

ADVANCED COGNITIVE BEHAVIOURAL THERAPY

This course is given online. It includes 46 hours of course content.

Instructors: Dr. Martin Drapeau, psychologist (drapeau@medipsy.ca) – instructor responsible for the course. Other instructors include Dr. Deborah Schwartzman, Dr. Colleen Carney, Dr. Martin Antony, Dr. John Ludgate, and Dr. Sheri Van Dijk.

Pre-requisites: To register for and complete this course, participants need to be a licensed professional, or need to have completed or be in the process of completing a bachelor's degree in human relations (for example, psychology, counselling, nursing, occupational therapy, social work/MFT, guidance counselling, psychoeducation, or related disciplines).

DESCRIPTION OF CONTENT

This course describes the application of advanced cognitive behavioural therapy (CBT) concepts and interventions to a variety of populations and psychological disorders. This course contains four modules in total. The first module focuses on depression and related disorders, namely sleep disorders. The second module overviews the application of CBT interventions to anxiety disorders, including generalized anxiety disorder, post-traumatic stress disorder, as well as anxiety presentations in children and adolescents. The third module covers CBT approaches for obsessive-compulsive disorder. The fourth module reviews other specific situations, populations, and special topics in CBT that are typically not presented in introductory CBT courses, including interventions for attention-deficit hyperactivity disorder, complex cases/personality disorders, as well as the application of a third-wave CBT approach to the treatment of bipolar disorder. This course is organized into a series of structured lessons, which cover the topics described below:

Course content	List of references proposed, corresponding to each lesson. Bolded texts are included as required readings. <i>Participants may expect to spend about 90 hours completing these readings, the exams and exam preparation.</i>
<p>1. Depression and related difficulties</p> <p>a. Mastering CBT for Depression: A Clinician's Guide <i>(Approximately 10 hours total of course content to complete, with 3 hours of video and approximately 7 hours of required reading);</i></p> <p>b. Effective solutions for Insomnia Disorder and Major Depression: Integrating Cognitive Behavioural</p>	<p><i>MASTERING CBT FOR DEPRESSION: A CLINICIAN'S GUIDE</i></p> <p>Bailey, R. K., Mokonogho, J., & Kumar, A. (2019). Racial and ethnic differences in depression: Current perspectives. <i>Neuropsychiatric Disease and Treatment</i>, 15, 603–609. https://doi.org/10.2147/NDT.S128584</p> <p>Beck, A. T., & Bredemeier, K. (2016). A unified model of depression: Integrating clinical, cognitive, biological, and evolutionary perspectives. <i>Clinical Psychological Science</i>, 4(4), 596-619.</p> <p>Burns, D., Westra, H., Trockel, M., & Fisher, A. (2012). Motivation and changes in depression. <i>Cognitive Therapy and Research</i>, 37(2), 368–379.</p>

Insomnia Therapy with CBT for Depression

(Approximately 13 hours total of course content to complete, with 6 hours of video and approximately 7 hours of required reading);

Cuijpers, P., Berking, M., Andersson, G., Quigley, L., Kleiboer, A., & Dobson, K. S. (2013). A meta-analysis of cognitive-behavioural therapy for adult depression, alone and in comparison with other treatments. *The Canadian Journal of Psychiatry*, 58(7), 376-385.

Du Rocher Schudlich, T. D., & Cummings, E. M. (2007). Parental dysphoria and children's adjustment: Marital conflict styles, children's emotional security, and parenting as mediators of risk. *Journal of Abnormal Child Psychology*, 35, 627-639.

Easden, M. H., & Fletcher, R. B. (2020). Therapist competence in case conceptualization and outcome in CBT for depression. *Psychotherapy Research*, 30(2), 151-169.

Fendrich, M., Warner, V., & Weissman, M. M. (1990). Family risk factors, parental depression, and psychopathology in offspring. *Developmental Psychology*, 26(1), 40.

Garratt, G., Ingram, R. E., Rand, K. L., & Sawalani, G. (2007). Cognitive processes in cognitive therapy: Evaluation of the mechanisms of change in the treatment of depression. *Clinical Psychology: Science and Practice*, 14(3), 224.

Gautam, S., Jain, A., Gautam, M., Vahia, V. N., & Grover, S. (2017). Clinical practice guidelines for the management of depression. *Indian Journal of Psychiatry*, 59(Suppl 1), S34.

