2020

509 Cognitive Aspects of Behavior

Cynthia Dulaney
dulaney@xavier.edu

Syllabus
Cognitive Aspects of Behavior: PSYC 509 (3 credits)
Xavier University, Spring 2020

CONTACT INFORMATION COURSE DETAILS

Instructor:	Cynthia L. Dulaney, Ph.D.		Course Meetings:	Tuesday and Thursday 8:30 – 9:45
Office:	Elet 202		Meeting Location:	Elet 205
Email:	dulaney@xavier.edu		Office Hours:	Thursday 10:00 – 11:00, any time you see my door open, and by appointment.
Office Phone:	513-745-3535			

PSY.D. PROGRAM MISSION STATEMENT: The Psy.D. program provides the highest standard of educational experience to enable graduate students to become practicing clinical psychologists who have a solid appreciation of the role of science in all aspects of professional activity, a clear understanding of the ethical demands of such a position, and who hold the value of contributing to the lives of others, especially those in our society whose needs have been traditionally underserved.

CATALOG COURSE DESCRIPTION: Analysis of the experimental literature and theories of learning and cognition, including classical and operant conditioning, memory, attention, problem solving, and decision making.

COURSE OVERVIEW AND OBJECTIVES: This course serves as a core component of the Psy.D. program and fulfills the following APA Council on Accreditation (COA) program requirements:

Discipline Specific Knowledge:

Cognitive Aspects of Behavior: Defined as graduate level education on the topics of learning, memory, thought processes, and decision-making.

Affective Aspects of Behavior: Defined as graduate level education on the topics of affect, mood and emotion.

This course includes both information specific to Cognitive and Affective aspects of behavior and advanced integrative knowledge about the intersectionality of these two areas.

Profession Wide Competencies: This course supports the following competencies:

*Communication and Interpersonal Skills: Defined as the ability to develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services; produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts; demonstrate effective interpersonal skills and the ability to manage difficult communication well.

*Although specific "clinical" skills are not developed in this course, you will gain experience in communication and interpersonal skills, which are important in professional and clinical settings, through oral presentations and through leading and participating in group discussions.

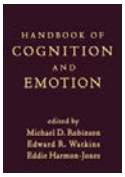
Specific Course Objectives:

The primary objective of this course is to provide you with an understanding of the basic theory and empirical research in the areas of learning and cognition. A survey of the concepts, theories, and research will be provided. A broad range of topics will be covered which encompass the major areas of learning (e.g., conditioning and reinforcement) and cognition (e.g., attention and memory). Although you may find much of this basic, theoretical and empirical material less exciting or relevant than your more "clinical/applied" courses, do not underestimate the value of this course as a foundation for other clinically-relevant courses and for your training as a doctoral level psychologist. It is imperative that a clinician understands the theoretical underpinnings of treatment and therapeutic techniques to optimize the treatment of clients. You want the best for your clients, right?

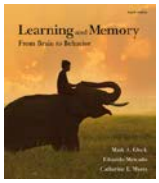
A secondary objective is to help you to understand the importance of these topics in regards to topics or relevance to clinical psychology (e.g., attentional bias in schizophrenia, executive functioning in aging, implicit memory in depression, cognitive biases in anxiety). To meet that objective, we will review articles throughout the semester that meld basic principles of learning and cognition with their importance in affective components of behavior. In addition, you will prepare presentations related to these topics.

READING MATERIALS:

Robinson, M. D., Watkins, E. R., & Harmon-Jones, E. (Eds.). (2013). *Handbook of Cognition and Emotion.* Guilford.



Gluck, M. A., Mercado, E., & Myers, C. E. (2020). *Learning and Memory: From Brain to Behavior*. (4th Ed.) Worth Publishers.



Articles on Canvas (see Schedule of Class Meetings for specific articles).

Schedule for Class Meetings

This schedule is tentative. If there are any changes to the schedule, they will be announced in class.

