Clinical Psychology

Course Motto: Think with a scientist's mind and feel with a humanist's heart.

Catalog Description

(Prerequisites: Psyc 110; a grade of C or higher in Psyc 225) An overview of contemporary clinical psychology focusing on its practices, contributions, and directions. Topics include clinical research, psychological assessment, psychotherapy systems, community applications, and emerging specialties, such as health and forensic psychology. Fall only. (EPW – Writing Intensive.)

Faculty Information

Instructor:	John C. Norcross, PhD, ABPP, Distinguished Professor of Psychology
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Required Texts

Pomerantz, A. M. (2024). *Clinical psychology* (sixth edition). Sage.
Either paperback ISBN 9781071851951 or ebook (120-day rental) ISBN 9781071851975

VandenBos, G. R., McNeil, J., & Norcross, J. C. (1995). *The anatomy of psychotherapy: Viewer's guide to APA Psychotherapy Videotape Series*. American Psychological Association.

Student Learning Objectives

By performance on multiple quizzes, three papers, classroom demonstrations/discussions, and a final examination, students completing this course will demonstrate knowledge of the:
1. cardinal activities and responsibilities of clinical psychologists (including psychotherapy, assessment, research, supervision, consultation, training, research, and ethics)
2. foundational assessment methods (e.g., interview, behavioral assessment, psychological tests, clinical and actuarial judgment)
3. major psychological interventions in both theoretical orientations (psychodynamic, humanistic, cognitive-behavioral, integrative) and therapy formats (individual, couples, family, group)
4. core specialties in clinical psychology (including health, community, clinical neuropsychology, forensic, pediatric, and prescription privileges)

Evaluation Process

Your grade in this course will be determined by your performance on weekly quizzes, a final examination, three papers, and class participation. A Writing Consultation with the professor is required but is not graded.

There will be 14 weekly quizzes (15 points apiece) and one final examination (40 points). The weekly multiple-choice quizzes will be given at the beginning of class; these quizzes will cover

lecture material, reading assignments, film presentations, and class handouts. Make-up quizzes are not available; missed quizzes become dropped quizzes. The final exam will primarily assess your knowledge of material covered in the last two weeks of class and secondarily assess your mastery of themes throughout the course.

Three papers, accorded 40 points apiece, are also requested. Detailed instructions for preparing the papers are attached. You have several options for each of the papers; moreover, you are encouraged to suggest a different project that will promote your intellectual discovery and development. You may complete the repeated assignments (Biofeedback, APA Psychotherapy Videotape) only once.

Paper 1: Biofeedback **or** Cochrane Synopsis **or** Autobiography of Mental Health Patient
Paper 2: APA Therapy Videotape **or** Behavioral Analysis **or** Biofeedback **or** Digital Therapeutics
Paper 3: Listening to Others **or** Gratitude Letter **or** APA Psychotherapy Videotape

You can earn up to 10 additional points by actively partciating in calss (as jointly determined by the TAs and professor) and by completing (by the beginning of next class) five brief, written activities.

Putting it all together:

Best 12 of 14 quizzes (15 each)	180 ($\approx$ 52% of grade)
Final examination	40 ($\approx$ 11% of grade)
Three papers (40 each)	120 ($\approx$ 34% of grade)
Class participation	10 ($\approx$ 3% of grade)
Total	350 possible points

Course Policies
Regular class attendance is essential for a comprehensive understanding of the subject matter. You are responsible for all announcements made in class. If absent from a class, you are responsible for the material covered. If absent from a class in which a videotape is shown, you may obtain and watch it in the Media Resources Center in the library.

Please refer to the University's *Academic Code of Honesty*. Plagiarism, dishonest quiz/exam behavior, and collaboration on individual papers will result in a grade of F for the course. Submitting false data or manufacturing data on written assignments will also result in a grade of F for the course. As stated in the *Student Handbook*: Failures in the area of academic honesty strike at the heart of what is essential to the University community – the pursuit of truth.

Kindly do not use laptops during class time. Research documents that taking notes by hand (compared to typing) increases your knowledge of the material and improves your ability to conceptualize the knowledge at a higher level. Please see me if you have reason to be exempt from this policy.

You are encouraged to participate fully and civilly in class. At the same time, we will not tolerate disruptive or offensive behavior that is antithetical to our university ideals or that is contrary to a conducive learning environment. Civility is a fragile construct that we must cherish and protect.

Please turn off your cell phone while in class. You may not text, tweet, or venture online during class. Violation of this policy will demand punishment – though one that does not infringe on your eighth amendment rights.

Our class time will involve lectures, discussions, videotapes, and demonstrations. The primary function of the lectures is to supplement, not to repeat, the textbooks. The lectures will, therefore, contain information not found in the readings, and you will be tested on this material. You are free to decline participation in any discussions or activities.

