Psychology 675: Treatment Research - Syllabus

Instructor: Janet D. Latner, Ph.D.  
Class Time: Tuesday 1:30 - 4:00 p.m.  
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Course overview:

This course will cover two related content areas. The first is a focus on important methodological and theoretical considerations in the design and conduct of treatment outcome research. The topics will include: defining and improving research on effective treatments, critiques and defenses of randomized controlled trials, research design issues (such as attrition, wait-lists, patient representativeness, therapist allegiance, placebos, therapist adherence and competence), research on medication vs. psychotherapy, cultural considerations in treatment research, process research (impact of sessions, alliance, sudden gains), treatment manuals, and the broader applications and utility of empirically supported treatments.

The second content area of the course is in the application of these methodological and theoretical issues. It will involve an overview of existing empirically supported treatments for a number of psychological disorders (e.g., mood disorders, anxiety disorders, substance abuse disorders, eating disorders), and practice in designing research on the treatment of these disorders.

Readings:

Many of the readings for this course will be contained in a CD prepared especially for this class. Additional readings will come from chapters in the course's textbook, *What Works for Whom*, 2nd Edition, by Roth and Fonagy (2005). This should be available in the campus bookstore (or from online vendors or the publisher, Guilford Press).

It is required that you read all of the required readings assigned for each class. The requirements for the course are designed to encourage you to do so, as you'll see below. It is recommended that you distribute the readings across the week, so that you read through a portion of the required readings each day rather than postponing them until the night before class. On average, there will be approximately three required readings (article or chapter) each week.

Please note that each week, some readings will be labeled as “required” and others may be labeled as “recommended.” All the readings (in both of these categories) are
contained in your course reader CD. You will be expected to read the required readings, and the recommended readings are suggested additions. You may also find these to be valuable resources for your personal library, and if you are conducting a Point-Counterpoint on a particular topic (explained below), or focusing in on a topic for any other purpose, you may find the recommend readings to be helpful as well.

Course requirements and grading:

All of the requirements for the course were specifically designed to encourage students to thoughtfully process, interact with, and extrapolate from material and literature related to the course.

**Midterm:** 20%

*Presentation:* 30%

*Participation:* 20%

*Point – Counterpoint:* 20%

*Pop-summary:* 10%

**Midterm (20%):**

The midterm examination will consist of essay questions and will be two hours long. In keeping with University policy, all make-ups are permitted only with a doctor’s certificate unless special arrangements have been made with me prior to the exam. All make-ups must be completed within one week following the regularly scheduled exam. There is no final examination for the course; instead, it is up to you to remember, use, and think about the course material during your future careers as researchers and clinicians!

**Presentation (30%):**

Student presentations will be delivered in a specific format, on dates to be decided at the beginning of the term. Each student will choose a specific disorder area and propose a research study specific to the treatment of this disorder, as if you are proposing this study to an NIMH funding committee. The specific research questions and design of the study is up to you – it does not have to be a randomized controlled efficacy trial (although it certainly can be). However, the research question and design should logically stem from the literature to date on the particular disorder, as well as from existing knowledge about how to conduct treatment research. In your presentation and discussion of the study proposed, you should give due consideration to some or many of the design considerations discussed in the course.

The presentations will be approximately 50 minutes. They should begin with a background review of the research literature (and existing gaps in our knowledge) that has led to the aims of the proposed study. The methods of the study should be
thoroughly outlined, with rationales and justifications for each of the many choices you’ve made in your research design. These choices should also be weighed against alternatives you might have rejected, with explanations why (e.g., if you chose to use a placebo rather than a wait-list control condition, explain why in detail). Make explicit the specific aims, hypotheses, and predictions of the study. Thoroughness, and explicit attention to detail, is key.

Discuss any obstacles you may anticipate in the carrying out of this research design (after all, you’ll want to try to anticipate these inquiries by the funding body!) and describe how you plan to overcome them. Discuss the ethical considerations involved in the study and how your human participants will be treated in keeping with ethical standards. (Some funding bodies require IRB approval prior to submission, and most have a human subjects section in which these issues must be considered). Try to anticipate any ethical considerations that may arise and describe how you might plan to deal with them in the context of the research (e.g., clinical emergencies that may come up, need for additional services, treatment non-responders, etc.). Be as completely explicit as possible about all facets of the planned research. Specify your primary outcome measures, and your secondary and tertiary outcome measures (and justify them – e.g., justifying choices such as cut-off criteria for wellness, abstinence from a behavior, or definitions of clinically significant change). Discuss the statistical procedures you plan to use to analyze your data from the study, and discuss your expected effect size (based on previous studies) and the sample size you’ll need to detect effects of this size (unless you are using a single-case experimental design). Discuss your expected results and their implications for the treatment of this disorder.

