

Current Treatments of Psychological Disorders

Fall 2026 // PSY 319

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! In Preparation

This syllabus is not the final draft for the fall of 2026 and is subject to change.

Course Number	Time	Location	Office Hours
PSY 319	Th, 12:30-14:50	RKC 200	M/Th or by appointment

[Make an appointment to come to my office hours](#). The instructor's office hours are as follows (or by appointment):

- Mondays, 13:00-14:00
- Thursdays, 11:00-12:30

Prerequisites: Moderated, ideally in psychology, and a course in Cluster A, or permission of instructor.

Wherever possible, I hope to work to make this course accessible and approachable for all students. For more information on accessibility for this course, please view [the section on that subject](#) below.

Overview

Psychotherapy is constantly evolving based on new research—and it has changed substantially since first coming into being in the end of the 19th century. We will focus this semester on understanding more modern treatment approaches. These approaches may focus on helping people to change their thinking and behaviors. Some place a greater emphasis on the social and interpersonal contexts in which behaviors occur. Some therapies, grounded in clinical psychological science, place a greater emphasis on the biopsychological bases of behavior, present functioning, and achieving change within shorter time periods.

We will continue to focus on therapies with demonstrated efficacy, beginning with a variety of cognitive-behavioral approaches—to which we will return throughout the semester—and moving to other techniques. Our readings will be based in treatment manuals, empirical research, and exhaustive reviews, with the aim of thinking critically about mental illness and our best ways of treating it.

This course will sometimes discuss topics that are sensitive or personal for many students. If something discussed in class leaves you feeling upset, please speak to a trusted person about your experience. Further, if you find that you are struggling to cope with some of the topics discussed in class, you may contact [Bard Counseling Services](#), and [make an appointment](#); you may also email counselingservice@bard.edu or call 845-758-7433.

In the spirit of truth and equity, it is with gratitude and humility that we acknowledge that this class will take place on the sacred homelands of the Munsee and Muhheaconneok people, who are the original stewards of this land. Today, due to forced removal, the community resides in Northeast Wisconsin and is known as the [Stockbridge-Munsee Community](#). We honor and pay respect to their ancestors past and present, as well as to future generations and we recognize their continuing presence in their homelands. We understand that our acknowledgment requires those of us who are settlers to recognize our own place in and responsibilities towards addressing inequity, and that this ongoing and challenging work requires that we commit to real engagement with the Munsee and Mohican communities to build an inclusive and equitable space for all.

Such anticolonialist and antigenocidal work extends beyond Bard's campus and the classroom.

Objectives

By the end of the semester you should be able to...

- explain different theories of treatment
- understand communication of clinical psychological science
- analyze empirical articles and treatment manuals
- explain how treatment is planned for several major disorders
- understand clinical research from an empirical and hands-on perspective

You are expected to come to each class prepared to discuss the assigned reading. Laptops are not generally expected during class discussions. Instead, you should plan to bring paper or a notebook. (Digital copies of readings are appropriate; you need not print readings if you do not choose to.)

Instructor

The instructor for this course is Associate Professor of Psychology Justin Dainer-Best. In person or via email, you can refer to me as Justin or as Professor Dainer-Best (or Dr. Dainer-Best); I use he/him pronouns.

Materials

There is no individual textbook used in this course. Readings will be posted on Brightspace. All readings uploaded to Brightspace should work with a screen reader; if you find a reading that is not processed correctly, please let me know and I will convert it or work with you to find an alternative. You should complete each reading *in preparation for class*, as listed below on the [schedule](#).

Students may choose to purchase the following texts from which readings are drawn:

- Beck, J. (2020). *Cognitive behavior therapy: Basics and beyond* (3rd ed.).
- Hayes, S. C. & Hofmann, S. G. (Eds.) (2018). *Process-based CBT: The science and core clinical competencies of cognitive behavioral therapy*.
- Barlow, D. H. (Ed.). (2021). *Clinical handbook of psychological disorders: A step-by-step treatment manual*.
- American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders: DSM-5-TR* (Fifth edition, text revision). American Psychiatric Association Publishing. ([Electronic version available](#). Hard copy available at the Reference Desk in Stevenson Library.)

