

PSYC 951 (F25)
Advanced Cognitive-Behavioural Therapy

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Basic Course Information

Dates: Fall 2025 (September 2nd to December 2nd)

Modality: on campus

Pre-requisites: PSYC 847 or equivalent

Office hours by appointment (book with YouCanBookMe [here](#))

Acknowledgement of Territory

Let us acknowledge that Queen's University occupies traditional Anishinaabe and Haudenosaunee territory. To acknowledge this traditional territory is to recognize its longer history, one predating the establishment of the earliest European colonies. It is also to acknowledge this territory's significance for the Indigenous Peoples who lived, and continue to live, upon it and whose practices and spiritualities are tied to the land and continue to develop in relationship to the territory and its other inhabitants today. Indigenous communities in Kingston/Katarokwi continue to reflect the area's Anishinaabe and Haudenosaunee roots. There is also a significant Métis community and First Peoples from other Nations across Turtle Island present here today. To read more about the history of the land, see the [Queen's Encyclopedia](#) and to learn more about land acknowledgements, see the [Office of Indigenous Initiatives](#).

Commitment to Equity, Diversity, and Inclusivity

Queen's University recognizes that the values of equity and diversity are vital to and in harmony with its educational mission and standards of excellence. It acknowledges that direct, indirect and systemic discrimination exists within our institutional structures, policies and practices and in our community. These take many forms and work to differentially advantage and disadvantage persons across social identities such as race, ethnicity, disability, gender identity, sexual orientation, faith and socioeconomic status, among other examples.

Queen's is committed to counteracting discrimination in this institution and developing a climate of educational equity that recognizes and respects the equal dignity and worth of all who seek to participate in the life, work and mission of the University. Such a climate is created and maintained by developing a university-wide commitment to and understanding of educational equity, supported by policies, programs, curricula, practices and traditions that facilitate individuals - and equity-seeking groups- free, safe, and full participation.

I espouse the values held above which are described in more detail in the University's [Educational Equity Policy](#). I will create a class environment that is safe and rich for all students and where diverse perspectives and experiences are embraced.

Building a Classroom Community

University is a place to share, question, and challenge ideas. Each student brings a different set of lived experiences. You can help to create a safer, more respectful classroom community for learners by following these guidelines:

- Make a personal commitment to learn about, understand, and support your peers.
- Assume the best of others and expect the best of them.

- Recognize and value the experiences, abilities, and knowledge each person brings to the course.
- Acknowledge the impact of oppression on other people's lives and make sure your words and tone are respectful and inclusive.
- Encourage others to develop and share their ideas.
- Pay close attention to what your peers say/write before you respond. Think through and re-read what you have written before you post online or send your comments to others.
- Be open to having your ideas challenged and challenge others with the intent of facilitating growth.
- Look for opportunities to agree with one another, building on and intentionally referencing peers' thoughts and ideas; disagree with ideas without making personal attacks, demeaning, or embarrassing others.

Fostering Accessibility

All of us have a shared responsibility for fostering accessibility and promoting meaningful inclusion of those with disabilities. The Accessibility Hub at Queen's University's Human Rights & Equity Office offer a host of tutorials that provide us all with practical tips for:

- creating accessible documents, e.g., to submit to your teaching team or share with peers in peer feedback activities/in a presentation,
- emails, e.g., while communicating with group members or your teaching team, and
- meeting practices (e.g., in tutorials/labs/seminars or virtual meetings).

Name/Pronoun

If, for whatever reason, you wish to change how your name appears in onQ and/or on class lists, please follow these steps. You may also use this process to add your pronouns to the appearance of your name.

1. Log into SOLUS.
2. Click on the Personal Information tab.
3. Click on the Names tab
4. Click on the Add New Name tab
5. Choose Preferred from the Name Type drop down menu
6. Enter the name you would like to appear in onQ and/or on class lists.
7. Click Save.

Please allow 24 to 48 hours for your name to be registered within the system. If you have further questions or concerns, please contact ITS at Queen's University.

Brief Course Description

This course provides advanced instruction in cognitive and behavioural interventions for emotional disorders, which include *Anxiety Disorders*, *Obsessive-Compulsive and Related Disorders*, and *Depressive Disorders*, as well as some *Trauma- and Stressor-Related Disorders*, *Feeding and Eating Disorders*, *Sleep-Wake Disorders*, and *Personality Disorders*. Students will learn transdiagnostic case conceptualization, treatment planning, and intervention grounded in the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP).

Students will learn the theoretical and historical foundations of the UP and will review emerging evidence that supports its application to a range of emotional disorders. We will discuss and practice transdiagnostic case conceptualization and treatment planning using the UP framework. The course will then introduce advanced cognitive and behavioural skills used in the core UP modules including motivational enhancement techniques, mindfulness, cognitive flexibility, schema work, interoceptive exposures, identifying and countering emotion-driven behaviours and emotional exposures. Finally, we will discuss (1) adapting interventions with patients from diverse cultures and (2) responding to suicide risk in the context of the UP.

