

Identification	Subject	Cognitive Behavioral Therapy, CPSY 621 3KU (6AKTS)
	Department	Psychology
	Program (Undergraduate, Graduate)	Graduate - Master's Degree
	Term	Fall Semester 2026
	Instructor	Gumru Sharifova
	Email:	bygumru@hotmail.com
	Classroom/hours	Online 9:00 – 12:00 / Saturdays
Prerequisites	-	
Language	English	
Compulsory/Elective	Compulsory	
Textbooks and course materials	Primary textbook: 1. Beck, J. S. (2021). Cognitive behavior therapy: Basics and beyond (3rd ed.). The Guilford Press. Core Disorder-Specific Resources Additional materials: Open Clinical and Guideline Resources • Beck Institute CBT resources and worksheets: https://beckinstitute.org/CBTresources/ • Oxford Centre for Anxiety Disorders and Trauma therapist manuals, videos, and measures: https://oxcadatresources.com/ • Centre for Clinical Interventions clinician workbooks and worksheets: https://www.cci.health.wa.gov.au/Resources/For-Clinicians • International OCD Foundation educational and professional resources: https://iocdf.org/ • Centre for Research on Eating Disorders at Oxford CBT-E resources: https://www.cbte.co/ • NICE guidance: Depression NG222; GAD and panic disorder CG113; social anxiety CG159; PTSD NG116; OCD CG31; eating disorders NG69. Copyright and access note. Students must use legally obtained books, institutional library access, and materials made openly available by their original providers. Training slides, videos, manuals, or client materials may not be redistributed unless permission or an applicable license explicitly allows it.	
Course description	This graduate-level course develops foundational knowledge and beginning clinical skills in Cognitive Behavioral Therapy (CBT). During the first half of the semester, students learn the cognitive-behavioral model, collaborative case conceptualization, evaluation, the therapeutic relationship, session structure, behavioral activation, between-session Action Plans, and treatment planning. During the second half, students apply these foundations to disorder-specific cognitive-behavioral models and interventions for depression, panic disorder and agoraphobia, social anxiety disorder, generalized anxiety disorder, obsessive-compulsive disorder, post-traumatic stress disorder, and eating disorders. Emphasis is placed on identifying maintaining mechanisms and selecting interventions from an individualized formulation rather than applying techniques as a checklist. Teaching integrates guided discovery, functional analysis, behavioral experiments, exposure-based methods, structured role-play, case formulation, treatment planning, outcome monitoring, and relapse prevention. The course provides introductory and	

	supervised skills practice; it does not by itself establish independent clinical competence in any disorder-specific protocol.
Course objectives	1. Establish a coherent foundation in CBT theory, learning principles, evidence, and treatment structure. 2. Develop students' ability to construct and revise collaborative, mechanism-focused case conceptualizations. 3. Teach students to connect assessment findings, values, goals, strengths, maintaining processes, and risk information to treatment planning. 4. Develop beginning competence in guided discovery, behavioral activation, cognitive restructuring, behavioral experiments, exposure, response prevention, and relapse prevention. 5. Introduce disorder-specific CBT models while preserving transdiagnostic clinical reasoning. 6. Strengthen ethical decision making, cultural responsiveness, outcome monitoring, recognition of medical risk, and appropriate use of supervision and referral.
Learning Outcomes	1. Explain the cognitive-behavioral model, core CBT principles, and the role of learning processes in the development and maintenance of psychological problems. 2. Differentiate situations, appraisals, automatic thoughts, emotions, physiological responses, behaviors, assumptions, and core beliefs in clinical material. 3. Construct a collaborative cognitive-behavioral formulation that includes triggers, maintaining mechanisms, strengths, values, protective factors, and relevant developmental information. 4. Organize evaluation information into measurable goals and a formulation-consistent treatment plan. 5. Demonstrate beginning skills in structuring CBT sessions, setting agendas, eliciting feedback, reviewing Action Plans, and using guided discovery. 6. Select and justify cognitive and behavioral interventions on the basis of a case formulation. 7. Design basic behavioral experiments with explicit predictions, observable outcomes, reduction of safety behaviors, and learning reviews. 8. Explain the rationale and essential procedures of situational exposure, interoceptive exposure, and exposure and response prevention. 9. Compare disorder-specific maintaining models for depression, panic disorder, social anxiety disorder, generalized anxiety disorder, OCD, PTSD, and eating disorders. 10. Recognize clinical risk, medical risk, contraindications, limits of competence, and situations requiring specialist referral or multidisciplinary care. 11. Develop an integrated CBT case write-up, intervention plan, outcome-monitoring strategy, and relapse-prevention plan. 12. Critically evaluate clinical decisions in relation to evidence, ethics, culture, client preference, and supervision.