Gautam, M., Tripathi, A., Deshmukh, D., & Gaur, M. (2020). Cognitive behavioral therapy for depression. *Indian Journal of Psychiatry*, 62(Suppl 2), S223-S229. <https://doi.org/10.4103/psychiatry.IndianJPsychiatry.772.19>

Hammer-Helmich, L., Haro, J. M., Jönsson, B., Tanguy Melac, A., Di Nicola, S., Chollet, J., ... & Saragoussi, D. (2018). Functional impairment in patients with major depressive disorder: The 2-year PERFORM study. *Neuropsychiatric Disease and Treatment*, 239-249.

Kendler, K. S., Thornton, L. M., & Gardner, C. O. (2000). Stressful life events and previous episodes in the etiology of major depression in women: An evaluation of the "kindling" hypothesis. *American Journal of Psychiatry*, 157(8), 1243-1251. <https://doi.org/10.1176/appi.ajp.157.8.1243>

LeMoult, J., & Gotlib, I. H. (2019). Depression: A cognitive perspective. *Clinical Psychology Review*, 69, 51-66.

Li, J. M., Zhang, Y., Su, W. J., Liu, L. L., Gong, H., Peng, W., & Jiang, C. L. (2018). Cognitive behavioral therapy for treatment-resistant depression: A systematic review and meta-analysis. *Psychiatry Research*, 268, 243-250.

Piccinelli, M., & Wilkinson, G. (2000). Gender differences in depression: Critical review. *The British Journal of Psychiatry*, 177(6), 486-492.

Santoft, F., Axelsson, E., Öst, L., Hedman-Lagerlöf, M., Fust, J., & Hedman-Lagerlöf, E. (2019). Cognitive behaviour therapy for depression in primary care: Systematic review and meta-analysis. *Psychological Medicine*, 49(8), 1266-1274. doi:10.1017/S0033291718004208

Sher L, Oquendo MA. Suicide: An overview for clinicians. *Med Clin North Am*. 2023 Jan;107(1):119-130. doi:

10.1016/j.mcna.2022.03.008. Epub 2022 Oct 28. PMID: 36402494.

Zhang, Z., Zhang, L., Zhang, G., Jin, J., & Zheng, Z. (2018). The effect of CBT and its modifications for relapse prevention in major depressive disorder: a systematic review and meta-analysis. *BMC Psychiatry*, 18, 1-14.

EFFECTIVE SOLUTIONS FOR INSOMNIA DISORDER AND MAJOR DEPRESSION: INTEGRATING COGNITIVE BEHAVIOURAL INSOMNIA THERAPY WITH CBT FOR DEPRESSION

Borbély, A. A., Daan, S., Wirz-Justice, A., & Deboer, T. (2016). The two-process model of sleep regulation: a reappraisal. *Journal of sleep research*, 25(2), 131-143.

Carney, C. E., Buysse, D.J., Ancoli-Israel, S., Edinger, J.D., Krystal, A. D., Lichstein, K.L., & Morin, C.M. (2012). The Consensus Sleep Diary: Standardizing prospective sleep self-monitoring. *Sleep*, 35, 2, 287-302.

Carney, C. E., Edinger, J. D., Kuchibhatla, M., Lachowski, A. M., Bogouslavsky, O., Krystal, A. D., & Shapiro, C. M. (2017). Cognitive behavioral insomnia therapy for those with insomnia and depression: A randomized controlled clinical trial. *Sleep*, 40(4), zsx019

Geiger-Brown, J. M., Rogers, V. E., Liu, W., Ludeman, E. M., Downton, K. D., & Diaz-Abad, M.(2015). Cognitive behavioral therapy in persons with comorbid insomnia: a meta-analysis. *Sleep medicine reviews*, 23, 54-67.

Harvey, A. G. (2002). A cognitive model of insomnia. *Behaviour Research & Therapy*, 40, 869-893

Hertenstein, E., Trinca, E., Wunderlin, M., Schneider, C. L., Züst, M. A., Fehér, K. D., ... & Nissen, C. (2022). Cognitive behavioral therapy for insomnia in patients with mental disorders and comorbid insomnia: A systematic review and meta-analysis. *Sleep medicine reviews*, 62, 101597.

Jacobs, G. D., Pace-Schott, E. F., Stickgold, R., & Otto, M. W. (2004). Cognitive behavior therapy and pharmacotherapy for insomnia: a randomized controlled trial and direct comparison. *Archives of internal medicine*, 164(17), 1888-1896.

