

Adult Cognitive-Behavioural Treatments

Code: 105776
ECTS Credits: 6

Degree	Type	Year	Semester
2502443 Psychology	OT	4	2

Contact

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Use of Languages

Principal working language: spanish (spa)
Some groups entirely in English: No
Some groups entirely in Catalan: No
Some groups entirely in Spanish: No

Other comments on languages

Half of the topics will be taught in Catalan and the other one in Spanish

Teachers

Joan Torras Claraso

Prerequisites

It is very desirable when pursuing this subject to have internalized the knowledge inherent to Life-Cycle Psychopathology, Introduction of Psychological Treatment, Adulthood Psychopathology and Clinical Assessment of Adulthood.

Objectives and Contextualisation

Objectives and Contextualisation

This subject belongs to Adulthood Clinical Psychology Itinerary Block A. In Introduction of Psychological Treatment subject, students have deepened in different intervention models, therapeutic process and in different therapeutic techniques in a monographic and relatively independent way.

In Cognitive-Behavioural Treatment in Adult Age we go further into how a set of therapeutic techniques are involved in shaping therapeutic programs addressed to different psychopathology syndromes and behavioural problems. Cognitive-Behavioural Treatment in Adult Age is an optional subject that is taught in the second semester of the fourth year.

Teaching aims

- 1.-Familiarize the students with the therapeutic programs that, from a cognitive-behavioural viewpoint, can be used most often to treat the most frequent psychopathology disorders and behavioural problems in clinical practice in adult age
- 2.-Show the students which of these therapeutic programs are the most effective

3.-Focus on how the techniques are adjusted to treat different clinical problems and on the importance that they acquire when applied to different clinical and behavioural problems.

Competences

- Define objectives and develop the intervention plan based on the purpose of the (prevention, treatment, rehabilitation, integration, support).
- Dominate the strategies and techniques to include in the intervention with recipients.
- Maintain a favourable attitude towards the permanent updating through critical evaluation of scientific documentation, taking into account its origin, situating it in an epistemological framework and identifying and contrasting its contributions in relation to the available disciplinary knowledge.
- Propose and negotiate priorities, goals and objectives of the intervention recipients.
- Select and apply the methods and techniques in the plan for intervention in accordance with the established objective in relevant contexts for the service requested.

Learning Outcomes

1. Apply theoretical knowledge about psychological problems to select therapeutic targets.
2. Carry out the design and negotiation of intermediate and final objectives of change in simulated situations.
3. Differentiate between methods and techniques based on the evidence available to a target of intervention.
4. Differentiate the phases of the intervention plan and its priority.
5. Establish criteria for selecting target behaviours.
6. Formulate treatment goals in operational terms.
7. Identify forecasts of possible changes based on interventions in practical clinical cases.
8. Maintain a favourable attitude towards the permanent updating through critical evaluation of scientific documentation, taking into account its origin, situating it in an epistemological framework and identifying and contrasting its contributions in relation to the available disciplinary knowledge.
9. Prioritize objectives for treatment.
10. Recognise how to reach consensus in treatment objectives and techniques among all parties involved in the intervention process.
11. Recognise the appropriateness of an intervention methodology for a therapeutic purpose.
12. Specify an action plan based on the assumptions and objectives previously established.
13. Use techniques for motivating change.

Content

Content

The cognitive-behavioural approach has developed extraordinarily in past decades, and so has its knowledge corpus. The set of techniques involved in the behaviour modification framework has grown considerably. Cognitive-behavioural intervention has demonstrated its effectiveness in the resolution of a wide spectrum of disorders and problematic situations. It was developed based on the attempt at systematic use of the empirical and theoretical knowledge corpus that has derived from the application of scientific method in Psychology and other closely related disciplines. In this subject, students focus on the application of different therapeutic techniques in different disorders, with the intention to observe more closely how different techniques are applied and combined to treat different disorders. The subject Cognitive-Behavioural Treatment in Adult Age presents therapeutic intervention programs to deal with several syndromes, such as psychotic disorders, generalized anxiety, social phobia, agoraphobia, post-traumatic stress, obsessive-compulsive disorder, mood disorders and eating disorders, and behavioural problems that cannot be deemed psychopathological syndromes but still produce suffering and maladaptation, such as sexual dysfunction or marital problems.

Theme 1. Cognitive-behavioural intervention in eating disorders

Theme 2. Cognitive-behavioural intervention in psychotic disorders

- Theme 3. Cognitive-behavioural intervention in mood disorders
- Theme 4. Cognitive-behavioural intervention in generalized anxiety disorder
- Theme 5. Cognitive-behavioural intervention in social phobia
- Theme 6. Cognitive-behavioural intervention in agoraphobia and panic attack disorder
- Theme 7. Cognitive-behavioural intervention in obsessive-compulsive disorder
- Theme 8. Cognitive-behavioural intervention in posttraumatic stress
- Theme 9. Cognitive-behavioural intervention in sexual dysfunction
- Theme10. Cognitive-behavioural intervention in marital problems

Methodology

This subject is taught following a methodology that combines formal lectures on the themes, clarifying doubts, and discussions and debates about the relevant readings, all in the same classroom space.

In the practical sessions, we examine clinical cases for which the students have to design the intervention. Some of these cases are obtained first-hand and fragments of different components of the intervention will be presented audiovisually.

