

COURSE APPROVAL DOCUMENT
Southeast Missouri State University

Department: Psychology

Course No. PD662

Title of Course: Cognitive-Behavioral Therapy Date: August 1, 2015

Please check: X New
 Revision

I. Catalog Description (Credit Hours of Course): The most effective cognitive and cognitive-behavioral therapeutic modalities and associated assessment techniques will be covered and demonstrated. (2)

II. Co- or Prerequisite(s):

III. Purposes or Objectives of the Course (optional):

- 1) Understand the scientific and theoretical foundations of cognitive-behavioral therapy and cognitive therapy.
- 2) Learn to apply diagnostic procedures to analyze cases and construct treatment plans.
- 3) Learn how to select appropriate therapeutic techniques to treat specific disorders and conditions.

Add additional Objectives as needed

IV. Student Learning Outcomes (Minimum of 3):

- 1) The student will construct a CT/CBT treatment plan for a specific case.
- 2) The student will describe how satisfaction and outcome measures can be used to evaluate effectiveness of treatment.
- 3) The student will describe the scientific and theoretical foundations of CT/CBT.

Add additional SLOs as needed

V. Optional departmental/college requirements:

- A.
- B.

VI. Course Content or Outline (Indicate number of class hours per unit or section):

- A. See syllabus attached.
- B.
- C.

Please Attach copy of class syllabus and schedule as an example

Signature: _____
 Chair

Date: _____

Signature: _____
 Dean

Date: _____

**PONCE HEALTH SCIENCES UNIVERSITY
CLINICAL PSYCHOLOGY PSY.D. PROGRAM**

SYLLABUS

COURSE TITLE	Cognitive and Cognitive-Behavioral Therapy
CODING	PSY 662
CREDIT HOURS	2 credits
CONTACT HOURS	30
PREREQUISITE	None
PROFESSOR	Job Description: Intervention - Psychotherapy
TEACHING ASSISTANT	
OFFICE HOURS	
EMAIL ADDRESS	
SEMESTER	

COURSE DESCRIPTION:

CBT has become one of the main therapeutic approaches utilized by Professional Psychologists. Backed by an impressive body of scientific research, CBT serves as the intervention backbone for many other subspecialties in the field of Clinical Psychology including Health Psychology, Addiction Psychology, Child Therapy, and others. Based upon the extensive literature on Learning Theories, Cognitive Psychology and Behavior Modification, the most effective Cognitive and Cognitive Behavioral therapeutic modalities will be presented throughout this course; e.g. Cognitive Therapies, Rational Emotive Therapy, Multi-modal therapy, Cognitive-Developmental Therapy. Some of the techniques emphasized during the course are: Systematic Desensitization, Behavior Rehearsal, and Cognitive Restructuring. Multiple behavior and cognitive assessment techniques will be demonstrated and fully covered.

GENERAL OBJECTIVES:

Understand how the great philosophical systems of western civilization provide the scientific/theoretical foundation for Cognitive Behavioral Therapy (CBT) and Cognitive Therapy (CT).

Apply Cognitive-Behavior diagnostic procedures to analyze cases.

Construct comprehensive CT/CBT treatment plans.

Select appropriate therapeutic techniques to treat specific disorders and conditions such as depression, anxiety and others.

Evaluate the outcome of treatment interventions utilizing satisfaction and outcome measures.

SPECIFIC OBJECTIVES

By the end of the semester, students will be able to:

Recognize the theoretical development of both CT and CBT.

Formulate the underlying scientific principles of each of the therapeutic techniques learned.

Organize different types of hierarchies of behavior or emotional reactions as needed to analyze behavior and/or to implement therapeutic techniques.

Demonstrate the steps to produce states of relaxation on therapy clients.

Prepare different types of cognitive and behavioral monitoring techniques: e.g. two & three column techniques.

Apply during the initial interview with clients different verbal methods of analyzing emotional dysfunctions.

Utilize multiple questionnaires and formats useful in gathering clinical data.

Elaborate a complete analysis of a case utilizing all the categories of a Cognitive Behavioral Initial Interview Format.

Demonstrate competent utilization of disputing techniques and other Cognitive and Cognitive behavioral techniques that address cognitive variables.

Identify the following thinking distortions in clients presented through video tape and through Formative Sessions with advanced students and interns: must, should, magnification, selective abstraction, arbitrary inferences, minimization, etc.