Note

You should not upload slides or readings to generative AI tools. Doing so gives materials created by me or the authors to such tools without our agreement. I will similarly not upload your assignments/work to AI tools, nor will I create teaching materials with such tools.

Class Policies

Attendance

We will move at a rapid pace; material that is missed due to absence will not be repeated in class or office hours. Our classes are designed around conversation, and your absence will impact both your own understanding and the class or your group. Because this class meets once a week and part of your grade will come from participation, absences should be avoided wherever possible.

However, this is a college class and you are an adult; your attendance is your decision. Late arrivals can be disruptive to the class. Consistent patterns of lateness are unfair to other students. Please be on time.

If you are not feeling well, please do not come to class. If you have recently been ill, please wear a mask when you attend; masks are effective at reducing spread of many respiratory illnesses. Each of us shares responsibility for the health and safety of all in the classroom.

Accommodations & Accessibility

Bard College is committed to providing equal access to all students. If you anticipate issues related to the format or requirements of this course, please contact me so that we can arrange to discuss. I would like us to discuss ways to ensure your full participation in the course. Together we can plan how best to support your learning and coordinate your accommodations. Students

who have already been approved to receive academic accommodations through disability services should share their accommodation letter with me and make arrangements to meet as soon as possible.

If you have a learning difference or disability that may relate to your ability to fully participate in this class, but have not yet met with the Disability Support Coordinator at Bard, you can contact their office through <https://www.bard.edu/accessibility/students/>; the Coordinator will confidentially discuss the process to establish reasonable accommodations. Please note that accommodations are not retroactive, and thus you should begin this process as soon as possible if you believe you will need them.

Additionally, as my office in Preston Hall may be physically difficult to access, you may always request to meet with me in another location. I am available for meetings online as well as those in person.

Diversity, Equity, & Inclusion

It is important to me that this course provides an open and supportive learning environment for all students. I invite you to speak with me if you have concerns or questions regarding issues of belonging, safety, or equity in the classroom. I want our discussions to be respectful of all students. If I am not helping the classroom to feel like an inclusive environment, I invite you to provide me with [anonymous] feedback. Different forms of knowledge can be valuable in a psychology classroom. In this class, we will engage with complex topics of mental health and illness and, as such, respect for experiential and other viewpoints is extremely important.

Plagiarism and Academic Integrity

I expect you to be familiar with what plagiarism is and is not. You may not present someone else's work as your own without proper citation. You should be writing for this course in English using the psychological language we discuss. Using AI-generated text is not a replacement for your own writing, and automated tools to edit grammar and spelling should be used sparingly. You may not copy someone else's work. You may not simply reword text from another source without giving credit, or prompt generative textbots to do so. Please cite others' work where relevant, and use your own writing. If you are not sure about the definition of plagiarism, or whether something constitutes plagiarism, please consult with me or with someone at Bard's [Learning Commons](#). Students caught plagiarizing will be reported to the Academic Judiciary Board, will get no credit for the assignment, and may fail the course.

I operate from the standpoint that you are interested in learning this material, and are doing your best to operate with integrity. Using text generators like chatGPT or even Grammarly take away your ability to learn from the process of writing. Do your best to learn from the assignments in this class.

Cell phones and laptops

Before class, you should silence your cell phone, and you should not be on your phone during class unless you are asked to be (e.g., to respond to a poll). I recommend taking notes on paper wherever possible. If you text, browse the web, or access materials unrelated to class during our class time, you are mentally absent from class. Additionally, some forms of computer use (e.g., watching videos) can be distracting not just to you but also to your classmates.

When using an electronic device during class, I encourage you to turn off notifications or to turn on Do Not Disturb whenever possible.