This syllabus continues online on Brightspace for PSYC 360 and on my syllabi website (www.scranton.edu/faculty/norcross/Documents/syllabus_continued.pdf).Please familiarize yourself with the following student resources and University policies.
♦ Mental Health Resources
♦ Writing Center
♦ Office of Student Support & Success
♦ Faculty Reporting Obligations as a Required Reporter
♦ Non-Discrimination Statement
♦ Students with Disabilities
♦ Statement on Academic Honesty
♦ Additional University Policies

Films for Clinical Psychology
Oct 10   Short-Term Dynamic Therapy (APA Psychotherapy Videotape)
Oct 17   Three Approaches to Psychotherapy (Ellis, Rogers, and Perls tapes)
Oct 24   Harry: Behavioral Treatment of Self-Abuse
Oct 29   Cognitive-Behavior Therapy (APA Psychotherapy Videotape)
Nov 7   An Ounce of Prevention (World of Abnormal Psychology Videotape)
Nov 26   Commitment Evaluation

Course Calendar and Assignments

Dates	Topics	Reading	Assignment
Aug 27	Welcome; Definitions		
Aug 29	CP and Mental Health Professions	P1, Syllabus	Quiz #1
Sep 3	History & Training in Clinical Psychology	P2, P3	Quiz #2
Sep 5	Controversies & Directions in CP		
Sep 10	Diversity and Culture in CP	P4, P5	Quiz #3
Sep 12	Ethics & Professional Issues in CP		
Sep 17	Research in Clinical Psychology	P6, P8	Quiz #4
Sep 19	Psychological Assessment		Paper #1
Sep 24	Behavioral Assessment	P10	Quiz #5
Sep 26	Actuarial and Clinical Judgment		
Oct 1	Psychotherapy and Behavior Change	P11, VIntro	Quiz #6
Oct 3	Psychotherapy Research & Integration	articles	
Oct 8	Psychodynamic Psychotherapy	P12, V3	Quiz #7
Oct 10	Psychodynamic Psychotherapy		
Oct 15	Fall Break; no class		
Oct 17	Humanistic Psychotherapy	P13, V5	Quiz #8
Oct 22	Behavioral Therapy	P14, V8	Quiz #9
Oct 24	Behavioral Therapy		Paper #2
Oct 29	CBT & Mindfulness Therapies	P15, V11	Quiz #10
Oct 31	CBT & Mindfulness Therapies		
Nov 5	Group, Couple, & Family Therapies	P16, article	Quiz #11
Nov 7	Community Intervention & Prevention		
Nov 12	Health Psychology	P18, article	Quiz #12
Nov 14	Health Psych; Positive Psychology		
Nov 19	Clinical Child & Adolescent Psychology	P17, article	Quiz #13
Nov 21	Forensic Psychology		
Nov 26	Forensic Psych; More Specialties	P19, forensic report	Quiz #14
Nov 28	Thanksgiving Break; no class		Paper #3
Dec 3	International; Future Prospects	future chapter	
Dec 5	Final Class; Clinical Jeopardy		

Guidelines for the Papers

Kindly type all three papers double-spaced with conventional fonts and one-inch margins. The target word count for each is between 1,500 and 2,000; that is the minimum required for a course to be designated EPW. Please record your word count at the end of each paper and place your name on the *back* of the last page (which enables blind/masked grading). Papers are due at the beginning of the designated class period.

The 40 points per paper will be distributed as 10 points for writing and punctuation, and 30 points for content (insofar as one can readily separate those elements). Avoid cover sheets and extra blank pages (save trees!). You are encouraged (but not required) to print your paper on both sides.

Collaboration and consultation with other students are ***not*** permitted in preparing these papers. You may consult with the Writing Center, the professor, and the course TAs, but otherwise the papers must represent your original, independent work.

Phases of the Writing Assignments (for either paper 1 **or** paper 2)
1. Students read syllabus instructions and select one of the three options for that written assignment
2. Students selecting the same assignment meet during class in groups to discuss the parameters, objectives, and potential problems; professor clarifies questions and addresses potential obstacles
3. Students write and submit their first drafts
4. Professor reads, marks (with copious comments), grades, and returns the papers; professor shows PPT in class of common writing (and substantive) problems in the papers
5. Students meet with professor in individual writing conferences (during office hours) to review their initial submissions and to prepare their second drafts
6. Students compose second drafts, submit to professor with first drafts attached (to ensure rewriting occurred beyond correcting obvious mistakes), and professor reviews and regrades