Implement correctly at least 75% of the therapeutic techniques presented in class.

Understand a minimum of 90% of the techniques presented in class.

The unique social and cultural context of Puerto Rico presents challenges and opportunities in the application of psychological theories and methods often developed in social and cultural contexts different from ours. To this effect, two key objectives of this course are (a) to promote careful reflection as to the philosophical convergences and contrasts that the principles of cognitive and cognitive behavioral therapy may present with our local context and (b) to develop the skillful application of cognitive and cognitive behavioral therapy techniques by demonstrating how they can be culturally responsive towards those we serve.

Recognize the applicability of CT/CBT to multiple fields of professional psychology: e.g. Health, Pediatric, Addictions, Geriatric Psychology and others.

COURSE OUTLINE

Unit I: Upon successful completion of this unit, students should be familiar with the philosophical development of cognitive approaches

1. Course description and expectations
2. Survey the philosophical foundations of psychological thought
3. Discuss the mind-body (dualism) issue in psychology
4. Understand the developments that led to the cognitive revolution
5. Introduction to how cognition and emotion interact in human functioning and dysfunction

Required readings for next session:

Book: Cognitive therapy: Basics and beyond. (Chap. 1 Introduction)

Book: Learning cognitive behavioral therapy (Chap. 1 and 2)

Unit II: Upon successful completion of this unit, students will understand cognitive model conceptualization of functioning

1. Understand the basic concepts of the cognitive model
2. Articulate the cognitive mechanisms that mediate emotional distress
3. Identify the development of dysfunction according to the cognitive model.

Required readings for next session:

Book: Cognitive therapy: Basics and beyond. (Chap. 2 Cognitive Conceptualization; Chap 3 Structure of the first therapy session; Appendix A. Case Summary Worksheet p 315)

Book: Learning cognitive behavioral therapy (Ch. 3, 4 & 5)

Unit III: Upon successful completion of this unit, students will be able to design the structure the initial phases of cognitive treatment.

1. Understand the structure of treatment in cognitive therapy
2. Present and discuss potential sources of client resistance and how to address them
3. Describe and practice in class the most important techniques and strategies, including Socratic questioning.
4. Contextualize these principles to the local socio-cultural context

Required readings for next session:

Book: Cognitive therapy: Basics and beyond. (Chap. 4, 5 and 16)
Hays (2009)

Unit IV (Two sessions): Upon successful completion of this unit, students will be able develop treatment plans with cognitive and cognitive behavioral strategies and integrate techniques with culturally relevant considerations.

1. Develop initial treatment plans using cognitive and cognitive behavioral approaches following observation of role plays
2. Understand the use of specific cognitive techniques such as guided discovery, Socratic questioning, and examination of evidence.
3. Understand the use of cognitive behavioral techniques including hierarchy-building, relaxation and breathing techniques for anxiety, behavioral activation for depressed patients, and gradual exposure.
4. Articulate conceptualizations and treatment plans including identification of therapeutic goals and objectives
5. Participate in role plays of these techniques with current psychology interns and peers.

Required readings for next session:

Book: Cognitive therapy: Basics and beyond. (Chap. 6-10)

2) Book: Treatment plans and interventions for depression and anxiety disorders. (Chap.

Book: Learning cognitive behavioral therapy (Chap 6 & 7)

Book: Culturally responsive cognitive behavioral therapy (Chapter on CBT with Hispanic/Latino clients)

Unit V: Upon successful completion of this unit, students will demonstrate an understanding of the therapeutic process, culturally relevant issues in the application of cognitive behavioral techniques, and of the use of relevant assessment and outcome instruments.

1. Further refine conceptualization skills with cognitive and cognitive behavioral approaches
2. Describe the therapeutic process from initial to final stages following additional role play practice and discussion of video case material.
3. Integrate therapeutic goals and objectives as well as assessment techniques into treatment planning

Required readings for next session:

Book: Cognitive therapy: Basics and beyond. (Chap. 11-15)

Book: The case formulation approach to cognitive behavioral therapy (Chap 6)

Book: Treatment plans and interventions for depression and anxiety disorders. (Chap 3, 4, 5)

Ellis, A. (1993). Reflections on rational emotive therapy. *Journal of Consulting and Clinical Psychology*, 61, 199-201.