Teaching methods	Interactive lectures - Theory, treatment models, evidence, clinical decision making, and instructor demonstrations		+
	Case formulation workshops - Maintenance-cycle mapping, problem prioritization, treatment planning, and reformulation		+
	Agenda setting, guided discovery, exposure rationale, behavioral experiments, feedback, and relapse planning		+
	Activity schedules, thought records, exposure plans, ERP forms, self-monitoring, and outcome measures		+
	Identification of therapist strategies, missed opportunities, alliance processes, and protocol fidelity		+
Evaluation Criteria	Methods	Date/deadlines	Percentage (%)
	Midterm Exam	After Week 7	30
	Practical Assignments:	Weeks 12-15	20
	Activity	Week 15	5
	Attendance		5
	Final Exam	After Week 15	40
	Total		100
Class & Assessment Policies	Students are expected to attend classes regularly, complete assigned readings before class, participate actively in discussions and skills practice, and demonstrate professional, respectful, and ethical conduct throughout the course. All submitted work must comply with university requirements concerning academic integrity, confidentiality, professional conduct, and responsible use of artificial intelligence. 1. Midterm Examination The midterm examination covers the foundational material presented during Weeks 1–7 and will be administered in a multiple-choice format. The examination assesses students' ability to: • Explain the fundamental principles, concepts, and terminology of CBT. • Apply the cognitive-behavioral model to basic clinical situations. • Distinguish among situations, automatic thoughts, emotions, physiological responses, behaviors, assumptions, and core beliefs. • Understand collaborative case conceptualization and treatment planning. • Explain the role of the therapeutic relationship, clinical evaluation, goal setting, session structure, guided discovery, behavioral activation, and Action Plans. • Select appropriate foundational CBT interventions based on brief case examples.		

- Distinguish between conceptually related CBT principles, procedures, and techniques.

The grade will be based on the number of correct responses. Unauthorized materials, communication, generative AI, or assistance during the examination are prohibited.

2. Recorded Practical Assignment: Simulated CBT Session

The practical assignment is designed to assess beginning-level competence in CBT case formulation, therapeutic communication, clinical reasoning, and application of formulation-linked interventions.

Students will submit:

1. A recorded CBT skills demonstration with a simulated patient;
2. A written case formulation and intervention rationale; and
3. A brief structured self-reflection.

2.1 Simulated-patient requirement

The recording must involve a simulated patient portrayed by a classmate, colleague, or another consenting adult.

The following requirements apply:

- The case must be fictional or specifically developed for educational purposes.
- Students must not use an actual client or record a real therapy session.
- Participants must not reproduce identifiable details from a current or former client.
- The person portraying the simulated patient must participate voluntarily.
- The role-play must not pressure the simulated patient to disclose genuine personal or clinical experiences.
- All participants must understand that the recording will be submitted for educational assessment.
- The recording must not be shared outside the authorized assessment process.
- The recording must be deleted following grading and completion of the university's formal appeal period.

2.2 Recording length and structure

The recording should be approximately **12–15 minutes** and demonstrate one coherent segment of CBT work rather than an entire therapy session.