Course Learning Outcomes (CLOs)

By the end of this course, you should be able to do the following:

- CLO1 Understand the UP's theoretical and historical foundations. Recognize the conceptual and practical importance of a transdiagnostic approach to emotional disorders
- CLO2 Evaluate empirical support for the UP (e.g., efficacy relative to single-disorder protocols)
- CLO3 Develop a transdiagnostic case conceptualization and preliminary treatment plan for emotional disorders commonly seen in clinical practice.
- CLO4 Flexibly apply the UP's modules (e.g., by varying ordering or duration) to individually tailor treatment plans
- CLO5 Execute cognitive and behavioural techniques from the UP's core modules. Flexibly adapt interventions to different diagnostic presentations and patient demographics
- CLO6 Respond to acute suicide risk using Crisis Response Planning

Course Materials

Required Text

Barlow, D. H., Farchione, T. J., Sauer-Zavala, S., Murray Latin, H., Ellard, K. K., Bullis, J. R., Bentley, K. H., Boettcher, H. T., Cassiello-Robbins, C. (2017). *Unified Protocol for Transdiagnostic Treatment of Emotional Disorder: Workbook (2nd Ed)*. New York, NY: Oxford University Press.

*Referred to as *Workbook* in the [Course Timeline](#) below.

Note: The *Workbook* includes several handouts used for interventions in each module. In this course, students will use these for Homework Assignments and Video-Recorded Role-Plays. All handouts are available to download as PDFs [here](#). Students will also use the Case Conceptualization form from the *Therapist Guide*, which is available for free [here](#).

Required Articles

In addition to chapters from the Workbook (Barlow et al., 2017), additional empirical and/or review articles will be assigned for some topics (see [Reading List](#) below). The articles are all available to download from the Queen's University library. The URL for each of the readings is provided in the reading list. To access the articles, first ensure that you are connected to the Queen's server (either from an on-campus computer, or remotely). Then, simply click on the URL and you will be directed to a page that will allow you to download a copy of the article.

Required readings from *Applications of the Unified Protocol for transdiagnostic treatment of emotional disorders* (D. H. Barlow & T. J. Farchione, Eds) are available as an ebook:

https://ebookcentral.proquest.com/lib/queen-ebooks/detail.action?docID=5750082#goto_toc

Optional / Supplemental Texts

Barlow, D. H., Farchione, T. J., Sauer-Zavala, S., Murray Latin, H., Ellard, K. K., Bullis, J. R., Bentley, K. H., Boettcher, H. T., Cassiello-Robbins, C. (2017). *Unified Protocol for Transdiagnostic Treatment of Emotional Disorder: Therapist Guide (2nd Ed)*. New York, NY: Oxford University Press. *Referred to as *Therapist Guide* in the [Course Timeline](#) below.

Bennett-Levy, J., Butler, G., Fennell, M., Hackman, A., Mueller, M., & Westbrook, D. (2004). *Oxford Guide to Behavioural Experiments in Cognitive Therapy*. New York, NY: Oxford University Press.

Greenberger, D. & Padesky, C. A. (2016). *Mind Over Mood: Change How You Feel by Changing the Way You Think (2nd Ed)*. New York, NY: Guilford Press.

Harris, R. (2019). *ACT Made Simple: An Easy-to-Read Primer on Acceptance and Commitment Therapy (2nd Ed)*. Oakland, CA: New Harbinger Publications.

Linehan, M. M. (2014). *DBT Skills Training Manual (2nd Ed)*. New York, NY: Guilford Press.

Miller, W. R. & Rollnick, S. (2012). *Motivational Interviewing: Helping People Change (3rd Ed)*. New York, NY: Guilford Press.

Fee Statement

Course textbook: *Unified Protocol for Transdiagnostic Treatment of Emotional Disorder: Workbook (2nd Ed)*

Edition(s) Acceptable: 2nd Edition

Publisher: Oxford University Press

For Purchase: [Amazon.ca](#), [Indigo.ca](#)

Cost: ~\$47 CAD (Indigo), ~\$70 CAD (Amazon)