Week	Topic	Relevant Articles and Assignments
Jan. 14	Overview (very brief history)	Handbook Chapter 1: Cognition and Emotion: An Introduction Learning and Memory Chapter 1
16	Non-Associative Learning (Habituation)	Learning and Memory Chapter 3
21	Presentation #1 Classical Conditioning	Bender, T. W., Gordon, K. H., Bresin, K, & Joiner, T. E. (2011). Impulsivity and suicidality: The mediating role of painful and provocative experiences. *Journal of Affective Disorders, 129,* 301-307. https://doi.org/10.1016/jad.2010.07.023. Learning and Memory Chapter 4
23	Classical Conditioning cont. Article Discussion #1	Eelen, P., & Vervliet, B. (2006). Fear conditioning and clinical implications: What can we learn from the past? In M. G. Graske, D. Hermans, and D. Vansteenwegen (Eds.), *Fear and learning: From basic processes to clinical implications* (pp. 17-35). American Psychological Association. Phelps, E. A. (2006). Emotion, learning, and the brain: From classical conditioning to cultural bias. *Lifespan development and the brain: The perspective of biocultural co-constructivism.* (pp. 200-216) Cambridge University Press.
28	Operant Conditioning	Learning and Memory Chapter 5
30	Aversive Control Generalization and Discrimination	Handbook Chapter 7: Generalization of Acquired Emotional Responses Learning and Memory Chapter 6 (pp. 213-217; 224- 233) Learning and Memory Chapter 10 (pp. 404-409; 428 - 434)
Feb. 4	Presentation #2 Presentation #3	Telch, M. J., York, J., Lancaster, C. L., & Monfils, M. H. (2017). Use of a brief fear memory reactivation procedure for enhancing exposure therapy. *Clinical Psychological Science*, *5*(2), 367-378. https://doi.org/10.1177/2167702617690151 O'Connell, K., Shiffman, S., & DeCarlo, L. T. (2010). Does extinction of responses to cigarette cues occur during smoking cessation?: Extinction during smoking cessation. *Addiction, 106,* 410-417. https://doi.org/10.1111/j.1360-0443.2010.03172.x
6	Article Discussion #2	Abramowitz, J. S. (2013). The practice of exposure therapy: Relevance of cognitive-behavioral theory and extinction theory. *Behavior Therapy, 44*, 548-558. https://doi.org/10.1016/j.beth.2013.03.003 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. https://doi.org/10.1016/j.brat.2014.04.006

Feb. 11	Presentation #4 (pick one) Choice Behavior	Lovibond, P. F., Mitchell, C. J., Minard, E., Brady, A., & Menzies, R. G. (2009). Safety behaviours preserve threat beliefs: Protection from extinction of human fear conditioning by an avoidance response. *Behaviour Research and Therapy, 47*, 716-720 https://doi.org/10.1016/j.brat.2009.04.013 Hornstein, E. A., B., K. E., Shirole, K., & Eisenberger, N. I. (2018). A Unique safety signal: Social-support figures enhance rather than protect from fear extinction. *Clinical Psychological Science*, *6*(3), 407–415. https://doi.org/10.1177/2167702617743002
13	Presentation #5 Presentation #6	Salmon, S. J., Fennis, B. M., de Ridder, D. T. D., Adrinaanse, M. A., & de Vet, E. (2014). Health on impulse: When low self-control promotes healthy food choices. *Health Psychology, 33*, 103-109. https://doi.org/10.1037/a0031785 Thamotharan, S., Lange, K., Ramos, A., & Shields, S. (2016). Examining weight concern and delay discounting in adolescent females. *Eating Behaviors, 21¸* 228 – 231. https://doi.org/10.1016/j.eatbeh.2016.03.010
18	Article Discussion #3	* Bechara, A., Berridge, K. C., Bickel, W. K., Morón, J. A., Williams, S. B., & Stein, J. S. (2019). A Neurobehavioral Approach to Addiction: Implications for the Opioid Epidemic and the Psychology of Addiction. *Psychological Science in the Public Interest, 20(2),* 96–127. https://doi.org/10.1177/1529100619860513 *Pages 96-104; 112-116 Duckworth, A. L., Milkman, K. L., & Laibson, D. (2018). Beyond Willpower: Strategies for Reducing Failures of Self-Control. *Psychological Science in the Public Interest, 19(3*), 102–129. https://doi.org/10.1177/1529100618821893
20	Exam 1a	Exam 1a: Multiple Choice and Identify
25	Exam 1b	Exam 1b: Essays
27	Memory Theories Episodic and Semantic Memory	Handbook Chapter 9: Episodic Memory and Emotion Learning and Memory Chapter 7
March 3	Presentation #7 Mood Effects on Memory	Webb, C. A., Keeley, J. W., & Eakin, D. K. (2016). Are clinicians better than lay judges at recalling case details? An evaluation of expert memory. *Journal of Clinical Psychology, 72*(4), 384-400. http://dx.doi.org/10.1002/jclp.22256 Handbook Chapter 13: Mood Effects on Cognition Learning and Memory Chapter 10 (pp. 409 – 414)