The recording should demonstrate:

- Establishment of a collaborative therapeutic atmosphere;
- Clarification of the session focus or agenda;
- Exploration of a clearly defined problem;
- Identification of a relevant maintaining mechanism;
- Appropriate use of guided discovery;
- Collaborative selection or implementation of one CBT intervention;
- A summary of the learning developed during the session;
- Agreement on an appropriate Action Plan or next step;

- Elicitation of feedback from the simulated patient.

2.3 Clinical topics and interventions

Students may select one of the following areas:

- **Depression:** activity monitoring, behavioral activation, graded task assignment, or addressing behavioral withdrawal;
- **Panic disorder:** panic-cycle formulation, catastrophic misinterpretations, safety behaviors, or planning an interoceptive behavioral experiment;
- **Social anxiety disorder:** self-focused attention, safety behaviors, anticipatory processing, externally focused attention, or behavioral-experiment planning;
- **Generalized anxiety disorder:** worry monitoring, intolerance-of-uncertainty formulation, problem-solving discrimination, or an uncertainty-focused behavioral experiment;
- **OCD:** identification of obsessions and compulsions, functional analysis of rituals, reassurance seeking, or introductory ERP hierarchy development;
- **PTSD:** current-threat formulation, avoidance and safety behaviors, trigger discrimination, or reclaiming-life planning;
- **Eating disorders:** CBT-E maintenance formulation, self-monitoring, regular-eating planning, or identification of body-checking and avoidance behaviors.

The assignment is intended to demonstrate beginning-level clinical skills. Students must not perform advanced trauma-memory processing, high-intensity exposure, unsupervised ERP, detailed suicide-risk simulations, or medically sensitive eating-disorder interventions.

2.4 Written component

The written submission should be approximately **1,000–1,500 words** and include:

- A concise description of the presenting problem;
- Relevant contextual and assessment information;
- Risk, safeguarding, medical, and referral considerations where applicable;
- An individualized CBT maintenance-cycle formulation;
- Relevant thoughts, emotions, physiological responses, behaviors, beliefs, avoidance patterns, safety behaviors, rituals, or other maintaining mechanisms;
- The simulated patient's strengths, values, aspirations, protective factors, and treatment goals;
- A rationale for the intervention demonstrated in the recording;
- An explanation of how the selected intervention follows logically from the formulation;
- A proposed Action Plan;
- An appropriate outcome-monitoring strategy;
- A brief reflection on what the student did effectively and what should be improved;
- Appropriate academic references.

Students must demonstrate clear clinical reasoning. Simply listing CBT techniques without connecting them to the formulation will not receive full credit.

2.5 Recording, submission, and confidentiality

- Recordings must be submitted only through the university-approved secure platform.
- Students must not upload recordings to social media, messaging applications, personal cloud-storage platforms, public file-sharing services, or generative AI systems.
- Recordings may be viewed only by the instructor and formally authorized assessors.
- Recordings must not be copied, distributed, presented publicly, or used for any purpose other than this assessment.
- Recordings must not include identifiable information concerning an actual client.
- Students must not use AI tools to transcribe, analyze, edit, enhance, summarize, or evaluate the recording.
- Any unauthorized access, disclosure, or loss must be reported immediately in accordance with university procedures.

2.6 Grading criteria

Criterion	Weight
Case formulation and identification of maintaining mechanisms	25%
Therapeutic communication and collaboration	20%
Guided discovery and application of CBT skills	20%
Formulation-based selection and implementation of the intervention	15%
Written rationale, Action Plan, and outcome monitoring	10%
Critical self-reflection	5%
Ethical conduct, confidentiality, and professional boundaries	5%
Total	100%

3. Active Participation

Active participation includes meaningful engagement in case discussions, formulation exercises, role-plays, guided discovery, behavioral experiments, Action Plan activities, clinical tool laboratories, peer feedback, and other classroom tasks.