Late Assignments

Most assignments can be turned in **within two days** of their due dates without penalty. For example, if an assignment is due before class, it may be turned in by Wednesday at midnight without penalty. However, please note that some assignments are intended to develop into conversations; even if you have not turned in a final document to me, you should be prepared to discuss your work in class. [Discussion questions](#) will receive no credit if completed late.

Assignments including drafts may still be turned in after their late date. However, such assignments are considered “missing” (see section “[Grading](#)” below). If your work is consistently turned in late, this also may impact your grade unless you discuss this lateness with me. All assignments are due by the last day of the semester.

Assignments

Class participation

This is a discussion-based seminar. You should expect to talk during each class, and ideally multiple times per class. You will earn a small but meaningful portion of your grade from being an active class participant. In class discussions, you should plan to listen thoughtfully to your classmates and respond to them as well as adding your own viewpoints, connections to outside material, and so forth. If you are someone who finds it difficult to speak in a small class discussion, you should speak with me early in the semester to develop a plan.

Response papers and discussion questions

These assignments are meant to help prepare you and your classmates for class. As you’ll note, *they are not accepted late* for that reason.

Two 1-page response papers are due during the semester. Each response paper will respond to one or more of that week's readings. You get to choose what topics you should like to respond to. However, two responses (at a minimum) are due before spring break. You are responsible for turning your response papers in without prompting. Response papers must be turned in *before* class—ideally a full day before, but certainly before class begins. Response papers turned in late *do not count for credit*. If yours would be late, please postpone to another paper.

We will also write **two in-class response papers**. During 3–4 classes, I will set aside the first 30 minutes to writing these responses. They will help frame our discussion for class, and I will specify questions you might respond to, which correspond to multiple articles assigned. As in the pre-class response papers, you should plan to respond in part to the assigned articles for that class in your in-class writing.

Additionally, before **six** of the semester's classes, you should also publish **two** discussion questions on the Brightspace discussion board. These questions will be used during class to help stimulate discussion, as described below. Discussion questions count as a separate [grade](#) from response papers. You will receive full credit for your discussion questions if they are novel (i.e., not repeating someone else's previously-submitted questions) and add something or extend beyond the questions raised by that week's readings. (They should not be factual questions like "is this therapy used in X population?"; you can ask those in class.) Questions are due by 10pm the night before class. Questions turned in the day of class (but before class begins) will receive partial credit. Questions turned in after class begins will receive no credit.

In many cases, I will ask you to ask and expand on your question—and possible answers—in class.

Leading class exercise

Each week, two students will develop an exercise to help stimulate discussion. (You are permitted but not required to also write your [response papers](#) when you create a discussion exercise.) You will be able to sign up for exercise days in the first week of class. On weeks in which you lead a class exercise, you should plan to meet with your partner in advance to discuss the readings and identify a relevant exercise. You should also review your classmates' discussion questions. In class, likely midway through the day, I will ask you to lead your exercise.

You will lead class exercises twice over the course of the semester. Exercises may be playful (or game-based), but should be focused on stimulating discussion and integrating content/readings. Exercises should not be based solely on knowledge of information from assigned readings.

Research-based essay

At mid-semester, you will write a 3–4-page single-spaced paper which invites you to think critically about treatment and involves class decisions in the first two weeks of class—you must

plan to write a paper following the decisions we make in class. The mid-semester essay is a research proposal, written in APA style, which asks a question about treatment for depression or anxiety. More information will be included on Brightspace and discussed during the semester.

Your paper should include an abstract, and the following sections: Introduction (i.e., a literature review) and Methods (i.e., Participants, Measures, and Procedures). References should follow but are not included in the page count; a title page and outline are unnecessary. Methods will be based on a planned data collection, and must describe a brief treatment study.

We will collect data as a class (in one or two groups), and you will complete an additional draft of your essay with Results and Discussion. These additional sections must include at least one figure and preregistered analyses; they should be approximately an additional 2 single-spaced pages.

Components of the essay

Refer to the [schedule](#) below for specific dates.