Unit VI: Upon successful completion of this unit, students will be able to describe the principles of Rational-Emotional Behavior Therapy (REBT) and will continue to refine their cognitive behavioral therapy skills

1. Describe the development of REBT
2. Identify similarities and differences between the Beck and Ellis conceptualizations of therapy
3. Identify difference in therapeutic techniques between cognitive therapy and REBT

Required readings for next session:

Ellis, A. (1997). Extending the goals of behavior therapy and of cognitive behavior therapy. *Behavior Therapy*, 28, 333-339.

Yankura, Joseph. (1997). REBT and panic disorder with agoraphobia. In Yankura, J., Dryden, W. et al. (1997). *Using REBT with common psychological problems: A therapist's casebook*. New York, Springer Publishing Co.

Book: Treatment plans and interventions for depression and anxiety disorders. (Ch. 6, appendices A and B)

Unit VII: Upon successful completion of this unit, students will be able to use REBT to design treatment plans and articulate therapeutic goals using this approach.

1. Discuss video of full session conducted by Ellis
2. Identify differences between Beck and Ellis in assumptions concerning the origins of pathology
3. Accurately identify the use of confrontation and where it is appropriate in the course of therapy.

Required reading for next session:

Lazarus, A. A. (2005). Multimodal therapy. In R.J. Corsini, & D. Wedding (Eds.), *Current psychotherapies*. (7th ed.). Belmont, CA: Brooks/Cole.

Lazarus, A. A. (2006). Multimodal therapy: A seven-point integration. In G. Stricker & J. Gold (Eds.). *A casebook of psychotherapy integration*. Washington, D.C: APA Books.

Unit VIII: Upon successful completion of this unit, students will be able to describe the Multimodal Therapy approach

1. Describe the BASIC-ID and its meaning
2. Identify the intervention priorities according to patient's description of functioning in the seven areas.
3. Discuss video case material demonstrating an understanding of the approach

Unit IX: Upon successful completion of this unit, students will be able to demonstrate techniques of cognitive and cognitive behavioral as well as REBT and Multimodal therapies.

1. Course synthesis with observation and evaluation of role plays representing the approaches studied in the course.

TEACHING STRATEGIES AND ACTIVITIES

Selected readings on specific treatment modalities and techniques illustrating CBT/CT therapies
Multiple DVD tapes and demonstration on the therapeutic process and on the implementation of specific techniques for particular conditions through Formative Sessions utilizing role plays with advanced students and/or CSP interns.

Role playing based upon therapeutic modalities analyzed in class and on the techniques under discussion

Report on cases being treated through CBT/CT .
Class discussion of specific techniques.
Case conference on some of the cases written by students.

RESOURCES

Library's video tape collection on therapy and on psychopathology
Audiovisual equipment to tape role playing by students and professor
Library collection on CBT and CT.

STUDENT'S EVALUATION CRITERIA AND GRADING SYSTEM:

Partial examination (20% of grade)
Multiple choice examination of key CBT/CT concepts.

CT/CBT research: Brief research papers (20% of the grade)—

- Using research articles on the effectiveness, applicability and outcomes of CT/CBT techniques, a brief (5-8 page) paper will be handed in. This brief paper should discuss the empirical evidence in support of any of the various CBT techniques currently available as applied to a particular problem of interest. Examples may include CBT techniques for eating disorders, smoking cessation, mindfulness, techniques for anger management, and others upon consultation with professor.
- Class participation (20% of the grade)

Participation in discussion of assigned readings and in-class exercises, including role-plays, is expected.

Case Report: Assessment and Treatment (40% of the grade)—

The student will write a case study leading up to the formulation of a treatment plan using one of the case conceptualization models presented in class (Persons, Beck, Wright et al). The student will perform an initial interview session with a patient using a CBT/CT approach and will write all relevant history, analysis of Presenting Problem according to the format presented in class. The sessions will be taped (audio or video) and will be transcribed. The case will include a literature research on the patient's condition. The student will write a complete treatment plan based upon the therapeutic approach. Students planning to apply for internships in USA through APPIC are encouraged to write this case summary in English. The case formulation formats provided in the Beck textbook or in Chapter 6 by Persons may be used. The student will provide CBT/CT treatment interventions.