Available in Library: No

Course Timeline

| Date | Topics | Required Readings |
|--------------------------|---|---|
| Week 1 Sept 2 | Rationale for Transdiagnostic Treatments What is an emotional disorder? | Bullis et al 2019 Workbook Ch 1 |
| Week 2 Sept 9 | Neuroticism: A Key Transdiagnostic Mechanism Transdiagnostic Case Conceptualization | Barlow et al., 2014 |
| Week 3 Sept 16 | Transdiagnostic Case Conceptualization (cont.) Functional Assessment; Presenting the treatment model | Workbook Ch 1-3 <i>Therapist Guide Ch 1-5</i> Padesky 2020 (pp. 399-404) |
| Week 4 Sept 23 | Module 1: Setting Goals and Maintaining Motivation | Workbook Ch 4 <i>Therapist Guide Ch 6</i> |
| Week 5 Sept 30 | Module 2: Understanding Emotions [No in-person class; NDTR] | Workbook Ch 5-6 <i>Therapist Guide Ch 7</i> |
| Week 6 Oct 7 | Module 3: Mindful Emotional Awareness | Workbook Ch 7 <i>Therapist Guide Ch 8</i> Ferguson et al., 2021 (pp. 595-602) |
| Oct 13-17 | Fall Term Break – No Class | |
| Week 7 Oct 21 | Module 3: Mindful Emotional Awareness (cont.) Module 4: Cognitive Flexibility | Workbook Ch 8 <i>Therapist Guide Ch 9</i> |
| Week 8 Oct 28 | Module 4: Cognitive Flexibility (cont.) Working with Core Beliefs | Workbook Ch 8 <i>Therapist Guide Ch 9</i> Padesky, 1994 Padesky, 1990 |
| Week 9 Nov 4 | Module 5: Countering Emotional Behaviours Module 6: Confronting Physical Sensations | Workbook Ch 9-10 <i>Therapist Guide Ch 10-11</i> Boettcher et al 2016 |
| Week 10 Nov 11 | No Class. Optional Drop-In | Location TBD |
| Week 11 Nov 18 | Module 6: Confronting Physical Sensations (cont.) Module 7: Emotion Exposures | Workbook Ch 10-11 <i>Therapist Guide Ch 11-12</i> Craske et al 2014 |
| Week 12 Nov 25 | Adapting and Individualizing the UP | Ametaj et al 2018 Pachankis, 2014 |

NOTE: Full references for the articles listed under “Required Readings” are provided in the [Reading List](#) below. Other suggested, supplemental readings are on the course website.

Grading

General Comment. In this course, assessments are a vehicle for developing and practicing clinical skills to apply in your professional lives (as clinicians, scholars, and teachers). I assume PhD students are internally motivated to learn course material for the sake of their professional development. As such, precise grading with very detailed rubrics is generally not a good fit to this course. With that said, I will provide as much qualitative feedback on assignments as time allows, and you will receive peer feedback on some assessments. Students who participate in the in-class and asynchronous activities in good faith, and who demonstrate clinical understanding and skills commensurate to their level will do well in this course.

Grading Scheme. Grades will be given in letter form (A+, A, etc) and the proportions will be applied to the numeric equivalent (e.g., A+ = 95%; A = 87%) based on Queen's guidelines.

Queen's Official Grade Conversion Scale

| Grade | Numerical Course Average (Range) |
|-------|----------------------------------|
| A+ | 90-100 |
| A | 85-89 |
| A- | 80-84 |
| B+ | 77-79 |
| B | 73-76 |
| B- | 70-72 |

General Rubric for Assessments. The general rubric describes the overall caliber of performance that corresponds to each letter grade. The specifics will change depending on the type of assessment, but below provides a general idea:

| Grade | Weight |
|-------|---|
| A+ | The assignment far exceeded expectations. The student demonstrates clinical understanding and/or skill that is consistent with someone above their level (e.g., early-career practitioner). The scientific and/or clinical reasoning is virtually flawless; the student adds novel insights. For participation, the student is an exceptional, regular contributor to class who adds considerably to the learning and experiences of their peers |
| A | The assignment met expectations. The student demonstrates clinical understanding and/or skill that is expected for their levels. Scientific and/or clinical reasoning is cogent and the students' points are well-supported by evidence (where applicable). For participation, the student respectfully and consistently engages in class activities. They demonstrate their understanding by adding to discussions. |
| A- | The assignment nearly met expectations. There were some key aspects of the student's clinical understanding and/or skill that fell below level. The demonstrated |

| | |
|----|--|
| | <p>scientific and/or clinical reasoning is illogical and/or unsupported; the work may generally suggest limited engagement (e.g., done very hastily). For participation, the student may have repeated, unexcused absences from in-course activities and/or may make minimal contributions to discussions (in class; asynchronously).</p> |
| B+ | <p>The assignment does not meet expectations. The student does not demonstrate clinical understanding and/or skill consistent with their level. The student's work demonstrates minimal critical thinking effort; scientific and/or clinical reasoning may be illogical and not supported by evidence from course and/or readings. For participation, the student does not engage in class discussions (whether online or in person) and/or does not participate in group activities.</p> |

Course Requirements

Transdiagnostic Case Conceptualization (20%) - **DUE Sept 16 (Grace Period: Sept 19)**

Experiential Exercises and Reflections (15%)