- A thesis statement and précis, including three references, are due via email in for my review
- A rough draft of the proposal is due in class for peer review and discussion of data collection
- A preregistration will be completed in class, but should be included alongside a draft with specific questions for me, including a cover letter describing your response to peer review and summarizing your thesis
- A draft of the Results section only is due the week after analyses are discussed in class
- A draft updated with Results and Discussion, as well as responding to my feedback, is due close to the end of the semester; this is the final draft of the essay
- A short reflection on the essay, including an expansion on future directions focused on additional information gained throughout the semester, is due during completion week

Grades

As [discussed above](#), many assignments may be turned in **up to two days late *without penalty***. Assignments turned in later than that will not receive full points—at maximum a point off for each day late. “Missing” assignments are those which are not turned in by the late deadline, and which you have not contacted me about. If you miss assignments, you should always plan to be in touch with me as soon as possible to discuss when they will be turned in.

Assignment	Points	Grade	Range
Class participation	15	A-range	90-100
Response papers	12	B-range	80-89
Discussion questions	6	C-range	70-79
Leading exercise	10	D-range	60-69
Paper topic	5	F	below 60
Paper for peer review	5		
Paper draft and cover	10		
Results and discussion	10		
Final draft of paper	20		
Paper final reflection	7		
Total	100		

Schedule

The schedule may change over the course of the semester. Changes to assignment dates will be announced via email and also changed on the course website / Brightspace. You are responsible for keeping up with the readings, showing up to class prepared, and turning in assignments on-time.

Readings are listed by author last name; **PDFs can be found on Brightspace.**

Date	Topic	Reading	Due
Sep 3	What are treatments?	Syllabus	
Sep 10	Empirically-supported treatments	Readings introducing CBT (Duncan & Reese, 2012) and explaining how it works (J. S. Beck, 2020b, 2020c) (in the same book: pp. 1-25)	
Sep 17	Online treatments	Online treatment: two brief intervention studies (Beevers et al., 2017 ; Dainer-Best & Rubin, 2024) and a survey of depression online treatments (Moshe et al., 2021)	
Sep 24	Behavioral Activation and Depression	Comparing CBT for depression to other treatments (Cuijpers et al., 2013), defining behavioral activation (Dimidjian et al., 2021) and thinking about this in the context of risk factors (Dozois & Dobson, 2023)	

Date	Topic	Reading	Due
Oct 1	Exposure and Panic Disorder	An introduction to exposure therapy (Craske et al., 2014 ; Jacquart et al., 2022), what happens when we treat panic (Teachman et al., 2010), and a patient handout about panic (Telch, n.d.)	Topic and sources
Oct 8	Exposure and OCD	Learning about ExRP (Huppert & Roth, 2003), with some selections from an ExRP manual (Foa et al., 2012) and an RCT on ExRP (Foa et al., 2005)	Two response papers
Oct 15	Peer Review and Preregistration	No readings	Peer review draft
Oct 22	PE, EMDR, and PTSD	Selections from PE manual (Foa et al., 2007), an EMDR trial (ter Heide et al., 2016), and a study comparing PE and EMDR (van den Berg et al., 2015)	Draft with questions
Oct 29	Diversity and inclusion in therapy	Cultural adaptations of CBT (Naeem et al., 2019); working with disability (Mona et al., 2019); thinking about inclusion in psychiatry (Moreno & Chhatwal, 2020) and solutions (Connolly et al., 2021)	
Nov 5	Malaise, dread, and systemic issues	The cognitive triad (A. T. Beck, 1970); a reflection on therapy with intransigent issues (Robertson, 2014); an RCT in cancer patients (Breitbart et al., 2018); a Buddhist-inspired approach (Epstein, 2013)	
Nov 12	Data analysis and visualization	No readings (ABCT)	
Nov 19	ACT, MB-CBT, and depression	Introduction to ACT (Hayes & Smith, 2005); cognitive restructuring (J. S. Beck, 2020a); Comparing ACT and CBT (Arch et al., 2012); similarities of mbCBT and ACT (Roemer et al., 2013)	Results section
Nov 26	Thanksgiving	No class	
Dec 3	Psilocybin, MDMA, PTSD, and end-of-life treatment	Using psychedelics to reduce fear of death (Ross et al., 2016), psilocybin RCT for depression (Carhart-Harris et al., 2021) and a follow-up (Erritzoe et al., 2024), and a combination review (Bird et al., 2021)	Final draft

