

YORK UNIVERSITY

HH/PSYC 4030 6.0A—FALL/WINTER 2013-2014

BEHAVIOUR MODIFICATION AND BEHAVIOUR THERAPY

Course Director: Dr. Lorne Sugar
Office and Office Hours: Monday—6:00pm – 6:45pm 277 BSB and
Friday—5:15pm – 6:00pm HNE 034
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Lecture Time: Mondays—7:00pm – 9:45pm
Duration September 9th, 2013—March 31st, 2014
Location: HNE 031

Course Description:

This course will introduce students to several of the major principles, concepts, techniques, and applications of behaviour therapy. This course will also focus on the processes involved in conducting behaviour therapy and the role of the therapist in a variety of situations and contexts. One goal of the course is for students to gain an appreciation of the strengths and limitations of behaviour therapy. In so doing, the expectation is that students will begin to think critically about behaviour therapy and form their own impressions of how this school of thought fits for them. A second goal of this course is for students to experience various issues common to behaviour therapists and behaviour therapy through participation in various practical exercises.

Prerequisite(s):

- 1) Introduction to Psychology (PSYC 1010 6.0 [with a minimum grade of C]).
- 2) One of the following Statistical Methods courses: PSYC 2020 6.0; PSYC 2021 3.0; PSYC 2510 3.0; or substitutes/equivalents.
- 3) Introduction to Research Methods (PSYC 2030 3.0)
- 4) Abnormal Psychology (PSYC 3140 3.0)—**There is no flexibility here**
- 5) Students must be in an Honours program in Psychology and have completed 84 credits (excluding education courses)

Required Text:

Spiegler, M. D., & Guevremont, D. C. (2010). Contemporary Behavior Therapy (Fifth Edition). Wadsworth.

Evaluation:

- 1) Test #1 (Multiple Choice)—20%
- 2) Test #2 (Multiple Choice)—20%
- 3) Research Paper—15%
- 4) Opinion Paper—10%
- 5) Oral Presentation—15%
- 6) Consultation—10%
- 7) Attendance (5%) and Participation (5%)

Final date to drop the course without receiving a grade is February 14th, 2014

Course Format:

This course will be seminar-based. Classes will be comprised of lectures, discussions, demonstrations, and role-playing activities. It is anticipated that classes will be used to convey information, provoke respectful discussion and critical thinking, and provide the opportunity to experience and practice several of the concepts discussed in the text and/or reviewed in class.

PLEASE NOTE: ** Although not a focus of this course or an expectation whatsoever, some students may disclose personal information during discussions. In addition, many students will potentially have differing points of view on any given topic. It is expected that regardless of the content of the information shared, students will treat one-another with the utmost respect and maintain confidentiality outside of class. Violating these expectations will not be tolerated. In the event of a violation, the offending student will lose participation marks and potentially be prevented from attending additional lectures prior to engaging in a discussion with the course director.

Tests:

The two in-class tests are non-cumulative. The first test will be comprised of multiple-choice questions from the textbook and lectures. The second test will also be comprised of multiple-choice questions from the text and lectures but the weighting will be somewhat heavier on the textbook given that there are fewer lectures during the second part of the year.

Research Paper:

This paper will require library research. Students will select a topic from the course outline or another topic not listed. Permission from the course director must be obtained beforehand and students are not permitted to complete their research paper on the same topic as their oral presentation. Within eight double-spaced pages (maximum), students will highlight relevant research on the populations and problems for which their topic has been proven helpful. In addition, students will be expected to review the strengths and limitations of their chosen topic while also critically evaluating the research. Note that this is not an opinion paper but a review paper and as such, appropriate referencing using APA style is expected. At least eight journal articles must be referenced although students are encouraged to not limit themselves unnecessarily.

Opinion Paper:

This five-page (maximum) double-spaced paper will be the forum in which students articulate their personal views/opinions with regard to behaviour therapy after having had an opportunity to absorb and contemplate the content of this course. This is an informal paper that can be written in the first-person (i.e., "I think that..." "I believe...") and for which there is no additional research beyond the textbook and lectures. This paper will be an opportunity to critically evaluate chosen aspects of the course content and allow students to articulate their current views of behaviour therapy and the goodness of fit between them and this school of thought.

Oral Presentation:

Students will work in groups of three to deliver a presentation to the class that will be of a maximum duration of 40 minutes. Topics can be chosen from the list provided or students can select another topic as long as permission from the course director is obtained. The chosen topic for each student must be different from that of their research paper. Students will be marked (either as a group or individually which will be determined prior to the delivery of the presentation) on the content of the presentation as well as how they respond to reasonable questions posed by the class and the course director.

Consultation:

Each student will meet with the course director (who will be assuming a supervisory role) for a 20-minute consultation session. Vignettes will be provided to students ahead of time for preparation purposes, although perhaps not all information will be included. After asking any clarifying questions believed to be necessary, the student will then outline their proposed treatment plan and respond to questions from "the supervisor". This exercise will allow students the opportunity to design a treatment plan to suit a particular client while also being

given the opportunity to experience spontaneity (thinking on one's feet) by being expected to respond to unanticipated questions and concerns. Note that students will likely need to rely on much of the information conveyed during the first half of the course, although information from the second half of the course will likely be quite relevant as well.

Late Assignments and Missed Tests/Presentation/Consultation:

Papers are due at the beginning of class on November 4th, 2013 (research paper) and **February 24th, 2014** (opinion paper). Students who submit their paper after 7:15pm will lose three marks (out of 15) for the research paper and two marks (out of 10) for the opinion paper. Additional three and two mark deductions for the research and opinion papers respectively will be made for each day each paper is late. Papers sent by e-mail will not be accepted.