Checklist for All Papers
For the sake of my sanity and your grade, please complete the following checklist before submitting your papers.
✓ My paper is typed double-spaced (except for Gratitude Letters) with a conventional font
✓ Uses one-inch margins throughout
✓ The word count is between 1,500 and 2,000 (except for autobiography reviews) and is recorded at the end of the paper (not on the back)
✓ My name is written on the *back* of the last page
✓ Paper is titled, e.g., Biofeedback, Cochrane Synopsis
✓ Headings and paragraphs are used as indicated in the instructions
✓ The paper contains few or no junk adjectives, e.g., "really," "very," "actually," "truly"
✓ The number of contractions is limited, as these are formal writing assignments
✓ Vacuous words, such as "issues" and "able to," have been eliminated
✓ Extremist characterizations of "always" and "never" do not appear in my final version
✓ Any requested documents are attached to the paper
✓ The paper does not contain title pages or blank last pages
✓ Redundancy is anathema: these are focused, structured papers
✓ My paper is beautifully assembled and stapled diagonally in the upper left corner
✓ The paper represents my original, independent work
✓ "I am pleased and proud to submit this fine piece of work!"

Cochrane Synopsis

The Cochrane is a database comprised of systematic reviews which identify and expertly synthesize randomized clinical trials (RCTs) on a given health-care topic. The Cochrane Database of Systematic Reviews (CDSR) is considered a "gold standard" of evidence-based practice in mental health. Here is where many mental health professionals find the most recent and balanced conclusions of what treatments work for a particular mental disorder or life challenge.

Think of yourself as a clinical psychologist practicing in a private office, a clinic, or a hospital. You turn to the Cochrane to address an interesting and practical question with which you are confronted in your clinical work. How might you think, relate, or behave differently as a result of the scientific research?

Access the Cochrane site through the Weinberg Memorial Library webpage (not directly from the web). Click on Database: A to Z list. Scroll down to find the Cochrane Library and click the link. Get familiar with the site. On the top of the homepage, go to the BROWSE header. Restrict your search to topics under two headings: Mental Health; and Tobacco, Drugs, and Alcohol. Restrict yourself to a review of interventions/treatments (e.g., psychotherapy, pharmacotherapy, prevention, self-help).

You will find hundreds of Cochrane reviews. Scan the various reviews, and then select one for this assignment. I recommend that you select a review featuring a few to perhaps two dozen studies; it will prove difficult to write a synopsis on a longer review. Select a review published in the last five years. Print the Abstract of the Cochrane review and attach it to your finished paper.

The purpose of your paper is neither to abstract the review nor to repeat its contents. Rather, the assignment is intended to review the study's principal purposes, methodologies, and findings in a concise and practical manner. The central question to keep in mind is, "What are the specific implications of this research for my clinical practice?"

Below are the outline and the required centered headings for your synopsis.
Article: Cite the author, article, and Cochrane database in APA format.
Central Purpose: Review the authors' main objectives for conducting the review.
Method: Summarize the characteristics of studies and the number of patients included in the review. Identify the inclusion and the exclusion criteria for studies covered in the review.
Major Findings: Describe the major findings. Check that the findings you describe directly relate to the central purpose of the review.
Practice Implications: Highlight the implications for clinical practice. Demonstrate how this Cochrane review can influence your clinical work. Avoid general conclusions, such as "Psychologists can help people more, "Research is valuable," and "More research is needed" in favor of concrete and specific implications for treating a particular disorder or life challenge based on the results of this review. Do not address implications for future research.
Impressions: Mention the reasons you selected this topic and the review's most important limitations.

Autobiography of a Mental Health Patient

People adore personal, compelling stories of self-transformation. Autobiographies provide an inside view of psychological disorders and life challenges, drawing on the human capacity for self-

description and self-analysis. Memoirs complement scientific research and case studies performed from the outside looking in. Written in the person's own words, an autobiography emphasizes matters that the writer, as distinct from a psychologist or researcher, considers important. Autobiographies describe disorders in family and environmental context, provide interesting narratives with strong story lines, and in the end, typically reveal a successful outcome.

For this assignment, you will read an autobiography written by a mental health client which appears on the following list and which you have *not* previously read. Our library possesses many of these books. A list of 8 approved autobiographies follows.

An unquiet mind by Kay Jamison (bipolar disorder)
ADHD and me by Blake Taylor and Lara Honos-Webb (ADHD)
Feeding the hungry heart by Geneen Roth (eating disorders)
Note found in a bottle by Susan Cheever (substance abuse)
Rewind, replay, repeat by Jeff Bell (OCD)
The center cannot hold by Elyn Saks (schizophrenia)
The anxiety expert by Marjorie Raskin (anxiety)
Undercurrents by Martha Manning (depression)

You then complete an Autobiographical Review form (which will be distributed in class). At the end of that form, you will provide a 700 – 850 word review of the book. Please write in the past tense. Read published reviews of other autobiographies (but not on the book you read).