1. Following your ARC (5%) - **DUE Oct 3 (Grace Period: Oct 6)**
2. Countering Emotional Behaviours (5%) - **DUE Nov 14 (Grace Period: Nov 17)**
3. Emotional Exposure (5%) - **DUE Nov 28 (Grace Period: Dec 1)**

Video-Recorded Role Plays (40%)

1. Mindful Emotion Awareness (20%) – **DUE Oct 21 (Grace Period: Oct 24)**
2. Core Belief Work (20%) – **DUE Nov 18 (Grace Period: Nov 21)**

Participation (25%)

Description of Learning Activities and Assessments

All assignments should be turned in before 5PM on the day they are due. Students should submit written assignments through the course website (OnQ)

Transdiagnostic Case Conceptualization (20% of final grade) **DUE SEPTEMBER 16**

Students will receive a case describing a patient presenting with symptoms of an emotional disorder. The patient will also have comorbid psychopathology (e.g., other emotional disorders and/or symptoms). Students will conceptualize the case based on Triple Vulnerability Theory with a custom handout, and will also use the UP case conceptualization template from the *Therapist Guide*. Generally, if you are missing information or are making inferences (e.g., about likely thoughts, emotions, body sensations, reactions, etc) simply make note of that when you do it. A complete assignment will include the following:

1. Use the case information to fill out a triple vulnerability conceptualization of emotional disorders for the mock patient. The model should have a section for “General Biological Vulnerability”, “General Psychological Vulnerability” and “Specific Psychological

Vulnerability”. Brief bullet points of the main aspects of the case that fall into each of these sections is sufficient. If information seems unavailable, speculation is permitted (please note where you are making informed speculations/guesses)

2. Accompanying the triple vulnerability conceptualization, include a brief narrative (~200 words) that (a) identifies case information that supports the general contributions of neuroticism to the patient’s problems and/or symptoms (NOTE: you may speculate based on case data if needed) AND (b) what else would you want to know (e.g., additional developmental history) to inform your conceptualization
3. Use the case information to fill out the “UP Case Conceptualization Worksheet” found in the *Therapist Guide* and downloadable [here](#).
4. Accompanying the “UP Case Conceptualization Worksheet” include a brief narrative (~200 words) describing how the three main aspects of the conceptualization (strong emotions, aversive reactions, and avoidant coping) are connected in this patient. Briefly comment on the role that avoidant coping plays in the patient’s symptoms and/or clinical presentation.
5. On a separate page, briefly (~200 words total) answer the following questions:
 - a. How do this patient’s presenting problems fit with the definition of an “emotional disorder”?
 - b. What aspects of the case, if any, do not fit with the “emotional disorder” framework for understanding symptoms that cut across diagnoses?

Experiential Exercises and Reflections (15% of Final Grade)

Students will turn in three experiential exercises with brief reflections. The purpose of these activities is to (a) develop familiarity with skills used in the core modules of the UP; (b) better understand how patients might experience these exercises and (c) gain insight into your emotions, how you respond to them, and how these responses impact your life.

Experiential Exercises and Reflections that are submitted on time with all components completed will be given a grade of A+. I will read your assignments and will provide brief feedback on the technical aspects. I will not comment on the personal details you share, unless asked to. I will keep this information completely confidential.

The length of these assignments is up to you. Beyond filling out the relevant handout(s), I would suggest that students keep responses to a maximum of ½ page (~250 words) for these activities. These are just guidelines, and less is perfectly acceptable. Also, the questions listed for each of the assignments are there to guide your thinking and help you maximally benefit from the exercise. You do not need to respond to any of them. Instead, you could simply write about how the exercise went in general (what you noticed; what you liked).

Following Your ARC - DUE OCTOBER 3

Complete the “Following Your ARC” worksheet for two (2) distinct emotional situations. Try to identify situations that generate a pronounced emotional response and/or are associated with notable consequences. Reflect on the following questions: *What patterns do you notice in the triggers (antecedents) and responses to emotions over the week? How do your strategies relate to the rationale for the UP?*

Countering Emotional Behaviours **DUE NOVEMBER 14**

Identify a personal example of each type of emotional behavior (i.e., emotion-driven behaviors; overt avoidance; subtle behavioral avoidance; cognitive avoidance; safety signals). Identify one emotional behavior you would like to work with. Identify the typical short- and long-term consequences of this behaviour in your life. Next, come up with alternative action(s) for this emotional behaviour. Practice this alternative action in your daily life using the Countering Emotional Behaviours Worksheet (available [here](#)); submit the worksheet with at least one situation/trigger row completed. Reflect on the following questions: *What were the emotional behaviors you identified and what insight, if any, did they give you about your professional roles (e.g., student; therapist; scholar)? Comment on the short- and long-term consequences of the alternative action - what was surprising or unexpected? What, if anything, made this activity difficult?*