Jansson-Fröjmark, M., & Norell-Clarke, A. (2018). The cognitive treatment components and therapies of cognitive behavioral therapy for insomnia: A systematic review. *Sleepmedicine reviews*.

Kalmbach, D. A., Cuamatzi-Castelan, A. S., Tonnu, C. V., Tran, K. M., Anderson, J. R., Roth, T., & Drake, C. L. (2018). Hyperarousal and sleep reactivity in insomnia: current insights. *Nature and science of sleep*, 10, 193.

Kohn, L., & Espie, C. A. (2005). Sensitivity and specificity of measures of the insomnia experience:A comparative study of psychophysiologic insomnia, insomnia associated with mental disorder and good sleepers. *Sleep*, 29, 104-112

Lineberger, M., Carney, C. E., Means, M. K., & Edinger, J. D. (2006). Defining insomnia: Quantitative criteria for insomnia severity and frequency. *Sleep*, 29(4), 479-485.

	<p>Maich, K. H., Lachowski, A. M., & Carney, C. E. (2016). Psychometric properties of the Consensus Sleep Diary in those with insomnia disorder. <i>Behavioral sleep medicine</i>, 1-18</p> <p>Manber, R., Buysse, D. J., Edinger, J., Krystal, A., Luther, J. F., Wisniewski, S. R., ... & Thase, M. E. (2017). Efficacy of cognitive-behavioral therapy for insomnia combined with antidepressant pharmacotherapy in patients With comorbid depression and insomnia: A randomized controlled trial. <i>The Journal of clinical psychiatry</i>, 77(10), e1316-e1323.</p> <p>Morawetz, D. (2001). Depression and insomnia: Which comes first. <i>Aust J Counseling Psychology</i>, 3, 19-24.</p> <p>Morin, C. M., Bootzin, R. R., Buysse, D. J., Edinger, J. D., Espie, C. A., & Lichstein, K. L. (2006). Psychological and behavioral treatment of insomnia: Update of the recent evidence (1998-2004). <i>Sleep</i>, 29(11), 1398-1414.</p> <p>Morin, C. M., Vallières, A., Guay, B., Ivers, H., Savard, J., Mérette, C., ... & Baillargeon, L. (2009). Cognitive behavioral therapy, singly and combined with medication, for persistent insomnia: a randomized controlled trial. <i>JAMA</i>, 301(19), 2005-2015.</p> <p>Spielman, A. J., Saskin, P., & Thorpy, M. J. (1987). Treatment of chronic insomnia by restriction of time in bed. <i>Sleep</i>, 10, 45-55</p>
<p>2. Anxiety-related difficulties</p> <p>a. Mastering CBT for Generalized Anxiety Disorder (GAD): A Clinician’s Guide <i>(Approximately 10.5 hours total of course content to complete, with 4 hours of video and approximately 6.5 hours of required reading);</i></p> <p>b. Mastering CBT for Post-Traumatic Stress Disorder (PTSD): A Clinician’s Guide <i>(Approximately 9.5 hours total of course content to complete, with 3 hours of video and approximately 6.5 hours of required reading);</i></p> <p>c. Effective Exposure Therapy for Children and Adolescents: Do’s and Don’ts <i>(Approximately 12.5 hours total of course content to complete, with 6 hours of video and approximately 6.5 hours of required reading);</i></p>	<p><i>MASTERING CBT FOR GENERALIZED ANXIETY DISORDER (GAD): A CLINICIAN’S GUIDE</i></p> <p>Borza, L. (2017). Cognitive-behavioral therapy for generalized anxiety. <i>Dialogues in clinical neuroscience</i>, 19(2), 203-208.</p> <p>Covin, R., Quimet, A. J., Seeds, P. M., & Dozois, D. J. (2008). A meta-analysis of CBT for pathological worry among clients with GAD. <i>Journal of anxiety disorders</i>, 22(1), 108-116.</p> <p>Cuijpers, P., Cristea, I. A., Karyotaki, E., Reijnders, M., & Huibers, M. J. (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.</p> <p>Dugas, M. J., Sexton, K. A., Hebert, E. A., Bouchard, S., Gouin, J.-P., & Shafran, R. (2022). Behavioral experiments for intolerance of uncertainty: a randomized clinical trial for adults with generalized anxiety disorder. <i>Behavior Therapy</i>, 53(6), 1147-1160. https://doi.org/10.1016/j.beth.2022.05.003</p> <p>Kaczurkin, A. N., & Foa, E. B. (2015). Cognitive-behavioral therapy for anxiety disorders: an update on the empirical evidence. <i>Dialogues in clinical neuroscience</i>, 17(3), 337-346. https://doi.org/10.31887/DCNS.2015.17.3/akaczurkin</p> <p>Moffitt, T. E., Caspi, A., Harrington, H., Milne, B. J., Melchior, M., Goldberg, D., & Poulton, R. (2007). Generalized anxiety disorder and depression: childhood risk factors in a birth cohort followed to age 32. <i>Psychological medicine</i>, 37(3), 441-452.</p> <p>Newman, M. G., Zainal, N. H., & Hoyer, J. (2020). Cognitive-Behavioral Therapy (CBT) for Generalized Anxiety Disorder (GAD). In A. L. Gerlach & A. T. Gloster (Eds.),</p>