Date	Topic	Reading	Due
Dec 10	Psychodynamic psychotherapy	What is psychodynamic psychotherapy (Cabaniss et al., 2017), background on psychodynamic therapies (Luyten et al., 2015), and when to use psychodynamic treatments (Kivlighan III et al., 2015)	
Dec 17	Completion week		Reflection

Note

Please note that all readings are available on Brightspace.

- Arch, J. J., Eifert, G. H., Davies, C., Plumb Vilardaga, J. C., Rose, R. D., & Craske, M. G. (2012). Randomized clinical trial of cognitive behavioral therapy (CBT) versus acceptance and commitment therapy (ACT) for mixed anxiety disorders. *Journal of Consulting and Clinical Psychology, 80*(5), 750–765. <https://doi.org/10.1037/a0028310>
- Beck, A. T. (1970). The core problem in depression: The cognitive triad. In J. H. Masserman (Ed.), *Depression: Theories and therapies* (pp. 47–55). Grune & Stratton.
- Beck, J. S. (2020a). Identifying automatic thoughts. In *Cognitive behavior therapy: Basics and beyond* (3rd ed., pp. 210–226). Guilford Press.
- Beck, J. S. (2020b). Introduction to cognitive behavior therapy. In *Cognitive behavior therapy: Basics and beyond* (3rd ed., pp. 1–15). Guilford Press.
- Beck, J. S. (2020c). Overview of treatment. In *Cognitive behavior therapy: Basics and beyond* (3rd ed., pp. 16–25). Guilford Press.
- Beevers, C. G., Pearson, R., Hoffman, J. S., Foulser, A. A., Shumake, J., & Meyer, B. (2017). Effectiveness of an internet intervention (Deprexis) for depression in a United States adult sample: A parallel-group pragmatic randomized controlled trial. *Journal of Consulting and Clinical Psychology, 85*(4), 367–380. <https://doi.org/10.1037/ccp0000171>
- Bird, C. I. V., Modlin, N. L., & Rucker, J. J. H. (2021). Psilocybin and MDMA for the treatment of trauma-related psychopathology. *International Review of Psychiatry, 33*(3), 229–249. <https://doi.org/10.1080/09540261.2021.1919062>
- Breitbart, W., Pessin, H., Rosenfeld, B., Applebaum, A. J., Lichtenthal, W. G., Li, Y., Saracino, R. M., Marziliano, A. M., Masterson, M., Tobias, K., & Fenn, N. (2018). Individual meaning-centered psychotherapy for the treatment of psychological and existential distress: A randomized controlled trial in patients with advanced cancer. *Cancer, 124*(15), 3231–3239. <https://doi.org/10.1002/cncr.31539>
- Cabaniss, D. L., Cherry, S., Douglas, C. J., & Schwartz, A. (2017). *Psychodynamic psychotherapy: A clinical manual* (2nd ed.). Wiley.
- Carhart-Harris, R., Giribaldi, B., Watts, R., Baker-Jones, M., Murphy-Beiner, A., Murphy, R., Martell, J., Blemings, A., Erritzoe, D., & Nutt, D. J. (2021). Trial of psilocybin

