

SS4221: COGNITIVE-BEHAVIOURAL THERAPIES FOR SOCIAL WORK PRACTICE

Effective Term

Semester A 2022/23

Part I Course Overview

Course Title

Cognitive-Behavioural Therapies for Social Work Practice

Subject Code

SS - Social and Behavioural Sciences

Course Number

4221

Academic Unit

Social and Behavioural Sciences (SS)

College/School

College of Liberal Arts and Social Sciences (CH)

Course Duration

One Semester

Credit Units

3

Level

B1, B2, B3, B4 - Bachelor's Degree

Medium of Instruction

English

Medium of Assessment

English

Prerequisites

Nil

Precursors

Nil

Equivalent Courses

Nil

Exclusive Courses

Nil

Part II Course Details

Abstract

This course provides both theoretical understanding of and practical experiences for social work students to use cognitive behavioral interventions in working with people with health and mental health problems. Upon completion of the course, students should be able to: acquire understanding of the major concepts and frameworks of cognitive behavioral therapies, develop initial skills in using CBTs in assessing and working with people with health and mental health problems.

Course Intended Learning Outcomes (CILOs)

CILOs		Weighting (if app.)	DEC-A1	DEC-A2	DEC-A3
1	Describe and critically examine the theoretical framework of CBTs in working with people with health and mental health problems	25		x	x
2	Apply CBI models in assessing clients with health and mental health problems	25		x	x
3	Apply CBTI intervention models in facilitating changes in clients with health and mental health problems	25	x	x	x
4	Demonstrate initial assessment and intervention skills in working with clients with health and mental health problems	25	x	x	x

A1: Attitude

Develop an attitude of discovery/innovation/creativity, as demonstrated by students possessing a strong sense of curiosity, asking questions actively, challenging assumptions or engaging in inquiry together with teachers.

A2: Ability

Develop the ability/skill needed to discover/innovate/create, as demonstrated by students possessing critical thinking skills to assess ideas, acquiring research skills, synthesizing knowledge across disciplines or applying academic knowledge to real-life problems.

A3: Accomplishments

Demonstrate accomplishment of discovery/innovation/creativity through producing /constructing creative works/new artefacts, effective solutions to real-life problems or new processes.

Teaching and Learning Activities (TLAs)

TLAs	Brief Description	CILO No.	Hours/week (if applicable)
1	Lectures	Lectures will be delivered to help students understand the theoretical foundations and practical skills of CBTs, helping them to critically examine the strengths and limitations of CBTs for selected types of health and mental health problems.	1, 2, 3

2	Video-viewing	Videos will be played to facilitate students to learn different concepts and skills	1, 2, 3	
3	Role play	Students will be given the opportunity to practice CBT skills with and in front of other classmates.	2, 3, 4	
4	Group presentation	There will be a chance for students to present in class a CBT model in working with a specific group of people with health and mental health problems.	2, 3, 4	

Assessment Tasks / Activities (ATs)

	ATs	CILO No.	Weighting (%)	Remarks (e.g. Parameter for GenAI use)
1	AT1: Group presentation and skills demonstration: Students will be broken into groups and each group will have to present a CBT model: its assessment framework and intervention skills. They have to illustrate how certain assessment and intervention skills work. While the skills demonstration may be conducted in Cantonese/ Putonghua, the group presentation must be conducted in English. Since the lecturer will try to summarize the interview in English, only a minimal level of Cantonese/Putonghua is expected.	1, 2, 4	30	

2	AT2: Reflection paper: Following AT1, all students in class will discuss and reflect on the role play demonstration. The presenters will then write a group reflection paper to highlight the insights received through such an experience and the discussion in class. All papers must be submitted in English. The word limit is around 1500 to 2000 words.	2, 4	20	
3	AT3: Term paper: Students have to write an individual paper of around 2500 words to examine an issue relating to CBT in working with a specific group with mental health problem. The target group has to be different from the one that the student has presented in class. All papers must be submitted in English.	1, 2, 3	50	

Continuous Assessment (%)

100

Examination (%)

0

Assessment Rubrics (AR)**Assessment Task**

1. Group presentation and skills demonstration

Criterion

Ability to present the assessment framework and intervention skills using CBT model.

Excellent (A+, A, A-)

high

Good (B+, B, B-)

significant

Fair (C+, C, C-)

moderate

Marginal (D)

Marginal

Failure (F)

Cannot meet the marginal standard

Assessment Task

2. Reflection paper

Criterion

Ability to reflect on the role play demonstration. Ability to highlight the insights received through such an experience and the discussion in class.

Excellent (A+, A, A-)

high

Good (B+, B, B-)

significant

Fair (C+, C, C-)

moderate

Marginal (D)

marginal

Failure (F)

Cannot meet the marginal standard

Assessment Task

3. Term paper

Criterion

Ability to to examine an issue relating to CBT in working with a specific group with mental health problem

Excellent (A+, A, A-)

high

Good (B+, B, B-)

significant

Fair (C+, C, C-)

moderate

Marginal (D)

Marginal

Failure (F)

Cannot meet the marginal standard

Part III Other Information

Keyword Syllabus

Cognitive-behavioural models, depression, anxiety disorders, personality disorders, schizophrenia, assessment.

Reading List

Compulsory Readings

Title	
1	Beck, J.S. (2011). <i>Cognitive Behavior Therapy, Second Edition: Basics and Beyond</i> . The Guilford Press: New York.