Generalized Anxiety Disorder and Worrying: A Comprehensive Handbook for Clinicians and Researchers (pp. 203-230). John Wiley & Sons Ltd.
<https://doi.org/10.1002/9781119604770.ch6>

Palagini, L., Miniati, M., Caruso, V., Alfi, G., Geoffroy, P. A., Domschke, K., ... & Pini, S. (2024). Insomnia, anxiety and related disorders: A systematic review on clinical and therapeutic perspective with potential mechanisms underlying their complex link. *Neuroscience Applied*, 103936.

Papola, D., Miguel, C., Mazzaglia, M., Franco, P., Tedeschi, F., Romero, S. A., ... & Barbui, C. (2023). Psychotherapies for Generalized Anxiety Disorder in Adults: a systematic review and network meta-analysis of randomized clinical trials. *JAMA psychiatry*.

Robichaud, M., Koerner, N., & Dugas, M. J. (2019). A cognitive behavioral conceptualization of generalized anxiety disorder. In *Cognitive behavioral treatment for generalized anxiety disorder: From science to practice* (pp. 23-46). Routledge.

Robichaud, M., Koerner, N., & Dugas, M. J. (2019). Treatment overview. In *Cognitive behavioral treatment for generalized anxiety disorder: From science to practice* (pp. 85-106). Routledge.

Westra, H. A., Arkowitz, H., & Dozois, D. J. (2009). Adding a motivational interviewing pretreatment to cognitive behavioral therapy for generalized anxiety disorder: A preliminary randomized controlled trial. *Journal of anxiety disorders*, 23(8), 1106-1117.

MASTERING CBT FOR POST-TRAUMATIC STRESS DISORDER (PTSD): A CLINICIAN'S GUIDE

Ellis, A. E., Simiola, V., Brown, L., Courtois, C., & Cook, J. M. (2018). The role of evidence-based therapy relationships on treatment outcome for adults with trauma: A systematic review. *Journal of trauma & dissociation : The official journal of the International Society for the Study of Dissociation (ISSD)*, 19(2), 185-213.
<https://doi.org/10.1080/15299732.2017.1329771>

Ennis, N., Shorer, S., Shoval-Zuckerman, Y., Freedman, S., Monson, C. M., & Dekel, R. (2019). Treating posttraumatic stress disorder across cultures: A systematic review of cultural adaptations of trauma-focused cognitive behavioral therapies. *Journal of Clinical Psychology*, 76(3), 465-480.
<https://doi.org/10.1002/jclp.22909>

Forbes, D., Creamer, M., Bisson, J. I., Cohen, J. A., Crow, B. E., Foa, E. B., ... & Ursano, R. J. (2010). A guide to guidelines for the treatment of PTSD and related conditions. *Journal of traumatic stress*, 23(5), 537-552.

Jaeger, J. A., Echiverri, A., Zoellner, L. A., Post, L., & Feeny, N. C. (2009). Factors associated with choice of exposure therapy for PTSD. *International Journal of Behavioral Consultation and Therapy*, 5(3-4), 294-310.

Jericho, B., Luo, A., & Berle, D. (2022). Trauma-focused psychotherapies for post-traumatic stress disorder: A systematic review and network meta-analysis. *Acta Psychiatrica Scandinavica*, 145(2), 132-155.