What belongs in a brief book review? That depends largely on you and the book's content. At a minimum, summarize the content of the book (one paragraph), the author's/patient's perspective, the strengths and uses of this autobiography, its perceived weaknesses or limitations, and your final observations and evaluations.

Biofeedback Assignment

Biofeedback is a popular intervention in clinical practice, especially in health psychology, and encompasses a wide array of procedures. The defining features of biofeedback are that: (1) some aspect of the person's biological functioning (e.g., blood pressure, heart rate, galvanic skin response) is systematically monitored by an apparatus; (2) the apparatus feeds back information on the biological functioning to the person by way of a visual or auditory signal; and (3) the person then attempts to modify that signal by changing the biological functioning. For example, a person suffering from essential hypertension might be hooked up to a machine that measures blood pressure and that registers the systolic pressure on a visual display. With instruction and practice in relaxation training, the person will gradually lower their systolic pressure.

For the purposes of this course, the Psychology Department has purchased 8 mobile biofeedback relaxation systems. These systems employ abbreviated training in progressive muscle relaxation, imagery, diaphragmatic breathing, and biofeedback itself. Although less intense than what one would typically receive in psychotherapy, this training exercise will provide you with hands-on experience with relaxation training and biofeedback, heretofore limited to the classroom.

Our biofeedback kits provide feedback on two biological functions: galvanic skin response and finger temperature. The feedback is in the form of either an auditory signal (a tone) or a visual signal (meter).

Most students will have the opportunity to sign out a biofeedback kit during the semester for a three-week period. The kit contains all the essential materials: Instruction manual; GSR monitor; relaxation CD; temperature probe; and visual feedback meter. (For health reasons, we have removed the ear plug.) You are personally responsible for the safe return of the biofeedback kit.

Follow these steps, in this order, to complete the assignment. Two weeks are required to complete all the steps.
1. Read pages 486 - 488 in the textbook on biofeedback.
2. Review the Instruction Manual accompanying the GSR2 Biofeedback Relaxation System.
3. Listen to the CD (How to get the most from your GSR2).
4. Begin and maintain a running log of your relaxation activities on the attached table. Record the date, time, location, feedback type, relaxation methods, and your subjective units of discomfort (SUDs) on a 0 to 10-point scale (where 0 is perfectly relaxed and 10 is very uncomfortable) before your relaxation exercise and after you have finished. Conduct and log at least 14 relaxation trials. Staple the completed log to your paper.
5. Practice the relaxation exercise on the CD (narrated relaxation exercise) *without* the biofeedback system on two days.
6. Acquaint yourself with the GSR monitor using the tone feedback on two 20-minute occasions on two days.
7. Use the GSR monitor and meter *with* the CD relaxation exercise on two days.
8. On one day, after 5 days of practicing, , inject an annoying external stressor -- such as a ringing telephone, alarm clock, or kitchen timer -- and observe the difference. On that same day, inject an annoying internal stressor -- such as a mild unpleasant thought or image -- and observe the difference.
9. Experiment on different days with the GSR monitor using the auditory signal (tone) versus using the visual signal (meter).
10. Choose the most effective signal display (auditory or visual) for you and then practice that on several occasions.
11. Try the biofeedback system in different locations. Perhaps in quiet and noisy places or locations with and without other people.
12. Experiment with the GSR system. Try different variations and alternative means of relaxation, *beyond* those given in these instructions. For example, try different types of music, various relaxation tapes, before and after exercising, while petting a dog or cat, or watching an exciting television show.
13. Return the biofeedback kit to your professor during class time. Thank the professor profusely for such a valuable exercise!

The resulting paper will summarize your experiences with the relaxation and biofeedback exercise. Kindly address the following questions, each in a separate, brief paragraph:
♦ What was your prior experience with formal relaxation methods?
♦ What were your expectations going into this biofeedback exercise?
♦ How many relaxation trials did you record in your log? On how many days?
♦ What type of feedback signal (tone or meter) worked best for you? Why?

♦ Which relaxation technique in this exercise -- muscle relaxation, imagery, deep breathing, biofeedback signal, or any combination thereof -- was most effective in helping you relax deeply?
♦ Which technique (from the list in the last question) was least helpful?
♦ How long did your relaxation typically last after the session?
♦ Did you discern any differences in relaxation efficacy due to the time of day?
♦ Any observed differences in relaxation efficacy due to the location?
♦ Did you notice any patterns over time and with practice in your relaxation response as you practiced biofeedback? Calculate the average SUDs differences over time, say, for your first five versus your last five trials (excluding noxious stimuli).
♦ What occurred when you intentionally introduced noxious stimuli while you were relaxing? Did you observe difference in your reaction between an external stressor and an internal stressor?
♦ How did you experiment with the biofeedback unit? (Please do not recount those variations already given in these instructions.) What were the results of the experiments?
♦ Overall, how well did you relax?
♦ Excluding the experiences with the noxious stimuli and your experiments, did your SUDs ratings reliably decrease pre-relaxation to post-relaxation?
♦ If so, what was the average decrease (excluding those times when you introduced noxious stimuli or experimented)? Calculate and report the pre-post average difference in SUDs.
♦ What was the average SUD decrease using your most effective signal and relaxation techniques in a quiet environment?
♦ What did you learn from the assignment about biofeedback and how you relax? Do not repeat your answers to the previous questions.

