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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

- 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.

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.

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 accommodatio



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.

In addition, a student will be randomly assigned to briefly summarize each of the reading each week. Thus, it is necessary to be prepared to give a brief (approximately 5 min) overview of all of the assigned readings.

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 nearly-learned concepts and/or professional insights that you find interesting and helpful.

Final project (40%). Each section of this course (1. Cognitive Behavioral Therapy, 2. Family and



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.

- 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.
- Woll, C. F. J., & Schönbrodt, F. D. (2019). A series of meta-analytic tests of the efficacy of long-





4/1	10	Empirically-supported treatments for children and adolescents; empirically supported treatment components	Francis
4/8	11	Anxiety and affective disorders treatments; common elements of MATCH-ADTC (Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems)	Francis
4/15	12	Externalizing disorders treatments; common elements of MATCH-ADTC	Francis
4/22	13	Dialectical Behavior Therapy (DBT)	Tull
4/29	14	Acceptance and Commitment Therapy (ACT)	Tull