To achieve the maximum score, students should:

- Attend class prepared and complete assigned readings.
- Participate actively and consistently.
- Contribute relevant and thoughtful observations.
- Apply CBT concepts to clinical examples and classroom exercises.
- Engage respectfully in role-plays and skills practice.
- Provide constructive and formulation-focused feedback to peers.
- Demonstrate openness to feedback and willingness to revise clinical hypotheses.
- Respect personal boundaries, cultural differences, and confidentiality.

- Demonstrate professional communication and teamwork.

Attendance alone does not constitute active participation. Grades will reflect the quality, consistency, preparation, professionalism, and relevance of the student's engagement rather than simply how frequently the student speaks.

4. Attendance

Regular and punctual attendance is expected because CBT competencies are developed through demonstration, supervised practice, feedback, and reflection.

Students are expected to:

- Attend all scheduled classes.
- Arrive on time and remain for the full class.
- Participate in scheduled learning activities.
- Inform the instructor as early as possible when a legitimate reason prevents attendance.
- Take responsibility for reviewing missed material.
- Complete any permitted make-up activity within the specified period.

Repeated absence, late arrival, or early departure may affect the attendance grade in accordance with university policy. An absence does not automatically entitle a student to access recordings, confidential case discussions, role-plays, or other protected classroom materials.

5. Final Examination

The final examination covers the disorder-specific and integrative material presented during Weeks 9–16.

The examination will consist of **clinical vignettes followed by short, structured-response questions**. Students will be expected to demonstrate conceptual understanding and clinical reasoning rather than reproduce memorized definitions or provide lengthy essay responses.

Students may be asked to:

- Identify the primary presenting problem and relevant CBT treatment targets.
- Identify thoughts, emotions, physiological responses, behaviors, beliefs, avoidance patterns, safety behaviors, rituals, or other maintaining mechanisms.
- Construct or complete a brief disorder-specific maintenance cycle.
- Distinguish between predisposing, precipitating, maintaining, and protective factors where relevant.
- Identify strengths, values, aspirations, and treatment goals.
- Compare disorder-specific CBT models.
- Select an appropriate intervention based on the information provided.
- Explain briefly why the selected intervention follows from the case formulation.
- Identify inappropriate, premature, or potentially harmful interventions.
- Recognize clinical risk, medical risk, contraindications, competence limitations, and referral needs.

- Propose an appropriate behavioral experiment, exposure task, ERP target, Action Plan, or monitoring strategy.
- Address treatment difficulties, non-response, comorbidity, termination, and relapse prevention.

Areas covered

The final examination may include vignettes related to:

- Depression;
- Panic disorder and agoraphobia;
- Social anxiety disorder;
- Generalized anxiety disorder;
- Obsessive-compulsive disorder;
- Post-traumatic stress disorder;
- Eating disorders;
- Treatment difficulties, termination, and relapse prevention.

Expectations for short structured responses

To receive full marks, responses should:

- Address the specific question directly;
- Use accurate CBT terminology;
- Identify the most clinically relevant information;
- Demonstrate a logical connection between the formulation and the proposed intervention;
- Be concise, structured, and clinically coherent;
- Recognize ethical, medical, or professional limitations where relevant.

Unnecessarily long answers will not receive additional credit. Marks will be awarded for conceptual accuracy, clinical reasoning, relevance, and formulation-based decision making.

Unauthorized materials, communication, generative AI, or external assistance during the examination are prohibited.

6. Academic Integrity

All assessments must represent the student's own knowledge, reasoning, clinical judgment, and work.