Additional Readings

Title	
1	Bennett-Levy, J., Thwaites, R., Haarhoff, B., & Perry, H. (2015). <i>Experiencing CBT from the inside out: a self-practice/self-reflection workbook for therapists</i> . New York: The Guilford Press.
2	Riggenbach, J. (2012). <i>The CBT Toolbox: A Workbook for Clients and Clinicians</i> . Premier Publishing & Media.
3	Resick, P. A., Monson, C. M., & Chard, K. M. (2017). <i>Cognitive processing therapy for PTSD: a comprehensive manual</i> . New York, NY: The Guilford Press.
4	Barlow, D., Allen, L., & Choate, M. (2004). Toward a unified treatment for emotional disorders. <i>Behavior Therapy</i> , 35, (2) 205-230.
5	Beck AT (2005). The current state of cognitive therapy: A 40-year retrospective. <i>Archives of General Psychiatry</i> , 62, 953-959.
6	Brown GK, Ten Have T, Henriques GR, Xie SX, Hollander JE, & Beck AT (2005). Cognitive therapy for the prevention of suicide attempts: A randomized controlled trial. <i>Jama</i> , 294, 563-570.
7	Butler, A.C., Chapman, J.E. Forman, E.M., & Beck, A.T. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. <i>Clinical Psychology Review</i> , 26, 17-31.
8	Chambliss, D.L., & Ollendick, T.H. (2001). Empirically Supported Psychological Interventions: Controversies and Evidence. <i>Annual Review of Psychology</i> , 52, 685-716.
9	Cuijpers P, Sijbrandij M, Koole SL, Andersson G, Beekman AT, Reynolds III CF (2013). The efficacy of psychotherapy and pharmacotherapy in treating depressive and anxiety disorders: a meta-analysis of direct comparisons. <i>World Psychiatry</i> , 12, 137-148.
10	Cuijpers P, Berking M, Andersson G, Quigley L, Kleiboer A, Dobson KS (2013). A meta-analysis of cognitive behavior therapy for adult depression, alone and in comparison to other treatments. <i>Canadian Journal of Psychiatry</i> , 58, 376-385.
11	Cuijpers P, Cristea, I.A., Karyotaki, E. et al (2016). How effective are cognitive behavior therapies for major depression and anxiety disorders? A meta-analytic update of the evidence. <i>World Psychiatry</i> , 15(3): 245-258.
12	DiGiuseppe, R & Tafrate, R.C. (2003). Anger Treatment for Adults: A Meta-Analytic Review. <i>Clinical Psychology</i> , 10, 70-84.
13	Hollon SD, Beck AT (2004). Cognitive and cognitive behavioral therapies. In, MJ Lambert (ed.), <i>Bergin & Garfield's handbook of psychotherapy and behavior change</i> (5th ed., pp. 447-492). New York: Wiley.
14	Johnsen, T.J., & Friberg, O. (2015). The Effects of Cognitive Behavioral Therapy as an Anti-Depressive Treatment is Falling: A Meta-Analysis. <i>Psychological Bulletin</i> , 141, 747-768.
15	Overholser, J.C., & Nasser, E. (2000). Cognitive-behavioral treatment of generalized anxiety disorder. <i>Journal of Contemporary Psychotherapy</i> , 30, (2) 149-161.
16	Nock MK, Goldman JL, Wang Y, & Albano AM (2004). From science to practice: The flexible use of evidence-based treatment procedures in clinical settings. <i>Journal of the American Academy of Child and Adolescent Psychiatry</i> , 43, 777-780.
17	Ost, L-G. (2008). Cognitive-behavior therapy for anxiety disorders: 40 years of progress. <i>Nordic Journal of Psychiatry</i> , 62, 5-10.

18	Otto MW, Smits JAJ, & Reese HE (2005). Combined psychotherapy and pharmacotherapy formood and anxiety disorders in adults: Review and analysis. <i>Clinical Psychology: Science & Practice</i> , 12, 72-86.
19	Stewart, R. E., & Chambless, D. L. (2009). Cognitive-behavioral therapy for adult anxiety disorders in clinical practice: A meta-analysis of effectiveness studies. <i>Journal of Consulting and Clinical Psychology</i> , 77, 595-606.
20	Westen, D, Novotney, CM, & Thompson-Brenner, H (2004). The empirical status of empirically supported psychotherapies: Assumptions, findings, and reporting in controlledclinical trials. <i>Psychological Bulletin</i> , 130, 631-663.
21	Wong, F. K. D. (2007).Cognitive behavioral treatment groups for people with chronicdepression: A randomized waitlist control design. <i>Depression and Anxiety</i> , 25, 2, 142-148.
22	Wong, F. K. D., Chau, P., Kwok, A. & Kwan, J. (2007). Cognitive-behavioral treatment groupfor people with chronic illnesses in Hong Kong: Reflections on culturally sensitive practices. <i>International Journal of Group Psychotherapy</i> , 57, 3, 367-385.
23	Wong, F. K. D. (2008).Cognitive and health-related outcomes of cognitive behavioral treatment groups for people with depressive symptoms in Hong Kong: A randomized waitinglist control study. <i>Australian and New Zealand Journal of Psychiatry</i> , 42, 703-712.
24	Wong, F. K. D. (2009). A six-month follow-up study of cognitive behavioral treatment groupsfor Chinese people with depression. <i>Behaviour Change</i> , 26, 2, 130-140.
25	http://beckinstitute.org
26	http://www.babcp.org/