OTHER IMPORTANT INFORMATION

Diversity Statement

Diversity relates to the acknowledgement of the human condition in all manifestations; its similarities and differences. Diversity seeks to understand different biopsychosocial experiences. It strives towards the human values of equality, respect, and acceptance, within a multicultural world whose boundaries have been overshadowed by technology and globalization. Diversity is the antithesis to oppression in all its manifestations (e.g. sexism, racism, exploitation) and to discrimination in any form, including discrimination due to sexual orientation, physical (dis) Abilities, socioeconomic status, worldviews, places of origin, cultural orientation, primary language, or to any other human characteristic, preference or state.

The notion of diversity is central to the study of human behavior. It requires the development of self-awareness of prejudiced attitudes. It includes understanding of differences in worldviews associated to the psycho-cultural and psycho-economic background of recipients of psychological services. Our training program promotes the awareness of subtle and "invisible" prejudice (e.g. homophobia) acquired during formative years.

Request for Reasonable Accommodations

Students in need of accommodation based on the impact of a disability should contact the professor privately to discuss the specific need. Students with documented disabilities should contact the Academic Deanship Office to coordinate reasonable accommodations.

Attendance Policy

After three absences for a 3 credit course, or 2 absences for a 2 credit course, the student will automatically be dropped from the class unless the professor recommends otherwise. The complete institutional attendance policy is included in the Appendix.

Honor Code Reminder

Any violation of the ethical dispositions of our institution or program will be automatically referred to the corresponding authorities. For the present course, plagiarism may lead to obtaining a grade of "0" on the plagiarized work and this would most probably lead to a failing grade in the course. Students found to violate this policy may be referred to the institutional Promotions Committee with a recommendation of dismissal from the program. The complete plagiarism policy is included in the Appendix.

Note

This syllabus is a guide and is subject to change according to circumstances that may arise during the semester. Students are responsible for all announced changes in the syllabus.

TEXTBOOKS

Beck, J.S. (1995). *Cognitive therapy: Basic and beyond*. New York: Guilford Press.

Leahy, R., & Holland, S.J. (2000). *Treatment plans and interventions for depression and anxiety disorders*. New York: Guilford Press.

Wright, J.H., Basco, M.R., & Thase, M.E. (2006). *Learning cognitive behavioral therapy: An illustrated guide*. American Psychiatric Publishing Inc.

BIBLIOGRAPHY

Barlow, D.H. & Cerny, J.A. (1988). *Psychological treatment of panic*. New York: Guilford Press.

Beck, A.T. (1976). *Cognitive therapy and the emotional disorders*. New York: International Universities Press, Inc.

Beck, A.T., Rush, A.J., Shaw, B.F. & Emery, G. (1983). *Terapia cognitiva de la depresión (5ta edición)*. Bilbao, España: Biblioteca de Psicología - Desclee de Brouwer.

Beck, J.S. (2005). *Cognitive therapy for challenging problems: What to do when the basics don't work*. New York: The Guilford Press.

Bernal, G. & Martínez-Taboas, A. (2005). *Teoría y práctica de la psicoterapia en Puerto Rico*. Puerto Rico: Publicaciones Puertorriqueñas Editores.

Bernard, M.E. & Ellis, A. (1990). *Aplicaciones clínicas de la terapia racional emotiva*. Bilbao, España: Biblioteca de Psicología - Desclee de Brouwer.

Clark, D. Fairburn, C. (Eds) (1997). *Common psychological problems: A therapist's casebook*. New York: Springer Publishing Co, Inc.

Clum, G.A. (1990). *Coping with panic: A drug-free approach to dealing with anxiety attacks*. Belmont, CA: Brooks/Cole Publishing Company.

Dattilio, F.M. & Freeman, A. (1994). *Cognitive-behavioral strategies in crisis*

intervention. New York: Guilford Press.

Dobson, K.S. (2001). *Handbook of cognitive-behavioral therapies* (2nd ed.). New York: Guilford Press.

Eells, T.D. (1997). *Handbook of psychotherapy case formulation*. New York: Guilford Press.

Ellis, A. & Grieger, R. (1977). *Handbook of Rational-Emotive Therapy*. New York: Springer Publishing Company.

Foa, E.B. & Olasov Rothbaum, B. (1998). *Treating the trauma of Rape: Cognitive-Behavioral for PTSD*. New York: Guilford Press.

Foy, D.W. (1992). *Treating PTSD: Cognitive-behavioral strategies*. New York: Guilford Press.