- versus escitalopram for depression. *New England Journal of Medicine*, 384(15), 1402–1411. <https://doi.org/10.1056/nejmoa2032994>
- Connolly, S., Vanchu-Orosco, M., Warner, J., Seidi, P., Edwards, J., Boath, E., & Irgens, A. (2021). Mental health interventions by lay counsellors: A systematic review and meta-analysis. *Bulletin of the World Health Organization*, 99(08), 572–582. <https://doi.org/10.2471/blt.20.269050>
- 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>
- 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. <https://doi.org/10.1177/070674371305800702>
- Dainer-Best, J., & Rubin, M. (2024). Guided feedback in an online text-based game impacts activity choices. *Journal of Affective Disorders Reports*, 16, 100738. <https://doi.org/10.1016/j.jadr.2024.100738>
- Dimidjian, S., Martell, C. R., Herman-Dunn, R., & Hubley, S. (2021). Behavioral activation for depression. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual* (6th ed., pp. 339–380). Guilford Press.
- Dozois, D. J., & Dobson, K. S. (2023). Investigating and treating psychosocial risk factors in depression: An integrative summary. In D. J. Dozois & K. S. Dobson (Eds.), *Treatment of psychosocial risk factors in depression* (pp. 407–427). American Psychological Association. <https://doi.org/10.1037/0000332-018>
- Duncan, B. L., & Reese, R. J. (2012). Empirically supported treatments, evidence-based treatments, and evidence-based practice. In I. Weiner, G. Stricker, & T. A. Widiger (Eds.), *Handbook of Psychology* (2nd ed.). John Wiley & Sons. <https://doi.org/10.1002/9781118133880.hop208021>
- Epstein, M. (2013). *The trauma of everyday life* (pp. 1–32). Penguin.
- Erritzoe, D., Barba, T., Greenway, K. T., Murphy, R., Martell, J., Giribaldi, B., Timmermann, C., Murphy-Beiner, A., Jones, M. B., Nutt, D., Weiss, B., & Carhart-Harris, R. (2024). Effect of psilocybin versus escitalopram on depression symptom severity in patients with moderate-to-severe major depressive disorder: Observational 6-month follow-up of a phase 2, double-blind, randomised, controlled trial. *eClinicalMedicine*, 76. <https://doi.org/10.1016/j.eclinm.2024.102799>
- Foa, E. B., Hembree, E. A., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences (therapist guide)*. Oxford University Press.
- Foa, E. B., Liebowitz, M. R., Kozak, M. J., Davies, S., Campeas, R., Franklin, M. E., Huppert, J. D., Kjernisted, K., Rowan, V., Schmidt, A. B., et al. (2005). Randomized, placebo-controlled trial of exposure and ritual prevention, clomipramine, and their combination in the treatment of obsessive-compulsive disorder. *American Journal of Psychiatry*, 162(1), 151–161. <https://doi.org/doi.org/10.1176/appi.ajp.162.1.151>
- Foa, E. B., Yadin, E., & Lichner, T. K. (2012). *Exposure and response (ritual) prevention for obsessive compulsive disorder: Therapist guide* (2nd ed.). Oxford University Press.