March 5	Article Discussion #4	Hertel, P. T., & Brozovich, F. (2010). Cognitive habits and memory distortions in anxiety and depression. *Current Directions in Psychological Science, 19,*155-160. https://doi.org/10.11177/0963721410370137 Erten, M. N., & Brown, A. D. (2018). Memory specificity training for depression and posttraumatic stress disorder: A promising therapeutic intervention. *Frontiers in Psychology*, *9*, 419. https://doi.org/10.3389/fpsyg.2018.00419
17	Presentation #8 Presentation #9 (pick two)	Sachschal, J., Woodward, E., Wichelmann, J. M., Haag, K., & Ehlers, A. (2019). Differential Effects of Poor Recall and Memory Disjointedness on Trauma Symptoms. *Clinical Psychological Science, 7(5)*, 1032–1041. https://doi.org/10.1177/2167702619847195 Werner-Seidler, A., Tan, L., & Dalgleish, T. (2017). The vicissitudes of positive autobiographical recollection as an emotion regulation strategy in depression. *Clinical Psychological Science*, *5*(1), 26-36. https://doi.org/10.1016/j.brat.2017.02.005 Hitchcock, C., Golden, A. J., Werner-Seidler, A., Kuyken, W., & Dalgleish, T. (2017). The impact of affective context on autobiographical recollection in depression. *Clinical Psychological Science : A Journal of the Association for Psychological Science*, *6*(3), 315-324. https://doi.org/10.1177/2167702617740672
19	Working Memory	Learning and Memory Chapter 9
24	Presentation #10 Presentation #11 (pick two)	Allen, D. N., Randall, C., Bello, D., Armstrong, C., Frantom, L., Cross, C., & Kinney, J. (2010). Are working memory deficits in bipolar disorder markers for psychosis? *Neuropsychology, 24*, 244-254. https://doi.org/10.1037/a0018159 Littel, M., Remijn, M., Tinga, A. M., Engelhard, I. M., & van den Hout, M. A. (2017). Stress enhances the memory-degrading effects of eye movements on emotionally neutral memories. *Clinical Psychological Science*, *5*(2), 316-324. DOI: 10.1177/2167702616687292 Medeiros, W., Torro-Alves, N., Malloy-Diniz, L. F., & Minervino, C. M. (2016). Executive functions in children who experience bullying situations. *Frontiers in Psychology*, *7*. https://doi.org/10.3389/fpsyg.2016.001197
26	Attention	Handbook Chapter 6: Attention and Emotion Learning and Memory Chapter 8
31	Presentation #12	Hsu, K. J., & Davison, G. C. (2017). Compounded deficits: The association between neuropsychological impairment and attention biases in currently depressed, formerly depressed, and never depressed individuals. *Clinical Psychological Science*, *5*(2), 286-298. https://doi.org/10.1177/2167702617692998