Students who miss a test must notify the course director prior to the test and will only be able to write a make-up test if they produce valid documentation to support their absence. Serious illnesses that are explicitly specified in a doctor's note and family tragedies (for which proof must be produced) are the only acceptable justifications for missing a test. The course director will be contacting doctors personally to verify that they did, in fact, write the note that the student has produced. The note will not be accepted if it is proven fraudulent or if the doctor fails to return the course director's call. **Please note** that there is no guarantee that the make-up test will follow the same format as the original. The date, time, and off-site location of the make-up test will be chosen by the course director. There will only be one opportunity to write the make-up test. Students cannot miss a presentation or consultation. If a student is absent on the day of his or her presentation, the other group members will be expected to complete the presentation and will be marked accordingly, while the absent student will receive a zero. A student who misses or is late for his or her consultation will receive a mark of zero.

Academic Dishonesty:

Students are expected to be aware of York's policies regarding academic dishonesty and any other policies of relevance. Be sure to peruse the York University website for such policies and related information.

Final Marks:

Numerical marks will be used throughout this class to evaluate performance. Once all evaluative components are completed, these numerical marks will be summed to produce a final mark for each student. This final mark will then be converted to a letter grade based on the following university conversion guidelines:

<u>Range of Marks</u>	<u>Letter Grade Equivalent</u>
90-100	A+
80-89	A
75-79	B+
70-74	B
65-69	C+
60-64	C
55-59	D+
50-54	D
40-50	E
39 and Below	F

Please note that there will be no “curving” in this class. Students will earn grades based solely on their performance. If students work hard and perform well, marks will be strong. If students do not work hard and performance suffers, marks will be weaker. Please also note that there will be no rounding to the next letter grade if a student falls on the cusp between letter grades. For example, a final mark of 74.2 will not be rounded to a 75. Students are also encouraged to remain mindful that final grades submitted by the course director to the university are considered “unofficial” grades. The university always has the option of making adjustments. For example, a student finishing the course with a final mark of 81.4 clearly falls within the A range, however university adjustments (if applied) could serve to maintain this mark in the A range or lower it to a B+. Another example might be that a student with a final mark of 78.9 may remain at a B+ or through university adjustments be lowered to a B or raised to an A. The course director’s role ends once the unofficial grades are submitted. Please note that fourth year courses tend to be less susceptible to these grade adjustments in comparison to lower-level courses, but they are not exempt from such.

COURSE OUTLINE

<u>Date</u>	<u>Topic</u>	<u>Chapter</u>
September 9	Introduction	
September 16	(Cognitive) Behaviour Therapy and Therapists	1
September 23	Ethical Issues	
September 30	Assessment Part 1— ABC and the Biopsychosocial Assessment Paper Topics Assigned	3 and 5
October 7	Assessment Part 2—Interviewing Exercise	
October 14	Thanksgiving—No Class	
October 21	Testing, Scoring, and Interpretation	
October 28	Process of Behaviour Therapy and Stages of Change	4
November 4	Client groups often treated through BT/CBT—Part 1 Research Paper Due	
November 11	Client groups often treated through BT/CBT—Part 2 Presentation Groups/Topics/Dates Assigned	
November 18	Acceleration/Deceleration Behaviour Therapy	6, 7, and 8
November 25	Test 1—Chapters 1, 3, 4, 5, 6, 7, and 8	
December 2	Suicide and Risk Assessment	
January 6	Cognitive Behavioural Therapy—Part 1	12
January 13	Cognitive Behavioural Therapy—Part 2	13
January 20	Client-Centered Therapy—An Alternative	
January 27	Behavioural and Experiential Group Therapies	
February 3	Presentations 1, 2, and 3	9 and 10

COURSE OUTLINE CONT'D

February 10	Presentations 4, 5, and 6	11 and 14
February 17	Reading Week—No Class	
February 24	Presentations 7, 8, and 9 Opinion Paper Due Consultation Vignettes Provided	15 and 16
March 3	Test 2—Chapters 9—16	
March 10	Consultations	
March 17	Consultations	
March 24	Consultations	
March 31	Consultations	

Topics for Presentations and Papers

- 1) Token Economy
- 2) Behavioural Parent Training
- 3) Virtual Reality Exposure Therapy
- 4) Systematic and In Vivo Desensitization/Flooding
- 5) Eye Movement Desensitization Therapy
- 6) Implosive Therapy
- 7) Self-Modeling Therapy
- 8) Vicarious Extinction
- 9) Film/Video Modeling
- 10) Social Skills Training
- 11) Assertion Training
- 12) Rational Emotive Behaviour Therapy
- 13) Schema-Focused Cognitive Therapy
- 14) Cognitive Therapy for Delusions and Hallucinations
- 15) Self-Instructional Training
- 16) Problem-Solving Therapy/Training
- 17) Stress Inoculation Training
- 18) Cognitive-Behavioural Couple Therapy
- 19) Acceptance and Commitment Therapy
- 20) Dialectical Behaviour Therapy
- 21) Mindfulness-Based Cognitive Therapy
- 22) Behaviour Therapy for Chronic Pain
- 23) Behaviour Therapy for Adherence to Medical Regimens
- 24) Behaviour Therapy for Prevention of Physical Illnesses
- 25) Behaviour Therapy for Treating Enuresis
- 26) Behaviour Therapy for Treating Tic Disorders
- 27) Behaviour Therapy for Insomnia and Sleep Problems
- 28) Behaviour Therapy for Anorexia/Bulimia Nervosa
- 29) Behaviour Therapy for Pervasive Developmental Disorders
- 30) Behaviour Therapy for a Specific Anxiety Disorder
- 31) Behaviour Therapy for a Specific Mood Disorder
- 32) Behaviour Therapy for any other DSM IV-TR or DSM V Disorder