Activities

Title	Hours	ECTS	Learning Outcomes
Type: Directed			
FORMAL LECTURES (Professor's presentation of the main contents of the theme)	24	0.96	12, 4, 3, 8, 11
PRACTICAL SEMINARS in small groups (where clinical cases will be analyzed and estudents will have to design the intervention)	12	0.48	1, 12, 4, 3, 5, 6, 7, 2, 9, 10, 13
Type: Supervised			
TUTORIES (suport to the realization of the second learning evidence consisting of filing of each theme the questions raised of the readings)	6	0.24	1, 12, 4, 3, 8
Type: Autonomous			
INDIVIDUAL STUDY	44	1.76	1, 12, 4, 3, 5, 6, 8, 9, 11
READING OF TEXTS (the readings proposed for each theme)	41	1.64	1, 12, 4, 3, 8, 11
REALIZATION OF ACTIVITIES	20	0.8	12, 4, 3, 8, 11

Assessment

Learning evidence 1. Individual, in-class written test of approximately 30 multiple-choice questions, each with four options. The penalization will be as follows: one correct response less for each three incorrect responses. The questions will not only be of the description or recognition type but will include reflection and application of concepts too. Each written test will include questions about the practical classes done. The weight of this test in the final grade will be of 35%. The test will be taken in the 8th week.

Learning evidence 3. Individual, in-class written test of ≈30 multiple-choice questions, in the same format as learning evidence 1. The weight of this second test will be of 35% too. The test will be taken in 17-18 th week

Learning evidence 2. Reading comprehension questions on the texts appearing in the coursework guidelines, covering all 10 themes. The weight of this evidence in the final grade for this subject will be 10%. The questions will be delivered the same day of class that each theme is given..

Group learning evidence 4. In groups of three, the students do an in-class assignment that consists of transcribing an interview conducted by a clinical psychology or health-care professional within a cognitive-behavioural framework. Additionally, at the end of the classwork, the students are asked for a summary or critical appraisal of the responses in the interview. The interview will be part of an intervention corresponding to one of the ten themes covered in this subject, and the students can choose which one to work on, on the basis of first-come-first-served. They will be given a general outline for the assignment, which they can then add to or adjust as needed. This group evidence will have a weight of 20% in the final grade. The work will be done in the 15th week and must be submitted in person.

Final grade. The final grade will be the weighted average of all of the learning evidences.

Definition of a passed subject. The subject is passed when the weighted average of the set of learning evidence is 5 or above.

Grades of "Non-Assessable". Students who submit learning evidence with a weight of 40% or more (4 points) cannot be given a grade of "Non-Assessable".

Resit Test. Reassessment is an option for students with a grade below 5 and equal to or above 3.5, who have undergone continuous assessment and have provided learning evidence with a weight of two thirds or more of the final grade (having done at least the two in-class tests). They can resit EV1 and/or EV3, and the new mark obtained will replace the old one. The resit test will be similar to those of EV1 and EV3.

On the following link, you can find the assessment regulations of the Faculty of Psychology, for academic year 2019-2020 <https://www.uab.cat/web/estudiar/graus/graus/avaluacions-1345722525858.html>

Assessment Activities

Title	Weighting	Hours	ECTS	Learning Outcomes
LEARNING EVIDENCE 1 (Individual Written Test In Person)	35%	1.5	0.06	1, 12, 4, 3, 5, 6, 7, 8, 2, 9, 11
LEARNING EVIDENCE 2 (Individual Written Work of the questions of readings)	10%	0	0	1, 12, 4, 3, 8, 11
LEARNING EVIDENCE 3 (Individual in class Written Test)	35%	1.5	0.06	1, 12, 4, 3, 5, 6, 7, 8, 2, 9, 11
LEARNING EVIDENCE 4: (Group work consisting of an interview with a professional psychologist who treats)	20%	0	0	10, 11, 13

Bibliography

Each theme has one or more obligatory readings, most correspond to the following two texts:

Caballo, V.E. (2008). Manual para el tratamiento cognitivo-conductual de los trastornos psicológicos. *Vol. II: Intervención en crisis, medicina conductual y trastornos de relación*. Madrid: siglo XXI

Vallejo Pareja, M.A.. (2016). *Manual de terapia de conducta*. Vol. 1. Madrid: Dykinson.

Other manuals of a general nature (they are not obligatory bibliography):

Buela-Casal, G. y Sierra, J.C. (2001). Manual de evaluación y tratamientos psicológicos. Madrid: Biblioteca Nueva.

Espada, J.P., Olivares, J. y Mendez, F.X. (2005). Terapia psicológica. Casos prácticos. Madrid: Pirámide. (Es un manual de casos)

Pérez Álvarez, M., Fernández Hermida, J.R., Fernández Rodríguez, C. y Amigó Vazquez, I. (2003). Guía de tratamientos psicológicos eficaces. Vol I, II y III. Madrid: Pirámide.

Alcazar, R.A., Olivares, J. y Mendez, F.X. (2004). Introducción a las Técnicas de Intervención y Tratamiento Psicológico. Madrid: Pirámide.

In addition to the obligatory readings, each theme has complementary bibliography to expand and deepen that is specified in the Work Guide of the subject