At the conclusion of your presentation, have prepared 2 or more discussion questions that you will raise with the class (or your review committee, as it were). These might be focused on theoretical issues concerning the choice of treatment approach(es), or they might involve design considerations. Or these questions might expand the discussion beyond the disorder topic at hand. In addition, it is strongly advised that you try to engage the class (or “review committee”) throughout your presentation, with probe questions and discussion. Similarly, members of the class (including me) may wish to interrupt presenters with questions or discussion points, in order to increase the interactive nature of the seminars, and this is fine. Of course, the presenter may opt to defer discussion of the points raised for a later time, or can indicate if the points raised were going to be addressed later in the talk. For the students not presenting on a given day, note that the members of the class should not expect to just passively absorb the material covered – they must be prepared to be able to act as “expert reviewers” of the project being proposed and to engage in discussion and possible critique! Therefore, each of you is responsible for completing (and being prepared to discuss) all of the assigned readings, including those assigned by student presenters, during the weeks of student presentations. Students watching presentations are indeed encouraged to act in the capacity of “expert reviewers” and
to come up with questions, comments, or constructive criticism about the proposal, as if it were a real grant submission. This interactive strategy should make for a more lively, memorable, and instructive experience for both the presenter and the other participating students. Of course, I’ve no doubt that you will be professional and courteous to each other at all times!

One week before your presentation, you should supply the members of the class (and me) with copies of 1 relevant background review chapter or article. Most often, the reading can come from the topics covered in What Works for Whom (any chapter between 4 and 15, but students should not overlap with each other). The readings that you distribute before your presentation will be assigned reading for that week. For example, if a student chooses to do a presentation on depression in a given week, then Chapter 4 will be assigned as required reading for that week. If the chapters in the textbook do not cover the disorder you’ve chosen to present on, you can check the book, Treatments that Work (2002; 2nd ed.), Nathan and Gorman (Eds.), a similar comprehensive handbook of treatment research (another highly recommended addition to any psychologist’s bookshelf). In addition, please distribute handouts that accompany your presentation to the class. If using Powerpoint slides, these should be the slides presented, or if not using Powerpoint, the handout can be, for example, a summary sheet of points covered. Please also include at the end of your handout a list, or bibliography, of several (4-10) of the more important readings that you referred to in preparing your study.

It is suggested that in preparing your presentation, you might look at the format (except that it will be a presentation rather than a document) of actual grant applications, such as the NIMH National Research Service Award applications at the pre-doctoral or post-doctoral levels. Some of you may even have applied for these already in the past, or may decide to do so in the future. I hope that this assignment might make it easier to apply for grants of all types, and to plan treatment-related research, in your future career!

Participation (20%):

All students in the class come in with a rich variety of experiences and knowledge, and your thoughts and ideas are valuable and deserve to be shared with your peers. In addition, the more you are engaged during the seminars, the better you will retain, digest, question, and critique the material and, indeed, the field. Therefore, active class participation will enhance everyone’s learning, especially your own. As mentioned above, students are expected to come to class having engaged with and assimilated the material, such that they are prepared to discuss it thoughtfully and interact with each other in the class on the topics. It is not enough to come to class and just passively absorb information. During student presentations, readings continue to be required, including those assigned by students. This is true both before and after the midterm. (Note: for those of you motivated by concerns about
grades - class participation will still count towards your grade even following the midterm!

Of course, it goes without saying that attendance is mandatory and expected. Your mastery of course material as well as your ability to receive credit for class participation will suffer if your attendance is erratic. Please make every effort to be on time for class, and stay until the end of the class. Work, medical appointments, meetings with other professors, thesis defenses, etc., should be scheduled at times that will not conflict with class. When an unavoidable absence must occur, let me know in advance as soon as you can. No credit will be received for a missed class presentation or Point-Counterpoint.

Point – Counterpoint (20%):

Several important issues in the field of treatment research will be debated between pairs of students. In each debate, the student defending the original Point will spend 20 minutes presenting and defending it, and the second student presenting and defending the Counterpoint will spend 20 minutes refuting the Point. Arguments are to be based on the literature, and your own sound, logical extrapolations from the literature, as appropriate. Following the Counterpoint, the first student will have 10 additional minutes in which he or she will respond to and refute the second student’s Counterpoint. Finally, the second student will respond one more time for 10 additional minutes. Points (to be defended by student A, refuted by student B in each case) will be assigned to student pairs at the beginning of the course, and they are as follows:

1. Therapist experience and professional training influence patient outcome

2. Data are sufficient to recommend prescribing treatments supported in research for use in the general community

3. “Non-specific” or “common” aspects of psychotherapies are what primarily account for their efficacy