March 31 (cont)	Article Discussion #5 (choose 1 with * + Mikels)	*Witthoft, M., Kerstner, T., Ofer, J., Mier, D, Rist, F., Diener, C., & Bailer, J. (2016). Cognitive biases in pathological health anxiety: The contribution of attention, memory, and evaluation processes. *Clinical Psychological Science,4(3)* 464-479. https://doi.org/10.1177/2167702615593474 *Grahek, I., Everaert, J., Krebs, R. M., & W., E. H. (2018). Cognitive control in depression: Toward clinical models informed by cognitive neuroscience. *Clinical Psychological Science*, *6*(4), 464–480. https://doi.org/10.1177/2167702618758969 *Dennis-Tiwary, T. A., Roy, A. K., Denefrio, S., & Myruski, S. (2019). Heterogeneity of the Anxiety-Related Attention Bias: A Review and Working Model for Future Research. *Clinical Psychological Science, 7(5)*, 879–899. https://doi.org/10.1177/2167702619838474 Mikels, J. A., & Reuter-Lorenz, P. A. (2019). Affective Working Memory: An Integrative Psychological Construct. *Perspectives on Psychological Science, 14(4*), 543–559. https://doi.org/10.1177/1745691619837597
April 2	Presentation #13 Presentation #14	Sommerfeldt, S. L., Cullen, K. R., Han, G., Fryza, B. J., Houri, A. K., & Klimes-Dougan, B. (2016). Executive attention impairment in adolescents with major depressive disorder. *Journal of Clinical Child & Adolescent Psychology*, *45*(1), 69-8. https://doi.org/10.1080/15374416.2015.1072823 Kaiser, R. H., Snyder, H. R., Goer, F., Clegg, R., Ironside, M., & Pizzagalli, D. A. (2018). Attention bias in rumination and depression: Cognitive mechanisms and brain networks. *Clinical Psychological Science*, *6*(6), 765–782. https://doi.org/10.1177/2167702618797935
7	Judgment and Decision Making	Handbook Chapter 14: Cognition and Emotion in Judgment and Decision Making
14	Presentation #15 Article Discussion #6	Kim, N. S., Ahn, W.-k., Johnson, S. G. B., & Knobe, J. (2016). The influence of framing on clinicians' judgments of the biological basis of behaviors. *Journal of Experimental Psychology: Applied, 22*(1), 39-47. http://doi.org/10.1037/xap0000070 Rogerson, M. D., Gottlieb, M. C., Handelsman, M. M., Knapp, S., & Younggren, J. (2011). Nonrational processes in ethical decision making. *American Psychologist*, *66*(7), 614. https://doi.org/10.1037/a0025215 Bauer, B. W., Tucker, R. P., & Capron, D. W. (2019). A Nudge in a New Direction: Integrating Behavioral Economic Strategies Into Suicide Prevention Work. *Clinical Psychological Science, 7(3),* 612–620. https://doi.org/10.1177/2167702618809367
	Presentation #16	Sanders, K. E. G., Osburn, S., Paller, K. A., & Beeman, M. (2019).

16	Presentation #17	Targeted Memory Reactivation During Sleep Improves Next-Day Problem Solving. *Psychological Science, 30(11*), 1616–1624. https://doi.org/10.1177/0956797619873344 (add possible application to clinical population) Wolkenstein, L., Bruchmüller, K., Schmid, P., & Meyer, T. D. (2011). Misdiagnosing bipolar disorder—do clinicians show heuristic biases?. *Journal of Affective Disorders*, *130*(3), 405-412. https://doi.org/10.1016/j.jad.2010.10.036
21	Exam 2	Exam 2a: Multiple Choice and Identify
23	Exam 2b	Exam 2b: Essays
28	PTSD; Anxiety (Discussion)	Handbook Chapters 22 and 23
30	Depression; Bipolar (Discussion)	Handbook Chapters 24 and 26
TBA (scheduled for May 5, 8:30 – 10:20)	BPD; Psychopathy (Discussion)	Handbook Chapters 25 and 27

COURSE POLICIES

Academic Honesty: "Violations of certain standards of ethical behavior will not be tolerated at Xavier University. These include theft, cheating, plagiarism, unauthorized assistance in assignments and tests…the falsification of results and materials submitted in reports…All work submitted for academic evaluation must be the student's own…the direct and unattributed use of another's efforts is prohibited as is the use of any work untruthfully submitted as one's own. Penalties for violations of this policy may include one or more of the following: a zero for that assignment or test, an "F" in the course, and expulsion from the University" (Xavier University, Office of the Registrar, 2012). Any instance of plagiarism or academic dishonesty will result in an "F" for the course. Furthermore, the instance will be brought to the attention of the Chair of the School, the Director of Clinical Training, and the Dean of the College of Social Sciences, Health, and Education. These individuals may pursue further penalties.