The following are prohibited:

- Plagiarism or unattributed use of another person's work;
- Cheating or unauthorized collaboration;
- Fabrication of clinical information, research findings, citations, consent documents, or references;
- Submission of another person's work;
- Submission of AI-generated analysis as the student's own;
- Misrepresentation of a simulated recording as a real clinical session;
- Editing a recording in a way that misleadingly represents the student's competence;

• Use of actual client information in the simulated case; • Recording or sharing educational material without authorization. Violations may result in grade reduction, rejection of the assessment, a failing grade, or referral for further action under university regulations. 7. Responsible Use of Artificial Intelligence AI tools may be used only when they support learning without replacing the student's own clinical reasoning or assessed performance. Permitted uses may include: • Clarification of general CBT terminology; • Generation of personal study questions; • Organization of personal study notes; • Limited language and grammar checking; • Brainstorming that does not generate the substantive assessed response. Unless explicitly authorized, AI must not be used to: • Generate case formulations, maintenance cycles, clinical interpretations, intervention rationales, treatment plans, or reflective analyses; • Generate responses to examination vignettes; • Analyze, transcribe, summarize, edit, enhance, or evaluate submitted recordings; • Generate simulated-patient responses that are presented as spontaneous role-play; • Fabricate clinical details, research findings, consent records, or references; • Replace the student's therapeutic dialogue, professional judgment, or clinical decision making; • Process confidential or potentially identifiable material. Generative AI is prohibited during the midterm and final examinations unless explicitly authorized by the instructor. Students remain fully responsible for the accuracy, originality, ethical appropriateness, and professional quality of all submitted work. Any permitted use of AI must be acknowledged in accordance with university and instructor requirements.			
Tentative Schedule			
Week	Date/Day (tentative)	Topics	Textbook/Assignments
1	19.09.2026	Introduction to CBT and overview of treatment Definition and development of CBT; cognitive model; evidence; traditional and recovery-oriented emphases; 14 principles; collaboration; values; aspirations; strengths; guided discovery; progress monitoring.	Beck, Chs. 1-2, pp. 1-25. Applied preparation: Identify situation, thought, emotion, behavior, and physiological response in a brief vignette.

2	26.09.2026	Cognitive conceptualization Evolving formulation; automatic thoughts; intermediate and core beliefs; behavioral patterns; triggers and maintaining factors; strengths, resources, values, and protective factors; traditional CCD and strengths-based CCD.	Required reading: Ch. 3, Cognitive Conceptualization.
3	03.10.2026	Therapeutic relationship and CBT evaluation Collaboration; feedback; tailoring the relationship; rupture prevention and repair; diagnostic and contextual assessment; risk; best lifetime functioning; strengths; values; expectations; baseline measures.	Beck, Chs. 4-5, pp. 56-86. Applied preparation: Evaluation role-play and collaborative feedback practice.
4	10.10.2026	The first therapy session and socializing clients to CBT Main concepts: agenda setting; update; diagnosis and treatment-plan discussion; psychoeducation about the cognitive model; eliciting aspirations and values; goal setting; therapy notes; initial Action Plan; feedback and expectations for treatment.	Required reading: Ch. 6, The First Therapy Session.
5	17.10.2026	Behavioral activation: activity scheduling Main concepts: conceptualizing inactivity and low mastery/pleasure; activity monitoring and scheduling; meaningful, mastery, pleasure, self-care, and social activities; testing predictions; drawing adaptive conclusions from experience.	Required reading: Ch. 7, Activity Scheduling.
6	24.10.2026	Action Plans and between-session learning Main concepts: collaboratively setting Action Plans; types of Action Plan items; increasing adherence; anticipating obstacles; behavioral experiments; monitoring thoughts and emotions; reviewing outcomes; conceptualizing non-completion without blame.	Required reading: Ch. 8, Action Plans.
7	31.10.2026	Treatment planning and structuring CBT sessions Main concepts: broad therapeutic objectives; planning across sessions; individualized treatment plans; planning for specific goals; selecting session targets; first/middle/final parts of sessions; agenda, updates, summaries, feedback, and time management.	Required reading: Ch. 9, Treatment Planning; Ch. 10, Structuring Sessions.
8	7.11.2026	Midterm exam	
9	14.11.2026	CBT for depression Depression maintenance cycle; behavioral withdrawal; reduced reinforcement; rumination; activity monitoring and scheduling; mastery and pleasure; graded tasks; cognitive restructuring; hopelessness and risk; relapse prevention.	Beck, Ch. 7 review; selected Chs. 12-15 and 21. CCI Back from the Bluez: Modules 2-7 and selected worksheets. Applied tool: Behavioral activation plan

