. Understand, reflect upon, articulate, and integrate the evidence-based approach to the practice of psychotherapy with children and adolescents, with a particular focus on the integration of science and practice in the treatment of child psychopathology.
- b. Understand, reflect upon, articulate, and integrate the core treatment components of EBTs for childhood disorders.
- c. Understand, reflect upon, articulate, and integrate professional and ethical issues relevant to the treatment of child and adolescent psychopathology.

PREREQUISITES AND CO-REQUISITES

PSY 6360 Foundations of Psychotherapy I is a pre-requisite for this course. Students entering this graduate course will be concurrently enrolled in graduate courses in Assessment II and Foundations of Clinical Practice II.

UNIVERSITY POLICIES

Academic Accommodations

The University of Toledo is committed to providing equal opportunity and access to the educational experience through the provision of reasonable accommodations. For students who have an accommodations memo from Student Disability Services, it is essential that you correspond with me as soon as possible to discuss your disability-related accommodation needs for this course. For students not registered with Student Disability Services who would like information regarding eligibility for academic accommodations due to barriers associated with a

potential disability, please contact the Student Disability Services Office.

Academic Dishonesty

Consistent with University Policy, academic dishonesty will not be tolerated. Students are responsible for knowing what constitutes academic dishonesty. If students are uncertain about what constitutes plagiarism or cheating they should seek the instructor's advice. Examples of academic dishonesty include, but are not limited to: 1) Plagiarizing or representing the words, ideas or information of another person as one's own and not offering proper documentation; 2) Giving or receiving, prior to an examination, any unauthorized information concerning the content of that examination; 3) Referring to or displaying any unauthorized materials inside or outside of the examination room during the course of an examination; 4) Communicating during an examination in any manner with any unauthorized person concerning the examination or any part of it; 5) Giving or receiving substantive aid during the course of an examination; 6) Commencing an examination before the stipulated time or continuing to work on an examination after the announced conclusion of the examination period; 7) Taking, converting, concealing, defacing, damaging or destroying any property related to the preparation or completion of assignments, research or examination; 8) Submitting the same written work to fulfill the requirements for more than one course. The full University policy on academic dishonesty may be found at: <http://www.utoledo.edu/dl/students/dishonesty.html>

Resources Related to Sexual or Gender-based Violence and Harassment

The University of Toledo cares greatly about the health and well-being of our students, staff, and faculty, and takes all sexual or gender-based violence and harassment very seriously. If you have experienced sexual assault, sexual harassment, intimate partner violence, and/or stalking and want a confidential place to obtain support and information, please contact the Center for Student Advocacy and Wellness on the main campus in Health and Human Services Room 3017. You can call 419.530.2497 during regular business hours and 419.530.3431 for 24-hour assistance from a trained advocate. In-person, walk-in appointments are also available Monday-Thursday from 8:30 a.m. to 5 p.m. The Center for Student Advocacy and Wellness provides free and confidential advocacy and counseling services to students, faculty and staff. The YWCA H.O.P.E. Center also can be accessed as an off-campus confidential resource at 419.241.7273. Faculty, teaching assistants, and other university employees are mandated reporters of any incidents of sexual or gender-based violence or harassment. Thus, any disclosures of sexual or gender-based violence or harassment on or off campus made to faculty or teaching assistants, or other university employees must be forwarded to the Title IX Coordinator. The Title IX Office will then contact you regarding your rights, your option to participate in the investigation, interim safety measures and/or academic accommodations, and the need to proceed with an investigation (even if none is requested). Your participation in the process is voluntary. You may call 419.530.3152 to file a complaint or visit the following website for more information and resources: <http://www.utoledo.edu/title-ix/>. Policies relating to Title IX can be found at: <http://www.utoledo.edu/title-ix/policies.html>.

