

Subject Description Form

Subject Code	APSS534														
Subject Title	Advanced Practice Methods: Cognitive Behavioural Intervention														
Credit Value	3														
Level	5														
Pre-requisite / Co-requisite / Exclusion	Nil														
Assessment Methods	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">100% Continuous Assessment</th> <th style="width: 33%;">Individual Assessment</th> <th style="width: 33%;">Group Assessment</th> </tr> </thead> <tbody> <tr> <td>1. Seminar/Case presentation</td> <td style="text-align: center;">0 %</td> <td style="text-align: center;">30 %</td> </tr> <tr> <td>2. Quiz</td> <td style="text-align: center;">20 %</td> <td style="text-align: center;">0 %</td> </tr> <tr> <td>3. Written report</td> <td style="text-align: center;">50 %</td> <td style="text-align: center;">0 %</td> </tr> </tbody> </table>			100% Continuous Assessment	Individual Assessment	Group Assessment	1. Seminar/Case presentation	0 %	30 %	2. Quiz	20 %	0 %	3. Written report	50 %	0 %
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	2. Quiz	20 %	0 %												
	3. Written report	50 %	0 %												
<ul style="list-style-type: none"> The grade is calculated according to the percentage assigned; The completion and submission of all component assignments are required for passing the subject; Student must pass all component(s) if he/she is to pass the subject. 															
Objectives															
<ol style="list-style-type: none"> 1. To perform a cognitive-behavioral case conceptualization; 2. To provide an update and a deepening of understanding of the theoretical and therapeutic foundation of cognitive-behavioral intervention; 3. To allow identification of improvements in the application of some form of cognitive behavioral intervention in students' chosen areas of psychosocial intervention / services; 4. To build capacity for advanced practitioners in CBI to become more resourceful, independent and effective in service delivery. 															
Intended Learning Outcomes	<p>Upon completion of the subject, students will be able to:</p> <ol style="list-style-type: none"> a. Develop a cognitive-behavioural case formulation; b. Identify and analyse various types of mental illness and problems proven to be effective with CBI within different mental health services settings; 														

	<ul style="list-style-type: none"> c. Recognize and evaluate current competence level and improvements in practicing CBI and related approaches in treatment and rehabilitation; d. Interpret, and if appropriate design and implement related studies and research in mental health services and practice; e. Articulate, and if appropriate work through various dilemmas and dynamics in mental health and family services.
Subject Synopsis / Indicative Syllabus	<ol style="list-style-type: none"> 1. CBT Overview 2. Depression 3. Suicidal Risk 4. Generalized Anxiety Disorder 5. Panic and Phobia 6. Obsessive-compulsive Disorders 7. Anger Management 8. PTSD & Substance Abuse 9. Personality Disorders 10. New developments in CBT: Mindfulness-based practices 11. Integrating motivational interview with CBT
Teaching / Learning Methodology	<p>The major chunks of content for the course will be delivered in lectures, and students' active learning will be stimulated through participating in class discussion, role plays, case presentation, and seminars.</p> <p>The use of structured class and seminar discussion have proven to be facilitative in terms of student participation level as well as effectiveness of teaching delivery. Student case presentations will be used to provide clinical data for instruction in each of these intervention components. Students will be advised to read the recommended textbook and supplementary readings as well as to search relevant information from library and the internet in preparing their assignments and in their private study. The subject lecturer and seminar instructors will be available for students' consultation about problems in the study if such request arises.</p>