Patel, A. R., & Hall, B. J. (2021). Beyond the DSM-5 Diagnoses: A Cross-Cultural Approach to Assessing Trauma Reactions. *Focus: The Journal of Lifelong Learning in Psychiatry*, Advance online publication. <https://doi.org/10.1176/appi.focus.20200049>

Varker, T., Jones, K. A., Arjmand, H.-A., Hinton, M., Hiles, S. A., Freijah, I., Forbes, D., Kartal, D., Phelps, A., Bryant, R. A., McFarlane, A., Hopwood, M., & O'Donnell, M. (2021). Dropout from guideline-recommended psychological treatments for posttraumatic stress disorder: A systematic review and meta-analysis. *Journal of Affective Disorders Reports*, 4, 100093. <https://doi.org/10.1016/j.jadr.2021.100093>

Zayfert, C., & Becker, C. B. (2019). Assessment, case conceptualization, and treatment planning. In *Cognitive-behavioral therapy for PTSD: A case formulation approach* (pp. 34-56). Guilford Publications.

Zayfert, C., & Becker, C. B. (2019). Introducing exposure therapy. In *Cognitive-behavioral therapy for PTSD: A case formulation approach* (pp. 94-144). Guilford Publications.

EFFECTIVE EXPOSURE THERAPY FOR CHILDREN AND ADOLESCENTS: DO'S AND DON'TS

Ale, C. M., McCarthy, D. M., Rothschild, L. M., & Whiteside, S. P. (2015). Components of cognitive behavioral therapy related to outcome in childhood anxiety disorders. *Clinical Child and Family Psychology Review*, 18, 240-251.

Chu, B. C., Crocco, S. T., Esseling, P., Areizaga, M. J., Lindner, A. M., & Skriner, L. C. (2016). Transdiagnostic group behavioral activation and exposure therapy for youth anxiety and depression: Initial randomized controlled trial. *Behaviour Research and Therapy*, 76, 65-75.

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.

Fjermestad, K. W., Ditlefsen, N., Unsvåg, M. H., Öst, L.-G., Havik, O. E., & Wergeland, G. J. (2022). Exposure quality in cognitive behavioral treatment for youth anxiety disorders—Predictors and associations with outcomes. *Journal of Child and Family Studies*, 31(1), 308–320. <https://doi.org/10.1007/s10826-021-02188-8>.

Gola, J. A., Beidas, R. S., Antinoro-Burke, D., Kratz, H. E., & Fingerhut, R. (2016). Ethical considerations in exposure therapy with children. *Cognitive and Behavioral Practice*, 23(2), 184-193.

Hedtke, K. A., Kendall, P. C., & Tiwari, S. (2009). Safety-seeking and coping behavior during exposure tasks with anxious youth. *Journal of Clinical Child and Adolescent Psychology: The Official Journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53*, 38(1), 1–15. <https://doi.org/10.1080/15374410802581055>.

Kendall, P. C., Comer, J. S., Marker, C. D., Creed, T. A., Puliafico, A. C., Hughes, A. A., Martin, E. D., Suveg, C., & Hudson, J. (2009). In-session exposure tasks and therapeutic alliance across the treatment of childhood anxiety disorders. *Journal of Consulting and Clinical Psychology*, 77(3), 517–525. <https://doi.org/10.1037/a0013686>.