COURSE EXPECTATIONS AND GUIDELINES

Major Assignments

Discussion and class participation (30%). Each student will begin with a participation grade of A and points will be deducted as participation does not occur. Students will be evaluated on the student's contribution to the class discussion and on the quality of their comments and questions. Each student must prepare 2-3 discussion questions based on that week's assigned reading for each class period, and send these to the instructor no less than 2 hours before class the day they are due. These questions should not be yes/no questions, but instead should be substantive and include a brief synthesis of the points made in the reading and a larger focus on original and critical responses. Such questions might expand on points made in the readings, connect the readings with concepts discussed in class, or integrate current events or personal examples into the readings. Questions will be evaluated based on effort, analytical depth, and a comprehensive understanding of readings. If a student is not present for discussion a score of 0 discussion points will be awarded. If discussion questions are turned in late, one point will be deducted each day.

Reflection/reaction papers (30%). Every other week students will write a reflection or reaction paper that will incorporate elements from the current week's reading with elements from the previous week's reading. No page limit is specified for these reaction papers. Instructors will provide written responses to students evaluating the extent to which the student has demonstrated understanding of the readings and class discussion and to what degree students are able to think critically, communicate at an advanced level, and integrate the reading material with their understanding of clinical practice applications. The content of these papers should include your own insights and learning about the specific theory and/or therapy that include (a) new concepts or ways of thinking and/or (b) professional insights. You will be graded according to (a) your ability to clearly and concisely state the key concepts and (b) clearly convey newly-learned concepts and/or professional insights that you find interesting and helpful.

Final project (40%). This course requires the successful completion of a final project. The final project will consist of an essay exam. The exam will cover all modules (1. Child and Adolescent Therapy; 2. Psychodynamic Psychotherapy; 3. Family and Couple Therapy; 4. Cognitive Behavioral Therapy).

Attendance Policy

Attendance is mandatory. Students who miss class will lose weekly discussion and class participation points possible for that day. Students who miss a class on the day their reaction paper is due must submit the reaction paper before the class meets in order to earn full credit.

LETTER GRADE

Grade	Percent Equivalent
A	92-100
A-	90-91
B+	88-89
B	82-87
B-	80-81
C+	78-79
C	72-77
C-	70-71
D+	68-69
D	62-67
D-	60-61
F	≤59%

Required Textbook(s)

N/A

Required Reading(s) (Readings subject to change. Students will be notified of any changes to the readings)

Child and Adolescent Therapy

- Barth, R. P., Kolivoski, K. M., Lindsey, M. A., Lee, B. R., & Collins, K. S. (2014). Translating the common elements approach: Social work's experiences in education, practice, and research. *Journal of Clinical Child & Adolescent Psychology, 43*, 301-311.
- Chorpita, B. F., & Daleiden, E. L. (2014). Doing more with what we know: Introduction to the special issue. *Journal of Clinical Child & Adolescent Psychology, 43*, 143-144. doi: 10.1080/15374416.2013.869751
- Chorpita, B. F., & Daleiden, E. L. (2014). Structuring the collaboration of science and service in pursuit of a shared vision. *Journal of Clinical Child & Adolescent Psychology, 43*, 323-338. doi:10.1080/15374416.2013.828297
- Evans, S. W., Owens, J. S., & Bunford, N. (2014). Evidence-Based Psychosocial Treatments for Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. *Journal of Clinical Child & Adolescent Psychology, 43*(4), 527-551. doi:10.1080/15374416.2013.850700
- Forti-Buratti, M. A., Saikia, R., Wilkinson, E. L., & Ramchandani, P. G. (2016). Psychological treatments for depression in pre-adolescent children (12 years and younger): systematic review and meta-analysis of randomised controlled trials. *European Child and Adolescent Psychiatry, 25*, 1045-1054.
- Fristad, M. A., & MacPherson, H. A. (2014). Evidence-Based Psychosocial Treatments for Child and Adolescent Bipolar Spectrum Disorders. *Journal of Clinical Child & Adolescent Psychology, 43*(3), 339-355. doi:10.1080/15374416.2013.822309
- Garland, A. F., Accurso, E. C., Haine-Schlagel, R., Brookman-Frazee, L., Roesch, S., & Zhang, J. J. (2014). Searching for elements of evidence-based practices in children's usual care and examining their impact. *Journal of Clinical Child & Adolescent Psychology, 43*, 201-215.