APA Psychotherapy Videotapes

Your paper will analyze and discuss a psychotherapy session, not viewed in class, from the APA Psychotherapy Videotape Series I and II. The first step is to decide which of the following video-tapes you would particularly like to watch. You may watch as many as you like, but your paper will analyze only one of them.

    Laura Brown, PhD: Feminist Therapy
    Lillian Comas-Diaz, PhD: Ethnocultural Psychotherapy
    John C. Norcross, PhD: Integrative Psychotherapy (get from Norcross)
    Alice K. Rubenstein, EdD: Practical Psychotherapy with Adolescents
    Francine Shapiro, PhD: EMDR for Trauma (get from Norcross)
    Samuel M. Turner, PhD: Behavior Therapy for OCD (get from Norcross)

The second step is to read the respective pages in *The Anatomy of Psychotherapy* or the booklet accompanying the videotape about that therapeutic approach. The chapter includes a biographical sketch of the therapist, a synopsis of the therapeutic approach, a summary of the patient's background, and a description of the previous psychotherapy sessions. Once you have read the material, you will possess the same information as the psychologist conducting the session.

The third step is to proceed to the Media Resources Center on the third floor of the library (x 6330). Their hours are 8:00 am to 10:00 pm Monday through Thursday, 8:00 am to 4:30 pm on Friday, 12:00 noon to 7:00 pm on Saturday, and 12:00 noon to 10:00 pm on Sunday. You may watch the videotapes only in the Media Center.

The fourth step is to watch the videotape, recording your prominent reactions to the clinician and client and answering specific questions presented in italics. These will serve as the basis for your written paper.

The fifth step is to write your paper, which will consist of your answers to the italicized Stimulus Questions About the Videotaped Session in the viewer's guide, and to the following four General Questions:

What are your general reactions to the session, the patient, and the therapist? (that's 3 answers)

What do you think were the strengths and weaknesses of this therapy approach?

After reading about and viewing the session, what are the patient's DSM5 diagnoses? (Hint: look up the specific diagnostic criteria in the DSM5)

What one other psychotherapy do you believe this patient would profit from and why?

Do *not* answer the questions in the first four sections of the chapter (About Dr. X; Synopsis of Brand X Psychotherapy; Client Background & Precipitating Events; Process Notes from Initial Session); only answer the questions in the Stimulus Questions About the Videotaped Session section and the four General Questions above. Kindly avoid repeating in the "strengths and weaknesses" answer your responses to the stimulus questions (that is, avoid redundancy).

Kindly structure your paper by creating two centered headings – Stimulus Questions, General Questions – and then numbering your answers under each. Please do *not* provide an introduction to your paper (just begin with your answer to the first question), and please do *not* repeat the question (simply answer it). Remember to address all parts of the multipart questions; each part of a question requires its own paragraph.

Behavioral Analysis

This assignment will help you identify what triggers a problem behavior and what maintains it. What are the environmental, interpersonal, and emotional precipitants for your smoking, procrastination, nail biting, or not exercising? What reinforces the continuation of those problem behaviors? Your answers will expose clues to your behavioral pattern. You will become a behavioral detective.

It's a well-defined sequence: **A**ntecedents trigger your problem **B**ehavior, which brings **C**onsequences. It's as easy as 1-2-3 or as simple as ABC; one thing leads to another and then to another.

1		2		3
Antecedents	→	**B**ehavior	→	**C**onsequences
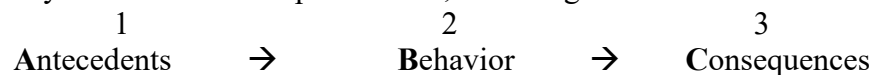
Antecedents occur before and may precipitate the problem in question. What are the environmental, interpersonal, and mood triggers? What time of the day do these seem to regularly occur? What were the situations before the problem occurred?

Behavior is the problem behavior as well as the healthy alternatives to it.

Consequences occur after the problem and are usually contingent on it. Immediate consequences of our behaviors are often rewarding—yummy, soothing, releasing, and relaxing. But the delayed consequences can be painful and destructive; sadly, we attend far more to the immediate than the delayed consequences. That's why we record both the immediate and delayed results.