Assessment Methods in Alignment with Intended Learning Outcomes	Specific assessment methods / tasks	% weighting	Intended subject learning outcomes to be assessed (Please tick as appropriate)				
			a	b	c	d	e
	1. Seminar/Case presentation	40%	√	√	√	√	√
2. Quiz	20%		√	√	√		
3. Written report	40%	√	√	√	√	√	
Total	100%						
<p>Explanation of the appropriateness of the assessment methods in assessing the intended learning outcomes:</p> <p>The paper is intended to be a document of evidence of learning. The major aim is to present a client problem and the outcome of an application of cognitive behavioral conceptualization and intervention either to the client problem or the service operator. Thus, the paper can be a case study/conceptualization/intervention paper, or a report on personal psycho-social service accountability.</p> <p>Grading (GPA) will be determined by three main characteristics of the paper:</p> <ol style="list-style-type: none"> 1. How the case / problem is formulated, whether purely descriptive, comprehensive or analytical 2. Depth of understanding of the case / problem chosen with support by the literature reviewed 3. Quality of evidence for the outcome of service provision for the presented client/ organization problem <p>Assessment of the paper as well as seminar presentation will also use a criterion-referenced assessment (CRA) scheme, i.e., by using the Structure of the Observed Learning Outcomes (SOLO) taxonomy parallel to the CRA.</p> <p>A quiz is arranged to assess theoretical and applied aspects of this subject syllabus.</p>							
Student Study Effort Expected	Class contact:						
	▪ Lecture		27 Hrs.				
	▪ Seminar		12 Hrs.				
	Other student study effort:						

	<ul style="list-style-type: none"> ▪ Self-directed Study 	42 Hrs.
	<ul style="list-style-type: none"> ▪ Preparation for Tutorial, Seminar and supervised practices 	40 Hrs.
	Total student study effort:	121 Hrs.
Reading List and References	<p><u>Main Text book</u> Beck, J. S. (2021). <i>Cognitive behavior therapy: Basics and beyond</i> (3rd ed.). New York: Guilford Press.</p> <p><u>Recommended Readings:</u></p> <p>Alford, B. A., & Beck, A. T. (1997). <i>The integrative power of cognitive therapy</i>. New York: The Guilford Press. (Chapters 4 & 5, looking at cognitive therapy as an integrative theory for clinical practice).</p> <p>Azar, S. T., Nix, R. L., Makin-Byrd, K. N. (2005). Parenting Schemas and the Process of Change. <i>Journal of Marital and Family Therapy</i>, 31: 45-58.</p> <p>Barlow, D. H. (2008). <i>Clinical Handbook of Psychological Disorders</i> (4th Edition). New York: Guilford Press.</p> <p>Bedrosian, R. C. (1983). Cognitive therapy in the family system. In A. Freeman (Ed.), <i>Cognitive therapy with couples and groups</i> (pp. 95–106). New York: Plenum Press.</p> <p>Corcoran, J. (2003). <i>Clinical applications of evidence-based family interventions</i>. New York: Oxford University Press.</p> <p>Corey, G. (2017). <i>Theory and practice of counseling and psychotherapy</i> (10th ed.). Boston, Mass.: Cengage Learning. (Chapters 9 & 10)</p> <p>Dattilio, F. M., & Epstein, N. B. (2003). Cognitive-behavioral couple and family therapy. In T. L. Sexton, G. R. Weeks, & M. S. Robbins (Eds.), <i>The family therapy handbook</i> (pp. 147–175). New York: Routledge.</p> <p>Dattilio, F. M., & Epstein, N. B. (2005). Introduction to the Special Section: The Role of Cognitive-Behavioral Interventions in Couple and Family Therapy. <i>Journal of Marital and Family Therapy</i>, 31, 7–13.</p> <p>DeRubeis, R. J., Webb, C. A., Tang, T. Z., & Beck, A. T. (2010). Cognitive therapy. In K. S. Dobson (Ed.), <i>Handbook of cognitive-behavioral therapies</i> (pp. 277-316) (3rd ed.). New York: Guilford Press.</p> <p>Epstein, N., Schlesinger, S. E., & Dryden, W. (Eds.) (1998). <i>Cognitive-Behavioral Therapy with Families</i>. New York: Brunner/Mazel.</p> <p>Hackney, H.L., & Cormier, L.S. (2001). <i>The professional counselor – A process guide to helping</i>. Boston: Allyn & Bacon.</p> <p>Hodges, J., & Oei, T. P. S. (2007). Would Confucius benefit from psychotherapy? The compatibility of cognitive behaviour therapy and Chinese values. <i>Behaviour Research and Therapy</i>, 45, 901-914.</p> <p>Kolko, D. J. (2002). <i>Assessing and treating physically abused children and their families: a cognitive-behavioral approach</i>. Thousand Oaks, CA : Sage Publications.</p> <p>Leahy, R. L. (2003). <i>Cognitive therapy techniques: A practitioner's guide</i>. New York: The Guilford Press.</p>	