- Glenn, C. R., Franklin, J. C., & Nock, M. K. (2015). Evidence-Based Psychosocial Treatments for Self-Injurious Thoughts and Behaviors in Youth. *Journal of Clinical Child & Adolescent Psychology, 44*(1), 1-29. doi:10.1080/15374416.2014.945211
- Higa-McMillan, C. K., Francis, S. E., Rith-Najarian, L., & Chorpita, B. F. (2016). Evidence Base Update: 50 Years of Research on Treatment for Child and Adolescent Anxiety. *Journal of Clinical Child & Adolescent Psychology, 45*(2), 91-113. doi:10.1080/15374416.2015.1046177
- Kataoka, S. H., Podell, J. L., Zima, B. T., Best, K., Sidhu, S., & Jura M. B. (2014). MAP as a model for practice-based learning and improvement in child psychiatry training. *Journal of Clinical Child & Adolescent Psychology, 43*, 312-322.
- Leenarts, L. E. W., Diehle, J., Doreleijers, T. A. H., Jansma, E. P., & Lindauer, R. J. L. (2013). Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: a systematic review. *European Journal of Child and Adolescent Psychiatry, 22*, 269-283.
- McCart, M. R., & Sheidow, A. J. (2016). Evidence-Based Psychosocial Treatments for Adolescents With Disruptive Behavior. *Journal of Clinical Child & Adolescent Psychology, 45*(5), 529-563. doi:10.1080/15374416.2016.1146990
- Southam-Gerow, M. A., & Prinstein, M. J. (2014). Evidence Base Updates: The Evolution of the Evaluation of Psychological Treatments for Children and Adolescents. *Journal of Clinical Child & Adolescent Psychology, 43*(1), 1-6. doi:10.1080/15374416.2013.855128
- Rotheram-Borus, M. J., Swendenman, D., & Becker, K. D. (2014). Adapting evidence-based interventions using a common theory, practices, and principles. *Journal of Clinical Child & Adolescent Psychology, 43*, 229-243.
- Weist, M. D., Youngstrom, E. A., Stephan, S., Lever, N., Fowler, J., Taylor, L., . . . & Hoagwood, K. (2014). Challenges and ideas from a research program on high-quality, evidence-based practice in school mental health. *Journal of Clinical Child & Adolescent Psychology, 43*, 244-255.

Family & Couple Therapy

Readings to be announced.

Cognitive Behavioral Therapy

- Abramowitz, J. S., Deacon, B. J., & Whiteside, S. P. H. (2011). Treatment planning III: Implementing exposure therapy: An overview. In *Exposure therapy for anxiety* (pp.106-128). New York: Guilford Press.
- Abramowitz, J. S., Deacon, B. J., & Whiteside, S. P. H. (2011). Bodily cues and health concerns. In *Exposure therapy for anxiety* (pp. 201-219). New York: Guilford Press.
- Abramowitz, J. S., Deacon, B. J., & Whiteside, S. P. H. (2011). Treatment planning I: Functional assessment. In *Exposure therapy for anxiety* (pp. 51-77). New York: Guilford Press.
- Abramowitz, J. S., Deacon, B. J., & Whiteside, S. P. H. (2011). Treatment planning II: Hierarchy development and treatment engagement. In *Exposure therapy for anxiety* (pp.78-105). New York: Guilford Press.
- Christon, L. M., McLeod, B. D., & Jensen-Doss, A. (2015). Evidence-based assessment meets evidence-based treatment: An approach to science-informed case conceptualization. *Cognitive and Behavioral Practice, 22*, 36-48.
- Farmer, R. F., & Chapman, A. L. (2016). Changing behavior by changing the environment. In *Behavioral interventions in cognitive behavior therapy, 2nd edition* (pp. 101-132).