As an example, here are the shortened results of an ABC behavioral analysis that we conducted in class regarding problem drinking on campus. The behavioral (or functional) analysis is a serious way to understand its causes and to chart its solutions.

Antecedents	→	Behavior	→	Immediate Consequences	→	Delayed Consequences
Bored		Drink		Fun, maybe hook up		Miss class in morning
Stressed from school		Drink		Relaxed, mellow		Sick, hangover
My friends are at the bar		Drink		With my friends, bonding		Blackouts
Not much to do at night		Drink		Lot better than studying!		Sexual risks
Weekends		Drink		Enjoy the party		Poor decisions
						Academic failure

The results of the behavioral analysis allow the solutions to practically jump out. In terms of Antecedents, find healthier ways to relax than drinking, develop social norms on campus that do not depend on alcohol, and fill your night life with pleasurable activities that do not involve the bars, for example. In terms of Behaviors, develop healthier substitutes that meet the underlying needs of fun, friends, and freedom. Learn social skills, coping skills, and relaxation skills. In terms of Consequences, reverse the rewards of the immediate consequences and the punishments of the delayed consequences.

For this assignment, quickly reread chapter 7 on Behavioral Assessment. Select a *mild or moderate* behavioral problem that you would like to change soon (in the preparation or action stage, but not drinking), that occurs at least several times a week, and that you are comfortable sharing with the professor. Complete the attached Behavioral Analysis Log for your problem behavior for at least 14 consecutive days. When the problem behavior occurs, make an entry in the data log and, on those days when the problem behavior occurred more frequently, make several entries (but no more than three occurrences per day). Please stop at 20 recorded occurrences of your problem behavior.

Track on the data log four features of the problem behavior:
1. Time of day
2. Antecedents: the situation (e.g., where you were, what you were doing), the people (who you were with), and your feelings (e.g., sad, happy, stressed, relaxed, bored, lonely)
3. Behavior: the frequency, magnitude, or duration of the problem behavior (e.g., the number of nail bites, the amount of money, the number of arguments)
4. Consequences: the immediate results of the problem behavior as well as the delayed impacts on your functioning and others'

To reduce forgetting, social desirability, and other biases, carry the data log with you during the day and record the data daily. If you do not have your data log, then record the behavior in your cell phone. Perhaps set an alarm on your phone to remind you to transfer the data to your log every day.

The paper will summarize your experiences with the behavior analysis assignment. Attach the data log to your paper. Remember: write and think like a behavior analyst, not a cognitive therapist, not a psychodynamic therapist. Using that data log, address the following questions, each in a separate paragraph (even if only a sentence or two):

♦ What were your expectations going into the exercise?
♦ Were your expectations borne out?

♦ What was your target problem behavior? Operationally define it in observable, specific terms; provide behavioral examples. What related behaviors, if any, were excluded?
♦ What was your prior experience with (a) formally assessing the problem and (b) reducing the problem behavior? How did they work?
♦ How and when did you collect and record the data presented in your log?
♦ How many instances of your problem behavior did you record in your data log?
♦ How did you minimize the effects of forgetting and social desirability?
♦ What were the typical antecedents (time of day, settings, people, emotions) that precipitated your problem behavior? Give specific percentages of the antecedents by category (time, settings, people, emotions); for example, the percent of time it was boredom for an emotional trigger.
♦ What was the frequency of your problem behavior? What did you learn about its frequency, magnitude or duration? How severe was the problem behavior on a 0 – 10 scale?
♦ What were healthier alternatives to the problem behavior?
♦ What were the typical *immediate* consequences of your problem? What percentage were punishing and what percentage were reinforcing?
♦ What were the *delayed* consequences of your problem behavior? What percentage of the delayed consequences were punishing and what percentage were reinforcing?
♦ What did you overall learn from the assignment about your problem and the behavioral chain?
♦ If you were to change the problem behavior, what steps would you take based on the results of your behavioral analysis? That is, what would be your behavioral self-change plan? (Hint: A comprehensive plan will involve the A, B, and C.)
♦ Finally, how might you improve this assignment in the future? (Do not suggest behavior change as we do not have the time to do so in this assignment.)

Listening to Others

How well do most humans listen to others' expressions of distress? Do laypersons listen as well and as long as mental health professionals? Let's closely observe your conversations and address these questions in this assignment.

All schools of psychotherapy prize the therapeutic relationship, especially the clinician's ability to listen carefully and empathize deeply. Indeed, that ability may distinguish a trained mental health professional from a caring layperson. Research has found that the length of a layperson's active listening and empathy averages a mere 30 to 40 seconds, before they move to sympathy, advice, or discussing their own problems. In this context, a clinician's empathic and listening skills prove unusual and curative.