Emotional Exposure **DUE NOVEMBER 28**

Identify emotions or an emotion to which you have negative reactions, and a situation or situations that tend to evoke them. It may help to use emotions/situations from the *Following Your ARC* and/or *Countering Emotional Behaviours*. Plan a date and time to complete an emotional exposure. This can be situation-based, imaginal, or physical sensation; it's up to you. Before the planned exposure, fill out the front side of Form 11.2 "*Record of Emotion Exposure Practice*." Shortly after completing the exposure, fill in the back side of Form 11.2. Reflect on the following questions: *What, if anything, made this activity difficult? If you were doing the exposure again, how would you alter the exposure task to make it more effective?*

Video-recorded Role-Plays (40% of Final Grade)

Students will complete two recorded role-plays. Students will be randomly paired and will work with their partner for the two assignments (this allows students in the therapist role to "follow" their mock case).

Students have a range of options for producing recordings of their sessions.

1. *Recorded interviews on Zoom or another video-conferencing platform are acceptable.* I recognize that sometimes scheduling in-person time is challenging and further, that telepsychology is becoming much more common!
2. *Recording in person by booking a space in the Psychology Clinic.* If you choose this option, please consult with Kristy Chalovich (Administrative Assistant) and Dr. Sheelagh Jamieson (Clinic Director) **in advance** to arrange a recording time. There are rooms in the clinic with video recording equipment that may be used for teaching purposes at times when they are not booked for patients.
3. *In the past, students have made use of recording equipment available in research labs and this is another encouraged option for filming role-plays.* If you would like to use my lab's recording equipment (Noldus Stationary Observation Lab), please let me know **in advance** and we can schedule a time for you.

Each recording will be of a portion of a session (see descriptions below). Assignments will include the recording, completed handouts used for the session, and answers to brief reflection questions. Within pairs, students will take turns in the therapist role and acting as the client.

Mindful Emotional Awareness **DUE OCTOBER 21**

Role of Patient: Prior to the session, generally reflect on your character's biographical / developmental experiences, the history of your presenting symptoms and your present problems. Ahead of time, identify one (1) minor issue you might have with mindfulness meditation (do not share this with your partner). Prepare reactions you might share to a mindfulness exercise.

Role of Therapist: The therapist will deliver the second part of the Module 3 (*Mindful Emotion Awareness*) of the UP. This involves completing a "mindful mood induction" (Workbook, pp. 69-70) and processing it with the patient, using the *Mindful Emotional Awareness* form (Form 7.1) as a guide. Therapists can assume that mindfulness was introduced in a prior session, and that the client completed the *Mindful Emotion Awareness Meditation* homework. Thus, in the recording, therapists should (a) socratically summarize / remind their client about major mindfulness principles; (b) briefly describe the rationale for the mood induction exercise; (c) play the music to evoke an emotional response (for the exercise, a brief portion is fine); and (d) debrief the exercise. ***The recording should not exceed 20 minutes.***

Write-Up: Along with the recorded session, therapists will submit a 1-page reflection on the session. ***This should not exceed 500 words and shorter submissions are encouraged.*** Students should answer the following questions in their write-up: (1) *What parts of the session were most effective and why?* (2) *What parts of the session would you most like to redo or change and why?* (3) *How would you guide your patient through the rest of the Module (e.g., what exercises would you focus on; what thoughts/behaviors would you expect during their practice).*

Core Belief Work **DUE NOVEMBER 18**

Role of Patient: Prior to the session, partially complete a "Practicing Cognitive Flexibility" form as your "mock" patient (i.e., fill in the types of situations and thoughts your person would experience). Complete a few rows all the way through (i.e., include some statements in the "other interpretations" section) but have at least one row where you do not fill in interpretations. This will be an event where cognitive flexibility is not working because the situation/trigger activated core beliefs. You should decide on what core belief was activated ahead of time, and make sure you prepare appropriately so that the therapist has cognitions to dig through. Do not share this with the therapist.

Role of Therapist: The therapist will role-play part of the second session of Module 4 (Cognitive Flexibility). Overall, the role-play focuses on navigating a situation where a patient is "stuck" on the Cognitive Flexibility exercise because the situation activates a core belief. The therapist can assume that the patient has received the earlier psychoeducation component of Module 4 and is familiar with the "Practicing Cognitive Flexibility" form. The therapist can assume that other parts of the "Practicing Cognitive Flexibility" form (i.e., the rows that the person has been able to come up with other alternative interpretations) have been reviewed.

Consistent with best practices for cognitive-behavioural therapies, the therapist should use **general therapeutic skills (Socratic dialogue; reflections; summaries; guided discovery/collaborative empiricism) throughout** to encourage patient-generated insights and to promote mastery and ownership of in-session skill building.