Equal Access: Anyone who feels he/she may need an academic accommodation based on the impact of a disability should contact me to discuss your needs as soon as possible. I rely on the Disability Services Office for assistance in verifying eligibility for academic accommodations. If you have not previously contacted Disability Services, I encourage you to do by calling 513-745-3280, stopping by room 514 of the Conaton Learning Commons, or e-mailing Cassandra Jones at jonesc20@xavier.edu.

Grading Issues: Students who have missed an exam or assignment will be permitted to take a make-up exam only when they can provide sufficient documentation (e.g., a doctor's note) for their absence during an exam. Otherwise, the student will receive a grade of 'zero' for the exam or assignment. Note that there is no way to "make up" a group presentation. If you miss a group presentation, you will receive a grade of "zero" for that portion of the grade (except under very extenuating circumstances), as there is no way to make up your part in a group presentation. If you miss an article presentation on the assigned day, you will receive a zero. A makeup may be allowed on a subsequent date, but a late penalty of at least 10% will be applied to your presentation grade.

If you want to dispute a score you receive, you must submit your reasons in writing. This policy is helpful for two reasons: First, if a score change is justified, it gives us a paper document as a record of the change. Second, it gives you a chance to think through and present your argument carefully, to maximize your chances of success.

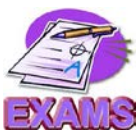
EVALUATION: Your course grade will be evaluated using the following percentage weighting and items. The guidelines and detailed criteria for these items follow next or in attachments to the syllabus.

40%	Exam 1
40%	Exam 2
8%	Article Presentation
4%	Article Discussion Leader
5%	Chapter Discussion Leader & Topic Information Sheet
3%	Discussion Participant

GRADE SCALE:

A = 90 - 100 B = 80 - 89 C = 70 - 79

EXAMS: Exams will assess your understanding of basic theories and research in learning and cognition as well as their application as reflected in the articles read. These exams will consist of multiple choice, short answer, and essay questions. I expect your written exam answers to communicate clearly your knowledge of the area; a list of facts is insufficient. Furthermore, you must express your answers in a clear, coherent, and well-written fashion.



PRESENTATION: You will present an overview of a recent publication that is related to topics covered in class, but which have a clinical application. These presentations are designed to assist you in bridging the basic theoretical and empirical knowledge you obtain in the text and lecture with empirical knowledge in a more applied context. This overview should be a coherent, informative, and intelligent coverage of your topic. Also keep in mind previous presentations you have heard. What made them exciting and informative versus dry, boring, and useless? Your classmates will appreciate your attention to these issues. This is your presentation so make it your own! Present what you think is most interesting and informative to your classmates. In addition to your presentation, you will produce an informative study guide for yourself and your classmates.

Time limit: As a general guideline, cover your material in approximately 20-25 minutes, allowing five minutes or so afterwards for discussion. In case students are slow to begin discussion, have some thought-provoking questions prepared ahead of time to stimulate discussion. This time limit requires that you present an organized, well thought-out presentation. As you prepare your presentation, keep in mind that it often takes more work to give a good 20-min presentation than a 40-min one; developing a presentation that is clear, concise, informative, and fits the limited time often takes more work.

**See attachment for the relevant grading rubric.

DISCUSSION LEADER: The group discussion leader will be graded primarily on his/her mastery of the reading material to be discussed and the ability to keep discussion going in the group. However, the way the above criteria are met may vary from discussion to discussion, or from group to group, as discussions vary as a function of the topic and the group dynamics. These criteria will be judged based on my observation of the groups as well as completed evaluation forms from the group members.

PARTICIPATING IN GROUP DISCUSSION: Your participation grade will consist of your contribution to the group discussions. In addition, on one occasion you will be designated as the "note taker" for a discussion. As the note taker your task is to jot down the main points and questions raised throughout the group discussion. Towards the end of the discussion, your group should summarize the main points and issues raised during the discussion. You will be the individual who then reports those things back to the class.

Your grade will be based on two things:

1. The evaluation your co-group members provide regarding your contribution.
2. My general impression of your discussion, as I circulate through the group discussions over the course of the semester. (Note: This aspect will weigh the least, as I will not be involved with your group the entire time.)