For this assignment, you will record the results of at least 12 naturalistic conversations with other people. Conversations can occur in-person or by telephone (but not online or via text). When another person asks "How are you?" or you initiate a conversation in which you express some degree of distress, you will record the context of the conversation and the amount of time that the other person responds with active listening and empathy (not the length of the entire conversation, but the length of active listening and empathy). Estimate the time in five second increments.

Six of the conversations should be held in private and six in a public setting. Try to initiate about half of the conversations and wait until other people begin the other half. Collect data over multiple days, please.

This assignment does not constitute formal research; it is not a study or an experiment. Nor should any conversations be staged or faked. You are mindfully observing your personal conversations in naturalistic settings. No individual (other than you) should be identified by name or defining characteristic. Nor should you explain or "debrief" anyone since this assignment is not a formal study or research.

For each conversation, record on the attached data log the following information: date; time; location; intensity of your distress; initiator of the conversation; your relationship with the listener; situation/context of the conversation; length of the other person's active listening and empathy (not the length of the entire conversation; only the length of their active listening); and the other person's non-empathic responses. Their responses are likely to be several; try to remember and record as many as possible (including checking of cell phones).

Attach the completed data log to your paper. In that paper, please address the following questions in this order:
♦ What were your expectations and biases going into the assignment?
♦ Were these expectations borne out by your data and observations?
♦ Summarize, in a single paragraph, your method of collecting the data. How and when did you record the data on your log?
♦ What was the mean and median length of others' active, empathic listening to your concerns? (Not the length of the entire conversation, but the length of the active listening.) What was the shortest? What was the longest?
♦ Analyze that overall mean time of active listening by the following parameters (and remember a few seconds difference on a few conversations does not represent a "significant" difference):
   (a) relationship status with the other person
   (b) location of the conversation (public vs private)
   (c) time of day of the conversation (morning, afternoon, evening)
   (c) who initiated the conversation (you or the other), and
   (d) self-reported intensity of distress (low, medium, or high).
♦ What were the principal responses of the other people to your expression of distress? Establish categories of their responses (e.g., active listening, empathy, sympathy, silence, dismissal, advice, discussing their problems, checking cell phones) and approximate the percentages of their responses.
♦ What were the most helpful responses you received? Why?
♦ What were the least helpful responses? Why?
♦ What did you learn about how laypersons tend to listen to others' distress? (avoid repeating your earlier answers)
♦ What did you learn about your own listening skills from this assignment?
♦ How do your laypersons' responses compare to those of psychotherapists you have observed in the videotapes shown in class?
♦ What were your key, take-home lessons from this assignment? (do not repeat your previous answers)
♦ What else, if anything, proved important or interesting about this assignment?

Digital Therapeutics

Mental health care in this country is facing a crisis. To meet the growing need for behavioral health services, digital therapeutics have emerged as a promising tool to increase both the accessibility and

affordability of care. *Digital therapeutics* (DTxs) are apps designed to deliver clinically validated interventions. One such app is Meomind. DTxs do not replace face-to-face psychotherapy, but they complement and support it.

Meomind provides access to prerecorded psychotherapy sessions personalized to the user. After taking a questionnaire to personalize the health journey, users are offered a list of audiotapes that would likely prove most beneficial. There is also a large library of hundreds of other sessions that users can listen to. Meomind includes the ability to follow specific therapists, journal after listening to sessions, and complete check-ins with a mental health tracker.

Fair warning/informed consent: This assignment, like the Behavioral Analysis exercise, requires you to disclose personal information to the professor. If you prefer not to do so, then please complete an alternative assignment.

Follow these steps in completing the assignment.
1. Download the Meomind app on your smartphone (the app is available via the Apple App Store or Google Play Store; use the access code **APA**).
2. Create an account with your email address and name.
3. Personalize your journey by answering a series of questions regarding your mental health.
4. Spend a few moments acquainting yourself with Meomind. Locate your recommended therapy sessions on the Home tab, discover other potentially useful recordings on the Explore tab, and find the journaling feature on the Library tab. Not all sessions feature a journaling option.
5. Listen to a minimum of eight sessions, over the course of at least five days. The sessions can be selected from either the sessions recommended for you on the Home tab or other sessions in the Explore tab. You can listen to an entire series and/or separate sessions. Record each session in a series separately on a data log.
6. Spend a total of at least three hours listening. The sessions range from 10 to 30 minutes.
7. Please do *not* listen to sessions labeled as "challenge sessions." Nor should you listen to sessions about sexual or physical abuse that might trigger my required reporting under Title IX.
8. Use the attached data log to record and react to each audiotape you choose.
9. Complete the freeform journal entry under the Journaling tab (when available) to record your impressions (you may repeat in the paper some of your reactions under the Comments section on your data log).
10. After listening to the sessions and completing the time requirement, complete again the mental health tracker check-in under the Profile tab to reassess your mental health.