- Linehan, M. M. (1993). *Cognitive behavioral treatment of borderline personality disorder*. New York: The Guilford Press.
- Mueser, K. T., & Glynn, S. M. (1999). *Behavioral family therapy for psychiatric disorders* (2nd ed.). Oakland, CA: New Harbinger.
- Perris, C., & McGorry, P. D. (Eds.). (1998). *Cognitive psychotherapy of psychotic and personality disorders: Handbook of theory and practice*. Chichester: John Wiley & Sons.
- Persons, J. B., & Davidson, J. (2010). Cognitive-behavioral case formulation. In K. S. Dobson (Ed.). *Handbook of cognitive-behavioral therapies* (pp. 172-193) (3rd ed.). New York: Guilford Press.
- Tarrier, N., Wells, A., & Haddock, G. (1998). *Treating complex cases: The cognitive behavioral therapy approach*. Chichester: John Wiley & Sons. (Chapters 3, 8 & 9 on obsessional problems and other psychotic disorders)

Supplementary:

- Beck, A. T., Freeman, A., Davis, D., & Associates (2003). *Cognitive Therapy of Personality Disorders*, Second Edition. New York: Guilford Press.
- Beck, J. S. (2005). *Cognitive therapy for challenging problems: What to do when the basics don't work*. New York: Guilford Press.
- Button, M. L., Westra, H. A., Hara, K. M., & Aviram, A. (2015). Disentangling the Impact of Resistance and Ambivalence on Therapy Outcomes in Cognitive Behavioural Therapy for Generalized Anxiety Disorder. *Cognitive Behaviour Therapy*, 44(1), 44-53.
- Chadwick, P., Birchwood, M., & Trower, P. (1996). *Cognitive therapy for delusions, voices and paranoia*. Chichester: John Wiley & Sons.
- Chambless, D. L., & Ollendick, T. H. (2001). Empirically supported psychological interventions: Controversies and evidence. *Annual Review of Psychology*, 52, 685-716.
- Clark, D. A., Beck, A. T., & Alford, B. A. (1999). *Scientific foundations of cognitive theory and therapy of depression*. New York: John Wiley & Sons.
- Dattilio, F. M., & Freeman A. (Eds.). (1994). *Cognitive-behavioral strategies in crisis intervention*. New York: The Guilford Press.
- David, D., & Hofmann, S. G. (2013). Another error of Descartes? Implications for the "third wave" Cognitive-Behavioral Therapy. *Journal of Cognitive and Behavioral Psychotherapies*, 13(1), 115-124.
- Early Assessment Service for Young People with Psychosis (EASY)
<https://www3.ha.org.hk/easy/eng/index.html>
- Bugental, D. B., & Johnston, C. (2000). Parental and child cognitions in the context of the Family. *Annual Review of Psychology*, 51, 315-344.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and Commitment Therapy: The Process and Practice of Mindful Change* (2nd ed.). New York: The Guilford Press.
- Houwer, J. D., Barnes-Holmes, Y., & Barnes-Holmes, D. (2016). Riding the waves: A functional-cognitive perspective on the relations among behaviour therapy, cognitive behaviour therapy and acceptance and commitment therapy. *International Journal of Psychology*, 51(1), 40-44.

- Linehan, M. M. (1993). *Skills training manual for treating borderline personality disorder*. New York: The Guilford Press.
- McKay, M., Lev A., & Skeen, M. (2012). *Acceptance and commitment therapy for interpersonal problems using mindfulness, acceptance, and schema awareness to change interpersonal behaviors*. Oakland, California: New Harbinger Publications.
- Niles, A. N., Burklund, L. J., Arch, J. J., Lieberman, M. D., Saxbe, D., & Craske, M. G. (2014). Cognitive mediators of treatment for social anxiety disorder: Comparing acceptance and commitment therapy and cognitive-behavioral therapy. *Behavior Therapy*, 45(5), 664-677.
- Resick, P. A., & Schnicke, M. K. (1993). *Cognitive processing therapy for rape victims: A treatment manual*. Newbury Park: Sage Publications.
- Skilbeck, L., Spanton, C., & Roylance, I. (2020). Helping clients ‘restart their engine’ – use of in-session cognitive behavioural therapy behavioural experiments for engagement and treatment in persistent depression: A case study. *The Cognitive Behaviour Therapist*, 13, E5.