Freeman, A., Felgoise, S.H., Nezu, A.M., Nezu, C.M. & Reinecke, M.A. (2005). *Encyclopedia of cognitive-behavior therapy*. New York: Springer Science + Business Media Inc.

Freeman, A., Mahoney, M.J., Devito, P. & Martin, D. (2004). *Cognition and psychotherapy* (2nd ed). New York: Springer Publishing Co.

Freeman, A., Pretzer, J., Fleming, B. & Simon, K.M. (2004). *Clinical applications of cognitive therapy* (2nd ed). New York: Kluwer Academic/ Plenum Publishers.

Freeman, A., Simon, K.M., Beutler, L.E., Arkowitz, H. (Eds). (1989). *Comprehensive handbook of cognitive therapy*. New York: Plenum Press.

Frost, R.O. & Steketee, G. (2002). *Cognitive approaches to obsessions and compulsions: Theory, assessment, and treatment*. Boston: Pergamon.

Garfield, S.L. (1989). *The practice of brief psychotherapy*. New York: Pergamon press.

Greenberger, D. & Padesky, C.A. (1995). *Clinician's guide to MIND OVER MOOD*. New York: The Guilford Press.

Greenberger, D. & Padesky, C.A. (1998). *El control de tu estado de ánimo: Manual de tratamiento de terapia cognitiva para usuarios*. Barcelona: Paidós.

Hays, P.A. (2009). Integrating evidence-based practice, cognitive-behavioral therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional psychology: Research and practice*, 40, 354-360.

Hays, P.A., and Iwamasa, G.Y. (Eds) (2006). *Culturally responsive cognitive-behavioral therapy: Assessment, practice, and supervision*. Washington, D.C.: American Psychological Association.

Hibbs, E.D. & Jensen, P.S. (1996). *Psychosocial treatments for child and adolescent disorders: Empirically based strategies for clinical practice*. Washington, D.C.: American Psychological Association.

Jacobson, N.S. Editor. (1987). *Psychotherapists in clinical practice: Cognitive and behavioral perspectives*. New York: The Guilford Press.

Lazarus, A. A. (1997). *Brief but comprehensive psychotherapy: The multimodal way*. New York: Springer.

Lazarus, A. A. (2005). Multimodal therapy. In R.J. Corsini, & D.

Wedding (Eds.), *Current psychotherapies*. (7th ed.). Belmont, CA: Brooks/Cole.

Lazarus, A. A. (2006). Multimodal therapy: A seven-point integration. In G. Stricker & J. Gold (Eds.). *A casebook of psychotherapy integration*. Washington, DC: APA Books.

Leahy, R.L. (2003). *Roadblocks in cognitive-behavioral therapy: Transforming challenges into opportunities for change*. New York: The Guilford Press.

Leahy, R.L. (2003). *Cognitive therapy techniques: A practitioner's guide*. New York: The Guilford Press.

Leahy, R.L. (2004). *Contemporary cognitive therapy: Theory, research, and practice*. New York: The Guilford Press.

LeDoux, J. (1996). *El cerebro emocional*. Barcelona: Ariel/Planeta.

Mazzucchelli, T., Kane, R., Rees, C. (2009). Behavioral activation treatments for depression in adults: A meta-analysis and review. *Clinical Psychology: Science and Practice*, 16, 383-411.

Navas, J.J. (1998). *Procesos e innovaciones de la terapia racional-emotiva conductual (TREC): Una visión conductual-cognoscitiva*. Puerto Rico: PSYPRO.

Navas, J.J. (2002). *Manual de modificación conductual y cognoscitiva*. Puerto Rico: PSYPRO.

Nezu, A.M., Maguth-Nezu, C. & Lombardo, E. (2004). *Cognitive-behavioral case formulation and treatment design: A problem-solving approach*. New York: Springer Publishing Company.

Rachman, S. (1997). The evolution of cognitive behaviour therapy. In *Science and practice of cognitive behaviour therapy*. Oxford Medical

Ramirez-Basco M. & Rush, J. (1996). *Cognitive-behavioral therapy for bipolar disorders*. New York: Guilford Press.

Riso, W. (2006). *Terapia cognitiva: Fundamentos teóricos y conceptualización del caso clínico*. Bogotá, Colombia: Grupo Editorial Norma.

Salkovskis, P.M. (Ed). (1996). *Frontiers of cognitive therapy*. New York: The Guilford Press.