	<p>Peris, T. S., Caporino, N. E., O'Rourke, S., Kendall, P. C., Walkup, J. T., Albano, A. M., ... & Compton, S. N. (2017). Therapist-reported features of exposure tasks that predict differential treatment outcomes for youth with anxiety. <i>Journal of the American Academy of Child & Adolescent Psychiatry</i>, 56(12), 1043-1052.</p> <p>Peterman, J. S., Read, K. L., Wei, C., & Kendall, P. C. (2015). The art of exposure: Putting science into practice. <i>Cognitive and Behavioral Practice</i>, 22(3), 379–392. https://doi-org.lib-ezproxy.concordia.ca/10.1016/j.cbpra.2014.02.003.</p> <p>Plaisted, H., Waite, P., Gordon, K., & Creswell, C. (2021). Optimising exposure for children and adolescents with anxiety, OCD and PTSD: A systematic review. <i>Clinical Child and Family Psychology Review</i>, 24(2), 348–369. https://doi.org/10.1007/s10567-020-00335-z.</p> <p>Southam-Gerow, M. A., Kendall, P. C., & Weersing, V. R. (2001). Examining outcome variability: correlates of treatment response in a child and adolescent anxiety clinic. <i>Journal of Clinical Child Psychology</i>, 30(3), 422–436. https://doi.org/10.1207/S15374424JCCP3003_13.</p> <p>Whiteside, S. P. H., Sim, L. A., Morrow, A. S., Farah, W. H., Hilliker, D. R., Murad, M. H., & Wang, Z. (2020). A Meta-analysis to guide the enhancement of CBT for childhood anxiety: Exposure over anxiety management. <i>Clinical Child and Family Psychology Review</i>, 23(1), 102–121. https://doi.org/10.1007/s10567-019-00303-2.</p> <p>Wu, M. S., Caporino, N. E., Peris, T. S., Pérez, J., Thamrin, H., Albano, A. M., Kendall, P. C., Walkup, J. T., Birmaher, B., Compton, S. N., & Piacentini, J. (2020). The impact of treatment expectations on exposure process and treatment outcome in childhood anxiety disorders. <i>Journal of Abnormal Child Psychology</i>, 48(1), 79–89. https://doi.org/10.1007/s10802-019-00574-x.</p>
First exam (including multiple choice, true/false, and open/free response)	
<p>3. Obsessive-compulsive disorder</p> <p>a. Mastering CBT for Obsessive-Compulsive Disorder (OCD): A Clinician's Guide <i>(Approximately 10.5 hours total of course content to complete, with 3.5 hours of video and approximately 7 hours of required reading);</i></p> <p>b. Psychological Treatment of OCD: Best Practices and Recent Advances <i>(Approximately 12 hours total of course content to complete, with 5 hours of video and approximately 7 hours of required reading);</i></p>	<p><u>MASTERING CBT FOR OBSESSIVE-COMPULSIVE DISORDER (OCD): A CLINICIAN'S GUIDE</u></p> <p>Abramowitz, J. S., Foa, E. B., & Franklin, M. E. (2003). Exposure and ritual prevention for obsessive-compulsive disorder: Effects of intensive versus twice-weekly sessions. <i>Journal of Consulting and Clinical Psychology</i>, 71(2), 394–398. https://doi.org/10.1037/0022-006x.71.2.394</p> <p>Abramowitz, J. S., Taylor, S., & McKay, D. (2009). Obsessive-compulsive disorder. <i>The Lancet</i>, 374(9688), 491-499.</p> <p>Brakoulias, V., Starcevic, V., Belloch, A., Brown, C., Ferrao, Y. A., Fontenelle, L. F., ... & Viswasam, K. (2017). Comorbidity, age of onset and suicidality in obsessive-compulsive disorder (OCD): An international collaboration. <i>Comprehensive Psychiatry</i>, 76, 79-86.</p> <p>Eisen, J., Yip, A., Mancebo, M., Pinto, A., & Rasmussen, S. (2010). Phenomenology of obsessive-compulsive disorder. In D. Stein, E. Hollander, & B. Rothbaum (Eds.), <i>Textbook of anxiety disorders</i> (2nd ed., pp. 261–286). Arlington, VA: American Psychiatric Publishing.</p>

Fineberg, N. A., Dell'Osso, B., Albert, U., Maina, G., Geller, D., Carmi, L., ... & Zohar, J. (2019). Early intervention for obsessive compulsive disorder: An expert consensus statement. *European Neuropsychopharmacology*, 29(4), 549-565.

Fineberg, N., Drummond, L., Reid, J., Cinosi, E., Carmi, L., & Mpavaenda, D. (2020). Management and treatment of obsessive-compulsive disorder. In *New Oxford textbook of psychiatry* (pp. 1011-1023). Oxford University Press.

Mao, L., Hu, M., Luo, L., Wu, Y., Lu, Z., & Zou, J. (2022). The effectiveness of exposure and response prevention combined with pharmacotherapy for obsessive-compulsive disorder: A systematic review and meta-analysis. *Frontiers in Psychiatry*, 13, 973838.

Olatunji, B. O., Davis, M. L., Powers, M. B., & Smits, J. A. J. (2013). Cognitive-behavioral therapy for obsessive-compulsive disorder: A meta-analysis of treatment outcome and moderators. *Journal of Psychiatric Research*, 47(1), 33–41. <https://doi.org/10.1016/j.jpsychires.2012.08.020>

Ong, C. W., Clyde, J., Bluett, E., Levin, M., & Twohig, M. (2016). Dropout rates in exposure with response prevention for obsessive-compulsive disorder: What do the data really say? *Journal of Anxiety Disorders*, 40, 8-17.

