

**SAM HOUSTON STATE UNIVERSITY**  
DEPARTMENT OF PSYCHOLOGY AND PHILOSOPHY

**PSYCHOLOGY 770: EMPIRICALLY SUPPORTED TREATMENTS**  
**(3 Credit Hours)**  
**SPRING 2008**

**INSTRUCTOR:** Craig Henderson  
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Psychology Department Phone: 294-1174

**COURSE LOCATION:** PSC Conference Room  
Tuesday 9:00-11:50pm

**OFFICE HOURS:** Wednesday 2:00pm-5:00pm  
Or by appointment

**REQUIRED TEXTS:** Barlow, D. H. (2008). *Clinical handbook of psychological disorders* 4<sup>th</sup> ed.). New York: Guilford.  
Kazdin, A. E., & Weisz, J. R. (2003). *Evidence-based psychotherapies for children and adolescents*. New York: Guilford.  
Norcross, J. C., Beutler, L. E., & Levant, R. F. (2006). *Evidence-based practices in mental health: Debate and dialogue on the fundamental questions*. Washington, DC: American Psychological Association.

**SUPPLEMENTARY TEXT:** Godley, S.H., Meyers, R.J., Smith, J.E., Karvinen, T., Titus, J.C., Godley, M.D, Dent, G., Passetti, L. & Kelberg, P. (2001). [The Adolescent Community Reinforcement Approach for Adolescent Cannabis Users, \(DHHS Publication No. \(SMA\) 01-3489, Cannabis Youth Treatment \(CYT\) Series, Volume 4\)](#). Center for Substance Abuse Treatment (CSAT), Rockville, MD.  
Available for download at:  
[http://www.chestnut.org/LI/cyt/products/ACRA\\_CYT\\_v4.pdf](http://www.chestnut.org/LI/cyt/products/ACRA_CYT_v4.pdf)

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2<sup>nd</sup> ed.). New York: Guilford.

**I WILL PROVIDE COPIES OF CHAPTERS WE COVER**

**COURSE DESCRIPTION:** This course will provide students with an introduction to therapies with consistent empirical support for specific psychological disorders occurring in both adults and children/adolescents. It will provide an overview of fundamental questions about the empirically supported treatment (EST) movement, research designs for treatment evaluation, and the interface between ESTs and the culturally sensitive treatment movement. Opportunities for hands-on practice with some ESTs will also be offered.

## **COURSE OBJECTIVES:**

The objectives for this course are:

1. To become familiar with those treatments for specific psychological disorders that have received substantial empirical support. The primary focus will be on treatments for mood, anxiety, and related disorders, as well as substance abuse.
2. To examine the methodological, practical, and political issues related to a “best practices” approach to psychotherapy. Issues such as comorbidity, generalizability, and specific versus common factors will be examined.
3. To examine issues related to the evaluation of interventions and the steps through which treatment evaluation progresses to claim “empirical support” for an intervention. Emphasis will be placed on study designs to evaluate the efficacy, effectiveness, and transportability of interventions.
4. To examine issues related to the cultural appropriateness of ESTs and their effectiveness with various individuals from ethnic minority backgrounds.

## **COURSE ACTIVITIES AND REQUIREMENTS:**

- A. Attendance and active participation in classroom discussions.
- B. Complete assigned readings before class and integrate them with class discussions.
- C. Complete weekly commentaries
- D. Team presentations

The course is a seminar and I expect everyone to come to class prepared and eager to discuss the material. If everyone comes to class having done the readings and prepared to discuss them, then there will be no need for a midterm or final. There will be a team presentation, the details of which we will discuss on the 1<sup>st</sup> day. Grades will be 50% class participation and commentaries and 50% the team presentation. However, if it becomes apparent that not everyone is preparing for class, I reserve the right to re-institute the midterm and final. Class attendance is mandatory. In those extreme situations that may require you miss class, please contact the instructor beforehand.

**COMMENTARIES:** There will be several readings assigned each week taken from the text and other sources. You will be required to submit weekly commentaries on any aspect of the readings throughout the semester. These commentaries can be an *informal* set of questions, areas that need clarification, comments, or summary information about the readings. These commentaries should follow the question, quotation, and talking points (QQTP) method briefly outlined in Connor-Greene (2005). This article is posted on Blackboard.