Keep in mind that a good participant in a group discussion is also one who listens attentively to others, who is respectful of other's opinions (although you are allowed to respectfully disagree), and who does not dominate the discussion. Thus, your discussion grade is not determined solely by "how much" you participate, but also by the quality of your contributions and your ability to listen to other's contributions.

**See attachment for the relevant grading rubric of discussion leader and discussion participant.

TOPIC INFORMATION SHEET: One of the readings for which you will be a discussion leader is from chapters in the *Handbook of Cognition and Emotion* on Problems, Disorders, and Treatments. In addition to be a discussion leader for one of these chapters, you will also create a relevant information sheet for the topic of that chapter. This "sheet" should include a very brief topic definition (a few sentences), how the cognitive aspects of the client may affect his/her functioning (a paragraph or a well-defined list), and a recommendation on cognitive aspects of the topic a therapist should consider in the assessment and/or treatment of relevant clients (a paragraph or a well-defined list). You should also include information regarding the current empirical support related to your recommendations (substantial support, emerging support; mixed support). Your goal is to develop a resource for you and your classmates that will provide reminders and guidance regarding cognitive aspects relevant to future clinical practice.

Evaluation of Presentation

Your grade will be based using the rubric below in regards to the quality of your presentation on each dimension.

Introduction: thoroughly address why this study is important and how it builds on previous research
Rational and Hypotheses: thoroughly address the rational and hypotheses
Method: thoroughly explain the sample (as needed); operationally define the IV(s) and DV(s); clearly describe the procedure and the logic of the procedure in testing the hypotheses
Results: clearly describe the analyses used and findings; provide appropriate graphics to present the findings
Discussion: thoroughly discuss the important findings; their contribution to the area of study; important limitations, implications and future research

	Very Poor	Poor	Good	Very Good	Excellent
Sections					
Introduction					
Rationale					
Method					
Results					
Discussion					
Overall					
Organization and flow					
Delivery style					
Ability to hold interest					

In addition, you will provide a study guide for your article, which includes the citation and the major points of your presentation (You may also want to add definitions or details where needed). Develop your study guide considering what would I want information would I want to have summarized as a study tool for an exam. Your overall presentation grade may be reduced if you provide a poor study guide.

Group Discussion Grading Rubric

Contributing to Group Discussions

1	2	3	4	5
Said nothing the entire time; perhaps nodded/shook head a few times	Made 1 or 2 comments or questions about the material	Made 3-5 comments or questions, but did not really go beyond the material presented	Made at least 3-5 comments or questions, plus at least 1 or 2 more that went beyond the material in the reading	Had a significant number of comments or questions that went beyond the reading, in addition to being generally well-prepared

Interacting with Others

1	2	3	4	5
Frequently appeared disinterested or bored in what others had to say; rolled eyes or made other non-supportive gestures	Generally seemed to listen, but occasionally "zoned out"	Seemed to be listening attentively to others, but did not respond verbally to what was said	Listened attentively to others, but only responded if "in the mood"	Listened attentively to others and responded to their comments with enthusiasm

Dominating Discussions

1	2	3	4	5
Frequently interrupted others as they presented ideas; talked much more than they listened	Sometimes interrupted others, talked slightly more than they listened	Talked more than others, but infrequently, and did seem to be able to listen respectfully	Talked about the same as others, generally waited for a break in conversation to insert their thoughts	Was very respectful of others, did not attempt to dominate, and made an effort to include quieter individuals in the discussion

Preparedness

1	2	3	4	5
Did not seem to have read the material at all	Seemed to have only skimmed the material	Had read the materials thoroughly, if somewhat superficially.	Had read the materials and had some questions or comments about them.	Had insightful comments/questions that went beyond material in the reading

Facilitating Discussion (Discussion Leader ONLY)

1	2	3	4	5
Made no effort to facilitate discussion at all; sat back and let group members talk about whatever they wanted	Provided general comments or questions, but did little to keep the group on-topic	Kept the group on-topic, but provided little in the way of new directions or integration	Had several comments and questions to get the group talking, then helped keep the group on-topic	Had insightful or thought-provoking comments that really got the group started and kept the group focused on the material