- Farmer, R. F., & Chapman, A. L. (2016). Targeting the functional aspects of maladaptive thinking. In *Behavioral interventions in cognitive behavior therapy*, 2nd edition (pp. 133-170). Washington, DC: American Psychological Association.
- Farmer, R. F., & Chapman, A. L. (2016). Principles, goals, and structure of initial assessment sessions. In *Behavioral interventions in cognitive behavior therapy*, 2nd edition (pp. 21-52). Washington, DC: American Psychological Association.
- Farmer, R. F., & Chapman, A. L. (2016). Behavioral case formulation and treatment planning. In *Behavioral interventions in cognitive behavior therapy*, 2nd edition (pp. 53-100). Washington, DC: American Psychological Association.
- Feeny, N. C., Hembree, E. A., & Zoellner, L. A. (2004). Myths regarding exposure therapy for PTSD. *Cognitive and Behavioral Practice*, 10(1), 85-90.
- Hayes, S.C., Strosahl, K.D., Bunting, K., Twohig, M., & Wilson, K.G. (2004). What is Acceptance and Commitment Therapy? In S.C. Hayes & K.D. Strosahl (Eds.), *A practical guide to acceptance and commitment therapy* (pp. 1-30). New York: Springer.
- Hayes, S.C., Strosahl, K.D., Luoma, J., Smith, A.A., & Wilson, K.G. (2004). ACT case formulation. In S.C. Hayes and K.D. Strosahl (Eds.), *A practical guide to acceptance and commitment therapy* (pp. 59-73). New York: Springer.
- Hayes, S. C., & Pankey, J. (2003). Psychological acceptance. In W. O'Donohue, J. Fisher, & S. C. Hayes (Eds.), *Cognitive-behavior therapy: Applying empirically supported techniques in your practice* (pp. 4-9). New York: Wiley.
- Linehan, M. M. (1993). Behavioral patterns: Dialectical dilemmas in the treatment of borderline patients. In *Cognitive behavioral treatment of borderline personality disorder*. New York: Guilford Press.
- Linehan, M. M. (1993). Overview of treatment: Targets, strategies, and assumptions in a nutshell. In *Cognitive behavioral treatment of borderline personality disorder*. New York: Guilford Press.
- Longmore, R.J., & Worrell, M. (2007). Do we need to challenge thoughts in cognitive behavior therapy? *Clinical Psychology Review*, 27, 173-187.
- Luoma, J. & Hayes, S. C. (2009). Cognitive defusion. In W. T. O'Donohue, & J. E. Fisher (Eds.), *Cognitive behavior therapy: Applying empirically supported techniques in your practice* (pp. 181-188). New York: Wiley.
- Olatunji, B. O., Deacon, B. J., & Abramowitz, J. S. (2009). The cruelest cure? Ethical issues in the implementation of exposure-based treatments. *Cognitive and Behavioral Practice*, 16, 172-180.
- Rachman, S., Radosky, A. S., & Shafran, R. (2008). Safety behaviour: A reconsideration. *Behaviour Research and Therapy*, 46, 163-173.
- Roemer, L., & Orsillo, S.M. (2009). An acceptance-based behavioral conceptualization of clinical problems. *Mindfulness & Acceptance-based Behavioral Therapies in Practice* (pp. 17-33). New York: Guilford Press.
- Schmidt, N. B., & Trakowski, J. (2005). Interoceptive assessment and exposure in panic disorder: A descriptive study. *Cognitive and Behavioral Practice*, 11, 81-92.
- Schmidt, N. B., Woolaway-Bickel, K., Trakowski, J., Santiago, H., Storey, J., Koselka, M., & Cook, J. (2000). Dismantling cognitive-behavioral treatment for panic disorder: Questioning the utility of breathing retraining. *Journal of Consulting and Clinical Psychology*, 68, 417-424.
- Strosahl, K. D., Hayes, S. C., Wilson, K. H., & Gifford, E. V. (2004). An ACT Primer: Core therapy processes, intervention strategies, and therapist competencies. In S. C. Hayes & K. D. Strosahl (eds.), *A practical guide to acceptance and commitment therapy* (pp. 31-58). New York: Springer.

Wilson, K.G., & Murrell, A.R. (2004). Values work in acceptance and commitment therapy. In S.C. Hayes, V.M. Follette, & M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition* (pp. 120-151). New York: Guilford Press.