Pozza, A., Starcevic, V., Ferretti, F., Pedani, C., Crispino, R., Governi, G., et al. (2021). Obsessive-compulsive personality disorder co-occurring in individuals with obsessive-compulsive disorder: A systematic review and meta-analysis. *Harvard Review of Psychiatry*, 29, 95–107. <https://doi.org/10.1097/HRP.0000000000000287>

Reddy, Y. J., Sundar, A. S., Narayanaswamy, J. C., & Math, S. B. (2017). Clinical practice guidelines for obsessive-compulsive disorder. *Indian Journal of Psychiatry*, 59(Suppl 1), S74-S90.

Reid, J. E., Laws, K. R., Drummond, L., Vismara, M., Grancini, B., Mpavaenda, D., & Fineberg, N. A. (2021). Cognitive behavioural therapy with exposure and response prevention in the treatment of obsessive-compulsive disorder: A systematic review and meta-analysis of randomised controlled trials. *Comprehensive Psychiatry*, 106, 152223. <https://doi.org/10.1016/j.comppsy.2021.152223>

Summerfeldt, L. J. (2004). Understanding and treating incompleteness in obsessive-compulsive disorder. *Journal of Clinical Psychology*, 60(11), 1155–68.

Veale, D., Freeston, M., Krebs, G., Heyman, I., & Salkovskis, P. (2009). Risk assessment and management in obsessive-compulsive disorder. *Advances in Psychiatric Treatment*, 15, 332–343. <https://doi.org/10.1192/APT.BP.107.004705>

Velloso, P., Piccinato, C., Ferrão, Y., Perin, E. A., Cesar, R., Fontenelle, L. F., et al. (2018). Clinical predictors of quality of life in a large sample of adult obsessive-compulsive disorder outpatients. *Comprehensive Psychiatry*, 86, 82–90. <https://doi.org/10.1016/J.COMPPSYCH.2018.07.007>

Viswanath, B., Narayanaswamy, J.C., Rajkumar, R.P., Cherian, A.V., Kandavel, T., Math, S.B., et al. (2012). Impact of depressive and anxiety disorder comorbidity on the

clinical expression of obsessive-compulsive disorder. *Comprehensive Psychiatry*, 53, 775–782. <https://doi.org/10.1016/J.COMPPSYCH.2011.10.008>

Weingarden, H., & Renshaw, K.D. (2015). Shame in the obsessive compulsive related disorders: A conceptual review. *Journal of Affective Disorders*, 171, 74–84. <https://doi.org/10.1016/J.JAD.2014.09.010>

Ziegler, S., Bednasch, K., Baldofski, S., & Rummel-Kluge, C. (2021). Long durations from symptom onset to diagnosis and from diagnosis to treatment in obsessive-compulsive disorder: A retrospective self-report study. *PLoS One*, 16(12), e0261169. <https://doi.org/10.1371/journal.pone.0261169>