10	21.11.2026	CBT for panic disorder and agoraphobia Catastrophic misinterpretation of bodily sensations; hypervigilance; avoidance; escape; reassurance and safety behaviors; interoceptive and situational exposure; prediction testing; dropping safety behaviors.	Beck, Ch. 19, Exposure, pp. 331-334; selected Chs. 14-15. OxCADAT panic materials; CCI When Panic Attacks, Modules 2-6. Applied tool: Interoceptive-exposure experiment.
11	28.11.2026	CBT for social anxiety disorder Clark-Wells model; negative self-image; self-focused attention; internal information; overt and covert safety behaviors; anticipatory and post-event processing; externally focused attention; behavioral experiments; video feedback.	Selected Beck Chs. 12-15, 18-20. OxCADAT social anxiety manual and selected videos; CCI Modules 1, 3-7. Applied tool: Safety-behavior experiment.
12	05.12.2026	CBT for generalized anxiety disorder Productive and unproductive worry; intolerance of uncertainty; positive and negative beliefs about worry; cognitive avoidance; reassurance and checking; worry monitoring; problem solving; uncertainty experiments; imaginal exposure.	Beck, Ch. 16, pp. 273-281; selected Chs. 17-19. Dugas and Robichaud, selected chapters; CCI worry materials. Applied tool: Uncertainty behavioral experiment.
13	12.12.2026	CBT for obsessive-compulsive disorder Intrusions and threat appraisal; inflated responsibility; thought-action fusion; overt and covert compulsions; mental rituals; avoidance; reassurance; family accommodation; exposure and response prevention; hierarchy design; inhibitory learning.	Beck, Ch. 19, pp. 331-334; selected Chs. 14 and 17. Foa et al., selected sections; IOCDF resources; NICE CG31. Applied tool: ERP hierarchy and response-prevention plan.
14	19.12.2026	Trauma-focused cognitive therapy for PTSD PTSD as non-recovery; sense of current threat; trauma-memory characteristics; negative appraisals; avoidance and safety behaviors; memory updating; trigger discrimination; reclaiming life; dissociation, risk, competence, and referral.	Beck, Ch. 20, pp. 340-352; selected Chs. 14-15 and 19. Ehlers and Clark (2000); OxCADAT PTSD manual and materials; NICE NG116. Applied tool: Current-threat formulation and trigger-discrimination plan.
15	26.12.2026	CBT for eating disorders and CBT-E Transdiagnostic formulation; overvaluation of shape, weight,	Selected Beck Chs. 3, 8, 17-19, and 21.

		and eating; dietary restraint; binge eating; compensatory behaviors; self-monitoring; regular eating; collaborative weighing; feared foods; body checking and avoidance; medical risk and multidisciplinary care.	Fairburn, selected CBT-E chapters; CREDO CBT-E; CCI Break Free from ED; NICE NG69. Applied tool: Eating-disorder formulation and self-monitoring plan.
16	02.01.2027	Integration treatment difficulties termination and relapse prevention Comparative formulation; comorbidity; treatment priorities; non-response; alliance and Action Plan difficulties; therapist cognitions; reformulation; referral; tapering; self-therapy; early warning signs; relapse plan; case presentations.	Beck, Ch. 11, pp. 192-209; Ch. 21, pp. 353-364; Ch. 22, pp. 365-376; Appendix B, pp. 379-385. Submission: Integrated disorder-specific case portfolio.
		Final exam	