4. Manualized treatments neglect clinical judgment and individual patients’ needs

Arguments should be made using logical and conceptual points which summarize and capture your material or arguments. In other words, arguments should be made according to content, and not consist merely lists of studies published (Jones et al. found this, Smith et al. suggested that). At the same time, use of research studies to back up arguments is important.
Pop-summary (10%):

At the beginning of class, at least one student will be called on at random to give a 5-10 minute summary of a specific one of the assigned articles (you will not know which one in advance). Eligible articles will be only the required readings, not the recommended readings. To prepare for this, it is suggested every student should take notes or an outline on the required articles as they read them, and bring to class these summaries/outlines of the articles and their key points (not to be collected). This summary should also include your comments, questions, or critiques about issues that interested or puzzled you about the reading.

KOKUA Program:

If you feel you need reasonable accommodations because of the impact of a disability, please 1) contact the KOKUA Program (V/T) at 956-7511 or 956-7612 in room 013 of the QLCSS; 2) speak with me privately to discuss your specific needs. I will be happy to work with you and the KOKUA Program to meet your access needs related to your documented disability.

Course Schedule:

(Subject to change but advanced notice will be given)

8/22: Syllabus, introduction, and overview

8/29: The empirically supported treatment (EST) movement: Defining and improving research on efficacious treatments

Readings (to read by the 29th):
Required: APA (2006); What Works for Whom (WWW): Chapter 2; Chambless & Ollendick (2001)

Recommended: Chambless & Hollon (1998); Borkovec & Castonguay (1998); Folette & Beitz (2003); Sanderson (2003); Chambless et al. (1998); Weisz et al. (2000); DeRubeis & Crits-Cristoph (1998)

9/5: The randomized controlled trial (RCT) design: Critiques and defenses

Student presentation

Readings (to read by the 5th – same format continues below):


9/12: Clinical research design issues: Randomization; patient representativeness; blinding

Student presentation

Readings:
Required: Shadish et al. (2000); Carroll et al. (1994)

Recommended: Stirman et al. (2003); Hsu (1989)

9/19: Clinical research design issues (continued): Therapist allegiance effects; attrition

Student presentation

Readings:
Required: Flick (1998); Luborsky et al. (1999);
Recommended: Hollon (1999)

9/26: Clinical research design issues (continued): Single-case research design, clinically significant outcome measures

Student presentation

Readings:
Required: Morgan and Morgan (2001); Moras et al. (1993); Kazdin (2006)

Recommended: Atkins et al. (2005)

10/3: Clinical research design issues (continued): Placebos; medication vs. psychotherapy

Student presentation

Readings:
Required: Kirsh (2005); Borkovec and Sibrava (2005); DeRubeis et al. (1999)
Recommended: Wampold et al. (2005); Noble et al. (2005); Klein (2000);

10/10: Clinical research design issues (continued): therapist adherence and competence; nonprofessional therapists and self-help

Point-Counterpoint #1

Readings:
Required: Waltz et al. (1993); Bickman (1999); Kazantzis (2003)

Recommended: Christensen and Jacobson (1996); Miller and Binder (2002); Borrelli et al. (2005)

10/17: Clinical research across cultures

Point-Counterpoint #2

Readings:
Required: Hall (2001); Sue (1999); Miranda (2005)

Recommended: Case & Smith (2000); Revicki et al. (2005); Okazaki and Sue (1995); Bernal and Scharron-Del-Rio (2001)

10/31: How treatments work: Specific vs. common treatment factors

Point-Counterpoint #3

Readings:
Required: DeRubeis et al. (2005); Kazdin and Bass (1989); Seligman (1995)

Recommended: Lohr et al. (2005); Luborsky et al. (2002); Beutler (2002); Castonguay et al. (1996); Stevens et al. (2000); Lambert (2005)

11/14: Midterm exam

11/21: How treatments work (continued): Therapy alliance

Student presentation
Readings:
Required: Martin et al. (2000); Hovarth (2001); WWW: Chapter 16
Recommended: Khan et al. (2004); Lambert (2001)

11/28: How treatments work (continued): Impact of sessions, sudden gains
Student presentations (2)
Required: Goldfried et al. (1997); Tang and DeRubeis (1999)
Recommended: Stiles et al. (2001); Raue et al. (1997); Kazantzis (2000)

12/5: Applications and utility of EST and treatment manuals
Point-Counterpoint #4

Readings:
Required: Wilson (1998); WWW: Chapter 17
Recommended: Beutler et al. (2002); Wilson (1998); Deeger & Lawson (2003); Herbert (2003); Dobson & Shaw (1988); Beutler et al. (1995)