Empirical & outcome studies:

- Chan, C. C. (2000). *Workbook on Seminar II: Measurement & use of outcomes in social service*. Hong Kong: Hong Kong Polytechnic University.
- Chan, C. C., Lui, W. S., Wan, D. L. Y., & Yau, S. W. (2002). Evaluating service recipient outcomes in psychiatric residential services in Hong Kong. *Research on Social Work Practice*, 12(4), 570-581.
- Chan, C. C., Wan, D. L. Y., & Lui, W. S. (2002). Determining performance standards for supported employment service in Hong Kong. *Hong Kong Journal of Social Work*.
- Grensman, A., Acharya, B. D., Wändell, P., Nilsson, G. H., Forkenberg, T., Sundin, Ö., & Werner, S. (2018). Effect of traditional yoga, mindfulness-based cognitive therapy, and cognitive behavioral therapy, on health related quality of life: a randomized controlled trial on patients on sick leave because of burnout. *BMC Complementary and Alternative Medicine*, 18(1), 80.
- Lyons, J. S., Howard, K. I., O’Mahoney, M. T., & Lish, J. D. (1997). *The measurement and management of clinical outcomes in mental health*. New York: John Wiley & Sons.
- Mullen, E. J., & Magnabosco, J. L. (Eds.). (1997). *Outcome measurement in the human services: Cross-cutting issues and methods*. Washington, D.C.: NASW press.

Empirical evidence on CBI's efficacy for psychotic, mood, and personality disorders:

- Butler, A. C., Chapman, J. E., Forman, E. M., & Beck, A. T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review, 26*, 17-31.
- Kehle, S. M. (2008). The effectiveness of cognitive behavioral therapy for generalized anxiety disorder in a frontline service setting. *Cognitive Behaviour Therapy, 37*(3), 192-198.
- Kuipers, E., Fowler, D., Garety, P., Chisholm, D., Freeman, D., Dunn, G., Bebbington, P. and Hadley, C. (1998). London-East Anglia randomised controlled trial of cognitive-behavioural therapy for psychosis. *British Journal of Psychiatry, 173*, 61-68.
- Linehan, M. M., Armstrong, H. E., Suarez, A., Allmon, D., & Heard, H. L. (1991). Cognitive-behavioural treatment of chronically parasuicidal borderline patients. *Archives of General Psychiatry, 48*, 1060-1064.
- Nakatani, E., Mataix-Cols, D., Micali, N., Turner, C., & Heyman, I. (2009). Outcomes of cognitive behaviour therapy for obsessive compulsive disorder in a clinical setting: A 10-year experience from a specialist OCD service for children and adolescents. *Child and Adolescent Mental Health, 14*(3), 133-139.
- Szentagotai, A (2010). The efficacy of cognitive-behavioral therapy in bipolar disorder: a quantitative meta-analysis. *Journal of Clinical Psychiatry, 71*(1), 66-72.
- Tolin, D. F. (2010). Is cognitive-behavioral therapy more effective than other therapies? A meta-analytic review. *Clinical Psychology Review, 30*, 710-720.
- Wong, F.K.D. (2009). A six-month follow-up study of cognitive behavioral treatment groups for Chinese people with depression. *Behaviour Change, 26*, 2. 130 - 140.
- Wong, F.K.D. (2011). Cognitive behavioural group treatment for Chinese people with depressive symptoms in Hong Kong: The participants' perspective. *International Journal of Group Psychotherapy, 61*, 3. 439 - 459.

Videos:

- Satterfield, J. M. (2016). Third-Wave cognitive behavioral therapy. San Francisco, California, USA: Kanopy Streaming. (Online access).
- Sloane, D. (2011). Cognitive behavioral therapy and mindfulness. Eau Claire, Wisconsin: PESI Inc. (Online access).