The purpose of the commentaries are to make sure the class is prepared for discussion, to gain experience writing about latent variable models using its technical jargon, and to assist me in identifying sources of confusion in the readings. Commentaries should be no less than ½ page and no more than 1 page, single-spaced. Acceptable commentaries will show evidence of reading the assigned work and provide an indication that you are trying to learn concepts and methods.

**TEAM PRESENTATIONS:** The major project for this course is the “team presentation” of an empirically supported treatment. The format of these presentations will be what you might expect to experience at a half-day therapy beginner’s level workshop at a major professional conference. Each presentation will consist of three parts: (1) a conceptual introduction, (2) a review of the empirical support for the therapy, and (3) a therapy simulation of some important techniques of the therapy. Each team will consist of at least three students. Team members are expected to work collaboratively and work out plans for sharing the workload equally. Teams should begin meeting (including touching base with the instructor about the topic) early in the semester and regularly throughout the semester.

The review of the empirical support for the treatment should include a discussion of the status of the literature (e.g., number of studies, randomized trials), a critique of the quality of the studies, a summary of the findings in the literature, and information about the treatment’s use with different cultural groups. The presenters should provide the instructor and each member of the class with a “quick-scan table” that summarizes the strengths and weaknesses of the empirical studies.

The presentation should include a number of brief simulations of treatment techniques. Teams may use transcripts from treatment manuals to develop simulations, or may create them on their own from their understanding of the therapy or experience using the treatment.

As part of the presentation, each team should prepare a one- to two-page “fact sheet” handout for the audience that summarizes the treatment, and a “quick-scan” table that summarizes the strengths and weaknesses of the empirical studies conducted using the treatment. Your instructor will provide you with a format for each of these documents the first day of class.

Teams can select the treatment they wish to present, but should receive approval from the instructor for the treatment they select prior to the 4<sup>th</sup> class period. Some treatments you may consider include: motivational interviewing, integrated behavioral couple therapy, one of the multiple therapies for adolescent drug abuse and delinquency (Multisystemic Therapy, Multidimensional Family Therapy, Brief Strategic Family Therapy, Functional Family Therapy), applied behavior analysis for autism, emotion-focused couples therapy, cognitive-behavioral therapy for eating disorders, cognitive-behavioral therapy for anxiety disorders (other than panic disorder/agoraphobia and PTSD, which we will cover in class), treatment of sexual dysfunction.

**Student Syllabus Guidelines:** You may find online a more detailed description of the following policies. These guidelines will also provide you with a link to the specific university policy or procedure:

<http://www.shsu.edu/syllabus/>

**Academic Dishonesty:** Students are expected to maintain honesty and integrity in the academic experiences both in and out of the classroom. *See Student Syllabus Guidelines.*

**Classroom Rules of Conduct:** Students are expected to assist in maintaining a classroom environment that is conducive to learning. Students are to treat faculty and students with respect. Students are to turn off all cell phones while in the classroom. Under no circumstances are cell phones or any electronic devices to be used or seen during times of examination. Students may tape record lectures provided they do not disturb other students in the process.

**Student Absences on Religious Holy Days:** Students are allowed to miss class and other required activities, including examinations, for the observance of a religious holy day, including travel for that purpose. Students remain responsible for all work. *See Student Syllabus Guidelines.*

**Students with Disabilities Policy:** It is the policy of Sam Houston State University that individuals otherwise qualified shall not be excluded, solely by reason of their disability, from participation in any academic program of the university. Further, they shall not be denied the benefits of these programs nor shall they be subjected to discrimination. Students with disabilities that might affect their academic performance should visit with the Office of Services for Students with Disabilities located in the Counseling Center. *See Student Syllabus Guidelines.*

**Visitors in the Classroom:** Only registered students may attend class. Exceptions can be made on a case-by-case basis by the professor. In all cases, visitors must not present a disruption to the class by their attendance. Students wishing to audit a class must apply to do so through the Registrar's Office.