Start the recording with reviewing the "Practicing Cognitive Flexibility" form. Specifically, therapists should begin with reviewing the row that the patient has not completed. Explore the stuck-point(s) with the patient. Then, use the following procedures to assist the patient with identifying a core belief that underlies the surface level thought(s) for which the patient cannot generate flexible alternatives:

(a) brief introduction to the exercise, including rationale.

(b) work with the patient to complete the Downward Arrow Exercise for one of the thoughts identified in their worksheet (use Form 8.2; Workbook p. 93).

(c) provide some brief psychoeducation about core beliefs. There are many ways a therapist could choose to do this. Some examples of things therapists could do are: highlight the main points from the UP manual; use metaphors described in class; use elements from broader cognitive theory discussed in class and lecture videos.

(d) Once the belief is identified, the therapist should work Socratically with their patient to improve their insight into how the core belief impacted emotions/behaviours in the situation from the worksheet.

Therapists may end the role-play abruptly after they accomplish the activities above with their patients. They do not need to role-play to the end of the session, discuss potential homework, or anything like that. It is assumed that this is a piece from a larger session. That is, it is assumed that, if this were a real session, there would have been content before and after the recorded role play. **The recording should not exceed 25 minutes.**

Write-Up: Therapists will hand in the written work from the session (i.e., the "Practicing Cognitive Flexibility" handout and the "Downward Arrow: Identifying Core Automatic Thoughts" handout). On a separate page, briefly describe a planned core belief change activity that you could use with the patient in their next session, or that you might even introduce in the role-played session (see Padesky, 1994, Clinical Psychology & Psychotherapy). Describe (a) what you would do (b) why you would expect your approach to, over time, contribute to core belief change (e.g., what is the mechanism(s) of action?). **This should not exceed 500 words (~1 page) and shorter submissions are encouraged.**

Participation (25% of Final Grade)

Participation includes attendance, involvement in class and small group discussions, completing in-class activities (e.g., experiential learning of therapeutic techniques) and acting as the therapist for role-plays (large and small group). Students are expected to notify the instructor if

they need to miss class. Students will also be asked to complete occasional prelections (e.g., writing down or thinking about their answers to questions related to class material prior to class) for discussion. No materials will be collected, and these will not be graded.

Assessment Learning Outcomes Matrix

| Course Assessment | CLO1 | CLO2 | CLO3 | CLO4 | CLO5 | CLO6 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|
| Case Conceptualization | X | | X | | | |
| Experiential Exercises and Reflections | X | | | X | X | |
| Participation | X | X | X | X | X | X |
| Video-recorded Role-Plays | X | | X | X | X | |

Policies

Late Policy

All assignments have a built-in three-day grace period, which aligns with the Faculty of Arts and Science's policy for Academic Considerations. If you have extenuating circumstances when a submission is due, and these circumstances will last up to three (3) days, you can use the grace period without applying for formal Academic Considerations through the Portal. The grace period is automatically applied to assignments submitted up to three (3) days late. However, if your circumstances will last more than three (3) days and you have documentation, please use the Academic Considerations Portal.

For the *Transdiagnostic Case Conceptualization* and the *Video-Recorded Role Plays*, late assignments beyond the grace period (without long-term Considerations or Accommodations) will be penalized 5% per day (or part thereof) that it is late, including weekends, unless arrangements have been made. *Experiential Exercises and Reflections* received after the grace period deadline (without long-term Considerations or Accommodations) will receive a grade of 0, unless arrangements have been made.

Academic Support

All undergraduate students face new learning and writing challenges as they progress through university: essays and reports become more complex; effectively incorporating research into writing becomes more important; the types of assignments become more diverse; managing your time and developing the skills you need to read and think critically gets more challenging. I encourage students to contact Student Academic Success Services (SASS). SASS offers many different ways to receive support:

- Free online or in-person [appointments](#) to get personalized support on writing and academic skills from expert staff and trained peers.
- [Workshops](#) and [drop-in programs](#). SASS' [Events Calendar lists events coming soon](#).
- [Online resources](#) that provide strategies for academic skills and writing development at university.
- If English is not your first language, SASS has specific resources for [English as Additional Language students](#), including weekly programs and EAL academic skills appointments. You can meet on an ongoing basis with an EAL consultant to work on your academic writing, speaking, listening, and reading skills.

Accommodations for Disabilities

Queen's University is committed to working with students with disabilities to remove barriers to their academic goals. Queen's Student Accessibility Services (QSAS), students with disabilities, instructors, and faculty staff work together to provide and implement academic accommodations designed to allow students with disabilities equitable access to all course material (including in-class as well as exams). If you are a student currently experiencing barriers to your academics due to disability related reasons, and you would like to understand whether academic accommodations could support the removal of those barriers, please visit the [QSAS website](#) to learn more about academic accommodations or start the registration

process with QSAS by clicking **Access Ventus** button at [Ventus | Accessibility Services | Queen's \(queensu.ca\)](#)

VENTUS is an online portal that connects students, instructors, Queen's Student Accessibility Services, the Exam's Office and other support services in the process to request, assess, and implement academic accommodations.