Psychodynamic Therapy

- Ablon, J. S., & Marci, C. (2004). Psychotherapy process: the missing link: Comment on Westen, Novotny, and Thompson-Brenner (2004). *Comments to original article* (Psychological Bulletin, 130, 664-676).
- Anestis, M. D., Anestis, J. C., & Lilienfeld, S. O. (2011). When it comes to evaluating psychodynamic therapy, the devil is in the details. Bornstein, R. F. (2001). The impending death of psychoanalysis. *Psychoanalytic Psychology, 18*, 3-20. Replies to original article (American Psychologist, 66, 147-152).
- Bateman, A., & Fonagy, P. (2016). What is mentalizing? *Mentalization-based treatment for personality disorders: A practical guide* (pp. 3-38). Oxford: Oxford University Press.
- Bateman, A., & Fonagy, P. (2016). Principles for the mentalizing clinician. *Mentalization-based treatment for personality disorders: A practical guide* (pp. 206-233). Oxford: Oxford University Press.
- Frederickson, J. (1999). Basic listening skills (Ch. 1-3). *Psychodynamic psychotherapy: Learning to listen from multiple perspectives* (pp. 1-49). Brunner/Mazel.
- Gabbard, G. O. (2005). Treatments in dynamic psychiatry: Individual psychotherapy. (Ch. 4) *Psychodynamic psychiatry in clinical practice* (4th ed.). American Psychiatric Press, Inc.
- Goldfried, M. R., & Eubanks-Carter, C. (2004). On the need for a new psychotherapy research paradigm: Comment on Westen, Novotny, and Thompson-Brenner (2004). *Comments to original article* (Psychological Bulletin, 130, 664-676).
- Haaga, D. A. F. (2004). A healthy dose of criticism for randomized trials: Comment on Westen, Novotny, and Thompson-Brenner (2004). *Comments to original article* (Psychological Bulletin, 130, 664-676).
- McKay, D. (2011). Methods and mechanisms in the efficacy of psychodynamic psychotherapy. Replies to original article (American Psychologist, 66, 147-152).
- Peebles, M. J. (2012). History taking: How much is enough? *Beginnings: The art and science of planning psychotherapy*. (2nd edition; pp. 67-80) New York: Routledge.
- Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist, 56*, 98-109.
- Shedler, J. (2011). Science or ideology? Author replies (American Psychologist, 66, 152-154).
- Thombs, B. D., Jewett, L. R., & Bassel, M. (2011). Is there room for criticism of studies of psychodynamic psychotherapy? Replies to original article (American Psychologist, 66, 147-152).
- Tyron, W. W., & Tyron, G. S. (2011). No ownership of common factors. Replies to original article (American Psychologist, 66, 147-152).
- Westen, D., Novotny, C. M., & Thompson-Brenner, H. K. (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlled clinical trials. *Psychological Bulletin, 130*, 631-663.
- Westen, D., Novotny, C. M., & Thompson-Brenner, H. K. (2004b). The next generation of psychotherapy research: Reply to Ablon and Marci (2004), Goldfried and Eubanks-Carter (2004), and Haaga (2004). Author reply to comments (Psychological Bulletin, 130, 677-683).

COURSE SCHEDULE

Date	Week	Topic	Instructor
		Child and Adolescent Therapy	
1/20	1	Empirically-supported treatments for children and adolescents; empirically supported treatment components	Francis
1/27	2	Anxiety and affective disorders treatments; common elements of MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems)	Francis
2/3	3	Externalizing disorders treatments; common elements of MATCH-ADTC	Francis
		Psychodynamic Psychotherapy	
2/10	4	Evidence-Based Psychodynamic Psychotherapy: Review of Basic Considerations; Review of Treatment Outcome Research	Mihura
2/17	5	Summary of Components of Psychodynamic Treatment Mentalization/ MBT	Mihura
		Family Therapy and Couple Therapy	
2/24	6	Foundations of Family Therapy	Bullock
3/3	7	Strategic Family Therapy; Experiential Family Therapy	Bullock
3/10		INSTRUCTIONAL BREAK – NO CLASS	
3/17	8	Cognitive-Behavioral Family Therapy/ Behavioral Marital Therapy	Bullock
		Cognitive Behavior Therapy	
3/24	9	Behavioral assessment, case conceptualization, and treatment planning; Behavioral interventions	Tull
3/31	10	Mindfulness-based interventions	Bullock
4/7	11	Exposure Therapy	Tull
4/14	12	Exposure Therapy	Tull
4/21	13	Dialectical Behavior Therapy (DBT)	Tull
4/28	14	Acceptance and Commitment Therapy (ACT)	Tull