## TENTATIVE SCHEDULE

DATE	TOPIC	READING
8/26	Framing the issues in broad strokes	APA Presidential Task Force on Evidence-Based Practice (2006). Evidence-based practice in psychology. <i>American Psychologist</i> , 61, 271-285.  Kazdin, A. E. (2008). Evidence-based treatment and practice: New opportunities to bridge clinical research and practice, enhance the knowledge base, and improve patient care. <i>American Psychologist</i> , 63, 146-159.
9/2	What is an empirically supported treatment and why are they important?	

Barlow, D. H. (2004). Psychological treatments. *American Psychologist*, 59, 869-878.

Borkovec, T. D. & Castonguay, L. G. (1998). What is the scientific meaning of empirically supported therapy? *Journal of Consulting and Clinical Psychology*, 66, 136-142.

Chambless, D. L., & Ollendick, T. H. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology*, 52, 685-716.

Division 12 Task Force reports on Empirically Validated Treatments—two of these reports are available at

<http://www.apa.org/divisions/div12/journals.html#Anchor-EMPIRICALLY-49575>

Scroll down and click on “Training in and dissemination of empirically validated treatments” and “Update on empirically validated therapies.”

Silverman, W. K., & Hinshaw, S. P. (2008). The second special issue on evidence-based psychosocial treatments for children and adolescents: A 10-year update. *Journal of Clinical Child and Adolescent Psychology*, 37, 1-7.

Weisz, J. R., Jenson-Doss, A., & Hawley, K. M. (2006). Evidence-based youth psychotherapies versus usual clinical care: A meta-analysis of direct comparisons. *American Psychologist*, 61, 671-689.

9/9

What qualifies as evidence of effective practice?

An introduction to the Adolescent-Community Reinforcement Approach to treating adolescent substance abuse

Norcross et al. Chapter 1, “What qualifies as evidence of effective practice?”

Follette, W. C., & Beitz, K. (2003). Adding a more rigorous scientific agenda to the empirically supported treatment movement. *Behavior Modification*, 27, 369-386.

Hebert, J. D. (2003). The science and practice of empirically supported treatments. *Behavior Modification*, 27, 412-430.

Godley et al. pp. 7-25

9/16

What is the state of the science for evaluating ESTs?

Treatment manuals

Norcross et al. Chapter 2, “What qualifies as research on which to judge effective practice?”

Carroll, K. M., & Rounsaville, B. J. (2003). Bridging the gap: A hybrid model to link efficacy and effectiveness research in substance abuse treatment. *Psychiatric Services, 54*, 333-339.

Rounsaville, B. K., Carroll, K. M., & Onken, L. S. (2001). A stage model of behavioral therapies research: Getting started and moving on from stage I. *Clinical Psychology: Science and Practice, 8*, 133-142.

Norcross et al. Chapter 3, "Does manualization improve therapy outcomes?"

Browse the following treatment manuals (the A-CRA treatment manual we have been studying is another good example of a treatment manual, and you will find many commonalities with the Liddle manual below):

Velasquez, M. M. (2001). *Group treatment for substance abuse: A stages-of-change therapy manual*. New York: Guilford.

Liddle, H. A. (2002). *Multidimensional Family Therapy for Adolescent Cannabis Users, Cannabis Youth Treatment (CYT) Series, Volume 5*. Center for Substance Abuse Treatment (CSAT), Rockville, MD.

Functional Analysis. Godley et al pp. 27-64.

9/23 Cognitive therapy for depression (one of the first and most studied ESTs)

Young, J. E., Rygh, J. L., Weinberger, A. D., & Beck, A. T. (2008). Cognitive therapy for depression (pp. 250-305). In Barlow.

Bleiberg, K. I., & Markowitz, J. C. (2008). Interpersonal psychotherapy for depression (pp. 306-327). In Barlow.

Dimidjian, S., Martell, C. R., Addis, M. E., & Herman-Dunn, R. (2008). Behavioral activation for depression. (pp. 328-364). In Barlow.

Weersing, V. R., & Brent, D. A. (2003). Cognitive-behavioral therapy for adolescent depression (pp. 135-147). In Kazdin & Weisz.

