

Introduction to Clinical Psychology (Psychology BC 2156)
Fall 2006 Points: 3
Time: M, W 6:10-7:25 PM Location: Milbank 202
Instructor: John Pachankis
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Office Hours: Monday 7:30-8:30 PM, Wednesday 5:00-6:00 PM

Course overview and objectives: We will study the historical roots and conceptual models in clinical psychology, consider professional issues in the field, and compare assessment techniques and therapeutic approaches for their utility, efficacy, and soundness.

As part of this course, we will explore the specific principles underlying the psychotherapeutic process. These principles include factors such as the therapy relationship, motivation to change, and in-session and between-session events that facilitate improvement (and sometimes stagnation or harm) in therapy. We will also focus on the endeavor of clinical psychology from a broader perspective, exploring its history, current social context, goals, and limitations. In line with this broader focus, we will also examine various (and at times, drastically differing) ways that therapists and clients engage in their work.

For much of its history, the field of clinical psychology has been fragmented. This fragmentation takes many forms. Therapists trained in various approaches to treatment (e.g., cognitive-behavioral, psychodynamic) often seem reluctant to approach clinical issues from the point of view of practitioners trained in theoretical orientations other than their own. Psychotherapy researchers produce manuals that many practitioners lament do not address the real-world clinical realities that they face. Thumbing through current psychotherapy-related conference program bulletins, one is just as likely to find presentations touting the unique strengths of any one of hundreds of empirically supported treatments as he or she is likely to find presentations pointing out the common factors—such as the therapy relationship—shared by all treatments. Potential clients often call asking for expert treatment in the latest brand-name therapies. Potential students choose training programs based on preconceived biases about the relative good and bad inherent in the various orientations upon which the programs are based. In this course, we will try to find a middle ground that provides continuity among the different theoretical orientations to clinical psychology and the science and practice that informs this field.

Required Texts: Available at Labyrinth Books (112th St.) or online (www.wadsworth.com).

Trull, T.J. (2005). *Clinical Psychology* (Seventh Edition).

Wedding, D. & Corsini, R.J. (2000). *Case Studies in Psychotherapy*. 4th edition

Additional Readings (Specific chapters below; books available on reserve in library):

Dawes, R.M. (1994). *House of cards: Psychology and psychotherapy built on myth*. (RC480.5 .D38 1994). Referred to as: Dawes, Chapters 2,3, and 9.

Lott, D.A. (1999). *In session: The bond between women and their therapists*. (RC480.8 .L68 1999). Referred to as Lott, Chapters 1,2, and 3.

Lilienfeld, S.O., Lynn, S.J., & Lohr, J.M. (2003). *Science and pseudoscience in clinical psychology*. (RC467 .S432 2003). Referred to as LLL, Chapters 8 and 9.

Special needs: Students who may require accommodation for a specific disability must notify the Office of Disability Services and the instructor as soon as possible, but in no case later than the third week of classes (Sept. 20)

Exams: Two midterm exams (the second one cumulative; both given during class time) and a cumulative final (during finals week) will be given. The exams will be mostly in multiple-choice format, with some T/F or short answer. The 2 midterms will be short, approximately 30 questions each. The cumulative final will be longer, approximately 60 questions. My policy with multiple-choice exams is as follows: if you think a question is a terrible question, or if you think you know the answer and it is not represented in the choices, you may write a detailed description of your answer or your complaint and I will consider it before grading the exam. I also go over the exams in the same class period in which they are given – you do not have to stay for that, but it can be helpful both for you and for me.

Readings: We have a textbook, a casebook, and some additional readings that I've placed on reserve. The textbook covers topics that are both broader and more detailed than my lectures; similarly, my lectures sometimes add information, and sometimes highlight particular topics. I like to start each class with answering any questions you have about the previous class or the readings (from the text or elsewhere), so please do the reading in advance of class.

Reading the cases: Starting around week 7 we will begin discussing specific therapy approaches, and will read cases that illustrate the use of these approaches. Here are some guidelines for reading cases: **(A)** Read the case before the class in which it will be discussed, and bring the case-book with you to class (it's small and light, don't worry). **(B)** As you read the case, make note of the following: **(i)** points that agree with or illustrate ideas/techniques from the textbook or from class discussion; **(ii)** facts (about the case) or therapeutic moves (by the therapist) that you are puzzled by, or that differ from the clinical intuition that you bring to the case; **(iii)** therapeutic moves or choices that you find interesting and want to review in class.

Exercises: Along with the readings, I will assign several exercises throughout the semester. Their due dates are listed in the calendar, below. Three are required and three are an opportunity for extra-credit. The exercises require you to go outside the textbook and hear a lecture, explore clinical psychology graduate programs, or learn about current scholarship in the field.

Honor code: I value Barnard's Honor Code for the integrity it fosters. Do your own work, and become familiar with the code.

Grading: Each of the two in-class exams is worth 20%; the final is worth 30%; the three required exercises (exercises 1-3) are worth 10% each; and the optional exercises (numbers 4a, 4b, 4c) are worth 3% each.

I don't grade on a curve. You will receive the grade you earn based on your performance on the exams and the exercises. Therefore, in theory, it is possible for everyone in the class to earn an A. I use the following grading scale: A = 93 – 100; A- = 90 - 92.9; B+ = 87 - 89.9; B = 83 - 86.9; B- = 80 - 82.9; C+ = 77 - 79.9; C = 73 - 76.9; C- = 70 - 72.9; D+ = 67 - 69.9; D = 60 - 66.9; F = 59.9 and below. Once your final grade has been assigned there will be no changes made except in the case of clerical error. Incompletes will not be given to students who are not passing the course.

Calendar of Topics, Readings, and Tasks

Dates	Topic	Readings	Tasks
September 6 (W)	Introduction, Clinician's activities	Trull 1, 2	
September 11 (M) September 13 (W)	Research methods, Overview of theories	Trull 4	
September 18 (M) September 20 (W)	Clinical diagnosis, Clinical judgment	Trull 5, 10 Dawes 3	Exercise 1 (grad school)
September 25 (M) September 27 (W)	Interviewing, Behavioral assessment	Trull 6, 9	
October 2 (M) October 4 (W)	Cognitive/intellectual assessment, Personality assessment	Trull 7, 8, 18	Exercise 2 (ADIS)
October 9 (M) October 11 (W)	Modern therapy, Non-specific factors	Trull 11 to p. 312	Exercise 4a (Oct. 11; optional)
October 16 (M) October 18 (W)	Psychodynamic approaches	Trull 12 WC 1, 2, 3	Exam 1 (Oct. 16)
October 23 (M) November 1 (W)	Client-centered, Emotion-focused, Existential approaches	Trull 13 WC 4, 8, 9	
November 8 (W) November 13 (M)	Behavior, Cognitive-behavior, Rational emotive approaches	Trull 14 WC 5, 6, 7	Exercise 4b (Nov. 8; optional)
November 15 (W)	Outcome and effectiveness	Trull 11 from p. 312	Exam 2 (Nov. 15)
November 20 (M)	Psychotherapy integration	Handout	Exercise 3 (lecture, 3 articles)
November 27 (M) November 29 (W)	Group, family, couples therapy	Trull 15 WC 11	
December 4 (M) December 6 (W)	Professional issues, Ethics	Trull 3 LLL 8, 9, 15 Dawes 2, 9	
December 11 (M)	Review and summary	Lott Intro, 1,2, 3	Exercise 4c (Dec. 11; optional)

Final Exam: Date to-be-announced