- Hayes, S. C., & Smith, S. (2005). Selections. In *Get out of your mind and into your life: The new acceptance and commitment therapy* (pp. 1–42). New Harbinger Publications.
- Huppert, J. D., & Roth, D. A. (2003). Treating obsessive-compulsive disorder with exposure and response prevention. *The Behavior Analyst Today*, 4(1), 66–70. <https://doi.org/10.1037/h0100012>
- Jacquart, J., Abramowitz, J., Arch, J., Margraf, J., & Smits, J. A. J. (2022). The basics of exposure therapy. In J. A. J. Smits, J. Jacquart, J. Abramowitz, J. Arch, & J. Margraf (Eds.), *Clinical guide to exposure therapy: Beyond phobias* (pp. 1–31). Springer Nature.
- Kivlighan III, D. M., Goldberg, S. B., Abbas, M., Pace, B. T., Yulish, N. E., Thomas, J. G., Cullen, M. M., Flückiger, C., & Wampold, B. E. (2015). The enduring effects of psychodynamic treatments vis-à-vis alternative treatments: A multilevel longitudinal meta-analysis. *Clinical Psychology Review*, 40, 1–14. <https://doi.org/10.1016/j.cpr.2015.05.003>
- Luyten, P., Mayes, L. C., Blatt, S. J., Target, M., & Fonagy, P. (2015). Theoretical and empirical foundations of contemporary psychodynamic approaches. In P. Luyten, L. C. Mayes, P. Fonagy, M. Target, & S. J. Blatt (Eds.), *Handbook of psychodynamic approaches to psychopathology* (pp. 3–26). Guilford Press.
- Mona, L. R., Hayward, H., & Cameron, R. P. (2019). Cognitive behavior therapy and people with disabilities. In G. Y. Iwamasa & P. A. Hays (Eds.), *Culturally responsive cognitive behavior therapy: Practice and supervision (2nd ed.)*. (pp. 257–285). American Psychological Association. <https://doi.org/10.1037/0000119-011>
- Moreno, F. A., & Chhatwal, J. (2020). Diversity and inclusion in psychiatry: The pursuit of health equity. *FOCUS*, 18(1), 2–7. <https://doi.org/10.1176/appi.focus.20190029>
- Moshe, I., Terhorst, Y., Philippi, P., Domhardt, M., Cuijpers, P., Cristea, I., Pulkki-Råback, L., Baumeister, H., & Sander, L. B. (2021). Digital interventions for the treatment of depression: A meta-analytic review. *Psychological Bulletin*, 147(8), 749–786. <https://doi.org/10.1037/bul0000334>
- Naeem, F., Phiri, P., Rathod, S., & Ayub, M. (2019). Cultural adaptation of cognitive-behavioural therapy. *BJPsych Advances*, 25(6), 387–395. <https://doi.org/10.1192/bja.2019.15>
- Robertson, C. (2014). Hungry ghosts: Psychotherapy, control and the winds of homecoming. *Self & Society*, 41(4), 33–37. <https://doi.org/10.1080/03060497.2014.11084385>
- Roemer, L., Williston, S. K., Eustis, E. H., & Orsillo, S. M. (2013). Mindfulness and acceptance-based behavioral therapies for anxiety disorders. *Current Psychiatry Reports*, 15(11), 410. <https://doi.org/10.1007/s11920-013-0410-3>
- Ross, S., Bossis, A., Guss, J., Agin-Liebes, G., Malone, T., Cohen, B., Mennenga, S. E., Belser, A., Kalliontzi, K., Babb, J., et al. (2016). Rapid and sustained symptom reduction following psilocybin treatment for anxiety and depression in patients with life-threatening cancer: A randomized controlled trial. *Journal of Psychopharmacology*, 30(12), 1165–1180. <https://doi.org/10.1177/0269881116675512>
- Teachman, B. A., Marker, C. D., & Clerkin, E. M. (2010). Catastrophic misinterpretations as a predictor of symptom change during treatment for panic disorder. *Journal of Consulting and Clinical Psychology*, 78(6), 964–973. <https://doi.org/10.1037/a0021067>
- Telch, M. J. (n.d.). *Understanding anxiety and panic*. The University of Texas at Austin;

Unpublished.

- ter Heide, F. J. J., Mooren, T. M., Schoot, R. van de, Jongh, A. de, & Kleber, R. J. (2016). Eye movement desensitisation and reprocessing therapy v. Stabilisation as usual for refugees: Randomised controlled trial. *British Journal of Psychiatry*, 209(4), 311–318. <https://doi.org/10.1192/bjp.bp.115.167775>
- van den Berg, D. P., David PG, Bont, P. A. de, Vleugel, B. M. van der, Roos, C. de, Jongh, A. de, Van Minnen, A., & Gaag, M. van der. (2015). Prolonged exposure vs eye movement desensitization and reprocessing vs waiting list for posttraumatic stress disorder in patients with a psychotic disorder: A randomized clinical trial. *JAMA Psychiatry*, 72(3), 259–267. <https://doi.org/10.1001/jamapsychiatry.2014.2637>