David-Ferdon, C., & Kaslow, N. J. (2008). Evidence-based psychosocial treatments for child and adolescent depression. *Journal of Clinical Child & Adolescent Psychology, 37*, 62-104.

9/30 Efficacy, effectiveness and the treatment of panic disorder (a treatment that may be both efficacious and effective)

Craske, M. G., & Barlow, D. H. (2008). Panic disorder and agoraphobia (pp. 1-64). In Barlow.

Kendall, P. C., Aschenbrand, S. G., & Hudson, J. L. (2003). Child-focused treatment of anxiety (pp. 81-100). In Kazdin & Weisz.

Barrett, P. M., & Shortt, A. L. (2003). Parental involvement in the treatment of anxious children (pp. 101-119). In Kazdin & Weisz.

Silverman, W. K., Pina, A. A., & Viswesvaran, C. (2008). Evidence-based psychosocial treatments for phobic and anxiety disorders in children and adolescents. *Journal of Clinical Child & Adolescent Psychology, 37*, 105-130.

Happiness Scale and Goals of Counseling. Godley et al. pp. 65-86.

10/7

PTSD/Borderline

Resick, P. A., & Calhoun, K. S. (2008). Posttraumatic stress disorder (pp. 65-122). In Barlow.

Herbert, J. D., et al. (2000). Science and pseudoscience in the development of eye movement desensitization and reprocessing: Implications for clinical psychology. *Clinical Psychology Review, 20*, 945-971.

Silverman, W. K., Ortiz, C. D., Viswesvaran, C., Burns, B. J., Kolko, D. J., Putnam, F. W., & Amaya-Jackson, L. (2008). Evidence-based psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology, 37*, 156-183.

Linehan, M. M., & Dexter-Mazza, E. T. (2008). Dialectical Behavior Therapy for Borderline Personality Disorder (pp. 365-420). In Barlow.

Scheel, K. R. (2000). The empirical basis of Dialectical Behavior Therapy: Summary, critique, and implications. *Clinical Psychology: Science and Practice, 7*, 68-123 (includes the comments on the article).

10/14

Substance Abuse

Motivational Interviewing Phase 2

McCrary, B. S. (2008). Alcohol use disorders (pp. 492-546). In Barlow.

Higgins, S. T., Sigmon, S. C., & Heil, S. H. (2008). Drug abuse and dependence (pp. 547-577). In Barlow.

Miller, W. R., Zweben, J., Johnson, W. R. (2005). Evidence-based treatment: Why, what, where, when, and how? *Journal of Substance Abuse*

*Treatment, 29, 267-276.*

Waldron, H. B., & Turner, C. W. (2008). Evidence-based psychosocial treatments for adolescent substance abuse. *Journal of Clinical Child & Adolescent Psychology, 37, 238-261.*

Communication and Problem Solving Skills Training. Godley et al. pp. 107-133.

10/21 Child Externalizing Disorders (ADHD, conduct disorder and disruptive behavior)

Anastopoulos, A. D., & Farley, S. E. (2003). A cognitive-behavioral training program for parents of children with attention-deficit/hyperactivity disorder (pp. 187-203). In Kazdin & Weisz.

Kazdin, A. E. (2003). Problem-solving skills training and parent management training for conduct disorder (pp. 241-262). In Kazdin & Weisz.

Pelham, W. E., & Fabiano, G. A. (2008). Evidence-based psychosocial treatments for attention deficit/hyperactivity disorder. *Journal of Clinical Child & Adolescent Psychology, 37, 184-214.*

Eyberg, S. M., Nelson, M. M., & Boggs, S. R. (2008). Evidence-based psychosocial treatments for children and adolescents with disruptive behavior. *Journal of Clinical Child & Adolescent Psychology, 37, 215-237.*

ACRA caregiver procedures. Godley et al., pp. 140-175.

10/28 Team Presentation

11/4 Team Presentation

11/11 Team Presentation

11/18 Common vs. Specific Treatment Factors, the Do-do Bird Effect

Norcross et al. Chapter 7, "Do therapies designated as empirically supported treatments for specific disorders produce outcomes superior to non-empirically supported treatment therapies?"