The resulting paper will summarize your experience with Meomind. Kindly address the following questions, each in a separate, brief paragraph. Attach your log to the final paper.
♦ What was your prior experience with digital therapeutics?
♦ What other apps have you explored or listened to?
♦ What were your expectations going into this Meomind exercise?
♦ How many sessions did you listen to? For how long in total?
♦ In which environments did you listen to each session? Did the environment impact your ratings?
♦ What is your appraisal of the app's formatting or structure? How did it help or hinder your experience?
♦ On average, based on your effectiveness ratings, how effective were the sessions? Provide the range of ratings and the average rating please.
♦ Which single session proved most effective and why?

♦ Which session was least effective?
♦ How did your mental health tracker check-in change after days of engaging with Meomind?
♦ How long did any improvements in mental health last after each session?
♦ What were your reactions and impressions after listening to your chosen audiotapes? Offer a few overarching reactions, not to every session.
♦ What did you typically journal about?
♦ Did you complete any of the homework suggested in the session? If so, did you find it helpful?
♦ What did you learn from the assignment about digital therapeutics and their effectiveness?
♦ What did you learn from the assignment about yourself and your mental health?
♦ How specifically would you improve this assignment and paper?

Gratitude Letter

A gratitude letter is a popular, research-supported method of positive psychology. This method entails writing letters of gratitude to people who have been especially kind to you but who have never been properly thanked. Research indicates that a gratitude letter or visit can temporarily increase your happiness.

For this assignment, read Seligman et al.'s *American Psychologist* article on positive psychology (as distributed in class). Then identify two living individuals who have been especially kind to you but who have never been properly thanked. These should not be psychology or neuroscience professors, college roommates, fellow students, or romantic interests.

Word process (single-space) a gratitude letter of at least 750 words to the two individuals. Format the assignment as letters with the date, your return address, recipient's address, salutation, body, closing, and your name/signature.

The letters should describe your grateful feelings and the reasons for your gratitude. Begin the letters with the reasons you are expressing gratitude now (e.g., In our Clinical Psychology course, we are studying positive psychology and one of its methods, a gratitude letter; In advance of the holiday, I have been reflecting on gratitude). Provide specific examples of the person's assistance or contribution to you. Discuss the consequences of the person's kindness on your functioning and future. Detail your gratitude; avoid general and diffuse praise in favor of the specific and concrete. Please do *not* include general news about your life, your job, or your hot friends; the gratitude letter is exclusively about thanking somebody for their kindness. Sign your name to the letter.

Provide me with copies of the two letters, deleting (if you like) the names of the recipients and any overly personal details. I will treat the content of the letters as confidential and will return them to you (for mailing) once graded.

After revising the letters based on my feedback, put them in the mail. Mail the letters to the intended recipients; that is part of the assignment and part of the beneficial effect of the gratitude letter. By selecting this writing assignment, you are ethically committing to mailing the letters.

Biofeedback Data Log

Date	Time	Location	Feedback Type	Relaxation Methods	Comments	Pre SUDs	Post SUDs
			none	Progressive muscle relaxation via narration	No biofeedback		
			none	Progressive muscle relaxation via narration	No biofeedback		
			tone	Progressive muscle relaxation via narration			
			tone	Progressive muscle relaxation via narration			
			meter	Progressive muscle relaxation via narration			
			meter	Progressive muscle relaxation via narration			

Date	Time	Location	Feedback Type	Relaxation Methods	Comments	Pre SUDs	Post SUDs

Behavioral Analysis Log
My Behavioral Chain for _____ (behavior)

Date	Time of Day	Antecedents			Behavior		Consequences	
		Settings	People	My feelings	Frequency/duration/ magnitude of behavior	Healthy alternatives available at time	Immediate conseqs of problem behavior	Delayed consequences of problem behavior

Listening to Others: Data Log

Date	Time of day	Location (public or private)	Intensity of your distress (low, medium, high)	Initiator of conversation (you or listener)	Relationship (acquaintance, family member, friend, significant other, coworker)	Situation (individual or group context)	Length of active listening (seconds)	Listeners' other responses (e.g., sympathy, advice, silence)

Digital Therapeutics: Data Log

Date	Audiotape Topic (no need to provide exact title)	Audiotape Length (in minutes)	Effectiveness Rating (1 = low to 5 = high)	Comments

Date	Audiotape Topic (no need to provide exact title)	Audiotape Length (in minutes)	Effectiveness Rating (1 = low to 5 = high)	Comments