PSYCHOLOGICAL TREATMENT OF OCD: BEST PRACTICES AND RECENT ADVANCES

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<p>4. Other conditions, populations, and special topics in CBT</p> <p>a. Mastering CBT for Attention Deficit Hyperactivity Disorder (ADHD): A Clinician’s Guide <i>(Approximately 11.5 hours total of course content to complete, with 3.5 hours of video and approximately 8 hours of required reading);</i></p> <p>b. CBT for personality disorders and complex cases <i>(Approximately 14 hours total of course content to complete, with 6 hours of video and approximately 8 hours of required reading);</i></p> <p>c. Dialectical Behaviour Therapy (DBT)-Informed Treatment of Bipolar Disorder <i>(Approximately 14 hours total of course content to complete, with 6 hours of video and approximately 8 hours of required reading);</i></p>	<p>MASTERING CBT FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD): A CLINICIAN’S GUIDE</p> <p>Fullen, T., Jones, S. L., Emerson, L. M., & Adamou, M. (2020). Psychological treatments in adult ADHD: A systematic review. <i>Journal of Psychopathology and Behavioral Assessment</i>, 42(3), 500-518.</p> <p>Jensen, C. M., Amdisen, B. L., Jørgensen, K. J., & Arnfred, S. M. (2016). Cognitive behavioural therapy for ADHD in adults: Systematic review and meta-analyses. <i>ADHD Attention Deficit and Hyperactivity Disorders</i>, 8, 3-11.</p> <p>Knouse, L. E., & Safren, S. A. (2010). Current status of cognitive behavioral therapy for adult attention-deficit hyperactivity disorder. <i>The Psychiatric Clinics of North America</i>, 33(3), 497.</p> <p>Nimmo-Smith, V., Merwood, A., Hank, D., Brandling, J., Greenwood, R., Skinner, L., ... & Rai, D. (2020). Non-pharmacological interventions for adult ADHD: A systematic review. <i>Psychological medicine</i>, 50(4), 529-541.</p> <p>Pan, M. R., Dong, M., Zhang, S. Y., Liu, L., Li, H. M., Wang, Y. F., & Qian, Q. J. (2024). One-year follow-up of the effectiveness and mediators of cognitive behavioural therapy among adults with attention-deficit/hyperactivity disorder: Secondary outcomes of a randomised controlled trial. <i>BMC Psychiatry</i>, 24(1), 207.</p> <p>Ramsay, J. R. (2010). CBT for adult ADHD: Adaptations and hypothesized mechanisms of change. <i>Journal of Cognitive Psychotherapy</i>, 24(1).</p> <p>Ramsay, J. R. (2012). “Without a net” CBT without medications for an adult with ADHD. <i>Clinical Case Studies</i>, 11(1), 48-65.</p> <p>Ramsay, J. R., & Rostain, A. L. (2012). Complicating factors. In <i>Cognitive-behavioral therapy for adult ADHD: An integrative psychosocial and medical approach</i> (pp. 145-172). Routledge.</p> <p>Rozenal, A., Bennett, S., Forsström, D., Ebert, D. D., Shafraan, R., Andersson, G., & Carlbring, P. (2018). Targeting procrastination using psychological treatments: A systematic review and meta-analysis. <i>Frontiers in Psychology</i>, 9, 1588.</p> <p>Rozenal, A., & Carlbring, P. (2014). Understanding and treating procrastination: A review of a common self-regulatory failure. <i>Psychology</i>, 5(13), 1488.</p> <p>Safren, S. A., Otto, M. W., Sprich, S., Winett, C. L., Wilens, T. E., & Biederman, J. (2005). Cognitive-behavioral therapy for ADHD in medication-treated adults with continued symptoms. <i>Behaviour Research and Therapy</i>, 43(7), 831-842.</p>

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Second exam (including multiple choice, true/false, and open/free response)	

ADDITIONAL READING MATERIAL

In addition to the readings assigned to each lesson, the course suggests several additional resources, should participants wish to further deepen their knowledge of CBT techniques and their application to various populations. These go beyond the scope of the material presented in the course and are therefore not considered required course materials:

Beck, J. S. (2020). *Cognitive behavior therapy: Basics and beyond* (3rd ed.). Guilford Press.

Beck, A., Davis, D., & Freeman, A. (2015). *Cognitive therapy of personality disorders*. Guilford Press.

Leahy, R. L., Holland, S. J., & McGinn, L. K. (2011). *Treatment plans and interventions for depression and anxiety disorders*. Guilford Press.

Southam-Gerow, M. A. (2019). *Exposure therapy with children and adolescents*. Guilford Publications.

Van Dijk, S. (2009). *The dialectical behavior therapy skills workbook for bipolar disorder: Using DBT to regain control of your emotions and your life*. New Harbinger Publications.

Van Niekerk, J. (2018). *A clinician's guide to treating OCD: The most effective CBT approaches for obsessive-compulsive disorder*. New Harbinger Publications.

ORGANIZATION OF CLASS TIME

As per the OPQ's interpretation of Bill 21 and of the hours and credits required by domain, participants may expect to invest 2 hours of personal work for each hour spent "in class" (online). Thus, participants can expect to spend 90 hours completing assigned "out-of-class" readings, engaging in educational activities included in the lessons, studying independently, and preparing for and completing the exams.

EXAMS

Successful completion of this course involves passing two exams, the first after the completion of Modules 1 and 2, and the second after the completion of the third and fourth modules. Both exams consist of multiple choice, true/false, and free response questions. The exam questions are focused on content from the videos and a selection of required readings (specified at the top of each lesson). Both exams must be completed successfully. This course is graded as pass/fail. Pass is set at 60%.