Wampold, B. E., et al. (1997). A meta-analysis of outcome studies comparing bona fide psychotherapies: Empirically, "All must have prizes." *Psychological Bulletin, 122, 203-230* (includes comments).

Luborsky, L. et al. (2002). The dodo bird verdict is alive and well—mostly. *Clinical Psychology: Science and Practice, 9, 2-34* (includes the comments on the article).

DeRubeis, R. J., Brotman, M. A., & Gibbons, C. J. (2005). A conceptual and methodological analysis of the nonspecifics argument. *Clinical Psychology: Science and Practice, 12*, 174-183 (includes comments on the article).

11/25

Treatment fidelity and mechanisms of change

Hogue, A. T., Henderson, C. E., Dauber, S., Barajas, P. C., & Liddle, H. A. (2008). Treatment adherence, competence, and outcome in individual and family therapy for adolescent behavior problems. *Journal of Consulting and Clinical Psychology, 76*, 544-555.

Henggeler, S. W., Melton, G. B., Brondino, M. J., Scherer, D. B., & Hanley, J. H. (1997). Multisystemic therapy with violent and chronic juvenile offenders and their families: The role of treatment fidelity in successful dissemination. *Journal of Consulting and Clinical Psychology, 65*, 821-833.

Perepletchikova, F., & Kazdin, A. E. (2005). Treatment integrity and therapeutic change: Issues and research recommendations. *Clinical Psychology: Science and Practice, 12*, 365-383.

Kazdin, A. E., & Nock, M. K. (2003). Delineating mechanisms of change in child and adolescent therapy: methodological issues and research recommendations. *Journal of Child Psychology and Psychiatry, 44*, 1116-1129.

Kraemer, H. C., Wilson, G. T., Fairburn, C. G., & Agras, S. (2002). Mediators and moderators of treatment effects in randomized clinical trials. *Archives of General Psychiatry, 59*, 877-883.

12/2

Dissemination

Norcross et al. Chapter 9, "Are efficacious laboratory-validated treatments readily transportable to clinical practice?"

Miller, W. R., Sorensen, J. L., Selzer, J. A., & Brigham, G. S. (2006). Disseminating evidence-based practices in substance abuse treatment: A review with suggestions. *Journal of Substance Abuse Treatment, 31*, 25-39.

Schoenwald, S. K., & Hoagwood, K. (2001). Effectiveness, transportability, and dissemination of interventions: What matters when? *Psychiatric Services, 52*, 1190-1197.

Stirman, S. W., Crits-Cristoph, P., & DeRubeis, R. J. (2004). Achieving successful dissemination of empirically supported psychotherapies: A synthesis of dissemination theory. *Clinical Psychology: Science and Practice, 11*, 343-367 (includes the comments on the article).

Glisson, C., & Schoenwald, S. K. (2005). The ARC organizational and community intervention strategy for implementing evidence-based children's mental health treatments. *Mental Health Services Research, 7*, 243-259.

12/9

Culturally Sensitive Treatment, Training, and Policy Implications

Nagayama Hall, G. C. (2001). Psychotherapy research with ethnic minorities: Empirical, ethical, and conceptual issues. *Journal of Consulting and Clinical Psychology, 69*, 502-510.

Miranda, J., Bernal, G., Lau, A., Kohn, L., Hwang, W-C, & La Flamboise, T. (2005). State of the science on psychosocial interventions for ethnic minorities. *Annual Review of Clinical Psychology, 1*, 5.1-5.30.

Huey, S. J. Jr., & Polo, A. J. (2008). Evidence-based psychosocial treatments for ethnic minority youth. *Journal of Clinical Child & Adolescent Psychology, 37*, 262-301.

Calhoun, K. S., Moras, K., Pilkonis, P. A., & Rehm, L. P. (1998). Empirically supported treatments : Implications for training. *Journal of Consulting and Clinical Psychology, 66*, 151-162.

Beutler, L. E. (2000). David and Goliath: When empirical and clinical standards of practice meet. *American Psychologist, 55*, 997-1007.

12/16

Final Exams, no class (but see exception under Course Activities and Requirements)