To learn more go to:

<https://www.queensu.ca/ventus-support/students/visual-guide-ventus-students>

Academic Consideration for Students in Extenuating Circumstances

Academic Consideration is a process for the University community to provide a compassionate response to assist students experiencing unforeseen, short-term extenuating circumstances that may impact or impede a student's ability to complete their academics. This may include but is not limited to,

- Short term Physical or Mental Illness or Injury (stomach flu, anxiety/depression, mononucleosis, concussion, broken bones, surgery, medical treatments, etc.)
- Traumatic Event/Confidential (Bereavement, serious injury, illness or required treatment for a significant other/family member or a traumatic event such as divorce, sexual assault, social injustice, etc.)
- Requirements by Law or Public Health Authorities (court dates, jury duty, requirements to isolate, etc.)
- Significant Event (varsity athletic event, distinguished event, serving in the Reserve Forces, etc.)

Queen's University is committed to providing academic consideration to students experiencing extenuating circumstances. For more information, please see the [Senate Policy on Academic Consideration for Students in Extenuating Circumstances](#).

Each Faculty has developed a protocol to provide a consistent and equitable approach in dealing with requests for academic consideration for students facing extenuating circumstances. For more information, undergraduate students in the Faculty of Arts and Sciences should consult the Faculty's webpage on [Academic Consideration in Extenuating Circumstances](#) and submit a request via the [Academic Consideration Request Portal](#). Students in other Faculties and Schools who are enrolled in this course should refer to the protocol for their home Faculty.

Students are encouraged to submit requests as soon as the need becomes apparent and to contact their instructor and/or course coordinator as soon as possible once academic consideration has been granted. Any delay in contact may limit the options available for academic consideration.

For more information on the Academic Consideration process, what is and is not an extenuating circumstance, and to submit an Academic Consideration request, please see the Faculty of Arts and Science's [Academic Consideration website](#). ASO courses include links to information on Academic Consideration on your Course Homepage in onQ.

Please see the Teaching Team page for contact information for your instructor and TA(s), where relevant.

Queen's Policy Statement on Academic Integrity

Queen's University is dedicated to creating a scholarly community free to explore a range of ideas, to build and advance knowledge, and to share the ideas and knowledge that emerge from a range of intellectual pursuits. Queen's students, faculty, administrators and staff therefore all have responsibilities for supporting and upholding the fundamental values of academic integrity. Academic integrity is constituted by the five core fundamental values of honesty, trust, fairness, respect and responsibility and by the quality of courage. These values and qualities are central to the building, nurturing and sustaining of an academic community in which all members of the community will thrive. Adherence to the values expressed through academic integrity forms a foundation for the "freedom of inquiry and exchange of ideas" essential to the intellectual life of the University.

The following statements from "The Fundamental Values of Academic Integrity" (2nd edition), developed by the International Center for Academic Integrity (ICAI), contextualize these values and qualities:

1. **Honesty:** Academic communities of integrity advance the quest for truth and knowledge through intellectual and personal honesty in learning, teaching, research, and service.
2. **Trust:** Academic communities of integrity both foster and rely upon climates of mutual trust. Climates of trust encourage and support the free exchange of ideas which in turn allows scholarly inquiry to reach its fullest potential.
3. **Fairness:** Academic communities of integrity establish clear and transparent expectations, standards, and practices to support fairness in the interactions of students, faculty, and administrators.
4. **Respect:** Academic communities of integrity value the interactive, cooperative, participatory nature of learning. They honor, value, and consider diverse opinions and ideas.
5. **Responsibility:** Academic communities of integrity rest upon foundations of personal accountability coupled with the willingness of individuals and groups to lead by example, uphold mutually agreed-upon standards, and take action when they encounter wrongdoing.
6. **Courage:** To develop and sustain communities of integrity, it takes more than simply believing in the fundamental values. Translating the values from talking points into action -- standing up for them in the face of pressure and adversity — requires determination, commitment, and courage.

Students are responsible for familiarizing themselves with and adhering to the Senate [regulations](#) concerning academic integrity, along with [Faculty or School](#) specific information. Departures from academic integrity include, but are not limited to, plagiarism, use of unauthorized materials, facilitation, forgery and falsification. Actions which contravene the regulation on academic integrity carry sanctions that can range from a warning, to loss of grades on an assignment, to failure of a course, to requirement to withdraw from the university.

Using generative AI writing tools such as ChatGPT in your submitted work is not permitted in this class. This type of use constitutes a Departure from Academic Integrity.

Original work, completed wholly by you, is expected to be submitted in this course. The use of an artificial intelligence tool like ChatGPT is not permitted.

Queen's [Student Academic Success Services](#) (SASS) offers a self-directed, online academic integrity module which we encourage all students to take which will help with:

- Understanding the nature of the academic integrity departure
- Understanding the expectations of and role of sources in scholarly writing
- Integrating sources into your writing (paraphrasing, quoting, summarizing)
- Understanding when and how to cite your sources
- Managing your time effectively to avoid the need for shortcuts
- Taking effective notes to ensure accuracy of source material and correct attribution

Copyright of Course Materials

Course materials created by the course instructor, including all slides, presentations, handouts, tests, exams, and other similar course materials, are the instructor's intellectual property. It is a departure from academic integrity to distribute, publicly post, sell or otherwise disseminate an instructor's course materials or to provide an instructor's course materials to anyone else for distribution (including note sharing sites), posting, sale or other means of dissemination without the instructor's *express consent*. A student who engages in such conduct may be subject to penalty for a departure from academic integrity and may also face adverse legal consequences for infringement of intellectual property rights.

Technology Requirements

To best participate in the course, the following technology specifications are encouraged.

- Web browsers: onQ performs best when using the most recent version of the web browsers, Chrome or Firefox. Safari and Edge are strongly discouraged as these web browsers cause issues with onQ.
- Internet speed: While wired internet connection is encouraged, we recognize that students may be relying on a wireless connection. A minimum download speed of 10 Mbps and up to 20 Mbps for multimedia is recommended. To test your internet speed, <https://www.speedtest.net/>
- Additional tools: You will need a PDF reader to access the articles on the reading list. You may also want headphones for recorded lectures and/or recommended website sources (e.g., YouTube videos).

For technology support ranging from setting up your device, issues with onQ to installing software, con-tact ITS Support Centre: <https://www.queensu.ca/its/itsc>

Reading List

- Ametaj, A. A., Wong Sarver, N., Anakwenze, O., Ito, M., Rattner-Castro, M., & Potluri, S. (2018). Cross-cultural applications of the Unified Protocol. In D. H. Barlow & T. J. Farchione (Eds.), *Applications of the Unified Protocol for transdiagnostic treatment of emotional disorders* (pp. 268-290). New York, NY: Oxford University Press. Available to read [here](#).
- Barlow, D. H., Ellard, K. K., Sauer-Zavala, S., Bullis, J. R., & Carl, J. R. (2014). The origins of neuroticism. *Perspectives on Psychological Science*, 9(5), 481-496. <https://doi.org/10.1177/1745691614544528>
- Boettcher, H., Brake, C. A., & Barlow, D. H. (2016). Origins and outlook of interoceptive exposure. *Journal of Behavior Therapy and Experimental Psychiatry*, 53, 41-51. <https://doi.org/10.1016/j.jbtep.2015.10.009>
- Bryan, C. J. (2019). Cognitive behavioral therapy for suicide prevention (CBT-SP): Implications for meeting standard of care expectations with suicidal patients. *Behavioral Sciences & the Law*, 37(3), 247-258. <https://doi.org/10.1002/bsl.2411>
- Bullis, J. R., Boettcher, H., Sauer-Zavala, S., Farchione, T. J., & Barlow, D. H. (2019). What is an emotional disorder? A transdiagnostic mechanistic definition with implications for assessment, treatment, and prevention. *Clinical Psychology: Science and Practice*, 26(2), e12278. <https://doi.org/10.1111/cpsp.12278>
- Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy*, 58, 10-23. <https://doi.org/10.1016/j.brat.2014.04.006>
- Ferguson, A., Dinh-Williams, L. A., & Segal, Z. (2021). Mindfulness-based cognitive therapy. In A. Wenzel (Ed.), *Handbook of cognitive behavioral therapy: Overview and approaches* (pp. 595-616). Available to read [here](#).
- Pachankis, J. E. (2014). Uncovering clinical principles and techniques to address minority stress, mental health, and related health risks among gay and bisexual men. *Clinical Psychology: Science and Practice*, 21(4), 313-330. <https://doi.org/10.1111/cpsp.12078>
- Padesky, C. A. (2020). Collaborative case conceptualization: Client knows best. *Cognitive and Behavioral Practice*, 27(4), 392-404. <https://doi.org/10.1016/j.cbpra.2020.06.003>
- Padesky, C. A. (1994). Schema change processes in cognitive therapy. *Clinical Psychology & Psychotherapy*, 1(5), 267-278. <https://doi.org/10.1002/cpp.5640010502>
- Padesky, C.A. (1990). Schema as self-prejudice. *International Cognitive Therapy Newsletter*, 6, 6-7. **Available at:** <https://www.padesky.com/clinical-corner/publications/>