Snyder, C.R. & Ingram, R.E. (2000). *Handbook of psychological change: Psychotherapy processes and practices for the 21st century*. New York: John Wiley & Sons, Inc.

Steketee, G.S. (1993). *Treatment of obsessive compulsive disorder*. New York: The Guilford Press.

Van Ingen, D.J., Freiheit, S.R., and Vye, C.S. (2009). From the lab to the clinic: Effectiveness of cognitive-behavioral treatments for anxiety disorders. *Professional Psychology: Research and Practice*, 40, 69-74.

Wells, R.A. & Giannetti, V.J. (1990). *Handbook of the brief psychotherapies*. New York: Plenum Press.

White, J.R. & Freeman, A.S. (2000). *Cognitive-behavioral group therapy for specific problems and populations*. Washington, D.C.: American Psychological Association.

Wilson, G. T., Fairburn, C. G. Agras, W. S. (1997). Cognitive-behavioral therapy for bulimia nervosa. In: Garner, David M. & Garfinkel, P. (Eds) (1997). *Handbook of treatment for eating disorders*. New York: The Guilford Press.

Yankura, Joseph. (1997). REBT and panic disorder with agoraphobia. In

JOURNAL ARTICLES

Agras, W. S., Telch, C F., Arnow, B., Eldredge, K. et al. (1997). One-year follow-up of cognitive-behavioral therapy for obese individuals with binge eating disorder. *Journal of Consulting & Clinical Psychology, 65*, 343- 347.

Beck, A.T. (2002). Prisoners of hate. *Behaviour Research and Therapy, 40*, 209-216.

Bottomley, A., Hunton, S., Roberts, G., Jones, L., et al. (1996), A pilot study of cognitive behavioral therapy and social support group interventions with newly diagnosed cancer patients. *Journal of Psychosocial Oncology, 14*, 65-83.

Ellis, A. (1997). Extending the goals of behavior therapy and of cognitive behavior therapy. *Behavior Therapy, 28*, 333-339.

Hays, P.A. (2009). Integrating evidence-based practice, cognitive-behavioral therapy, and multicultural therapy: Ten steps for culturally competent practice. *Professional Psychology: Research and Practice, 40*, 354-360.

Jaycox, L.H., Zoellner, L., & Foa, E.B. (2002). Cognitive-behavior therapy for PTSD in rape survivors. *Journal of Clinical Psychology/In Session: Psychotherapy in Practice, 58*, 891-906.

Kendall. P.C. & Panichelli-Mindel, S.M. (1995). Cognitive-behavioral treatments Special Issue: Psychosocial treatment research. *Journal of Abnormal Child Psychology.*

March, J.S. (2004). Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for Adolescents with Depression Study (TADS) randomized controlled trial. *JAMA, 292*, 807-820.

Riso, L.P. & Newman, C.P. (2003). Cognitive therapy for chronic depression. *Journal of Clinical Psychology/In Session, 59*, 817-831.

Rosselló, J. & Bernal, G. (1999). Treatment of depression in Puerto Rican adolescents: The efficacy of cognitive-behavioral and interpersonal treatments. *Journal of Consulting and Clinical Psychology, 67*, 734-745.

Waters, T.L., Barrett, P.M. & March, J.S. (2001). Cognitive-behavioral family treatment of childhood obsessive-compulsive disorder: Preliminary findings. *American Journal of Psychotherapy, 55*, 372-387.

Wilson, G. T. (1997). Behavior therapy at century close. *Behavior Therapy, 28*, 449-457.

Woody, S R., Chambless, D. L. & Glass, C.R. (1997). Self-focused attention in the treatment of social phobia. *Behaviour Research & Therapy, 35*, 117- 129.

APPENDIX

INSTITUTIONAL ATTENDANCE POLICY

Attendance at lectures and laboratory exercises is mandatory unless excused because of illness or by previous authorization of the professor in charge of the course. Each department will decide the relative weight to be given to the attendance in calculating the final grade.

Attendance to clinical activities involving patients, patient models, and similar types of activities is considered part of the students' professional responsibility and is mandatory. Absence may be excused after the student consults with the respective department chairperson. Three unexcused absences may adversely affect the final grade for a course.

Incomplete work due to illness or other serious circumstances during the course will be handled according to departmental policies, which must be provided to the students in writing at the beginning of each term. Faculty are not obligated to repeat lecture/laboratory topics that were presented at scheduled times and dates.

PROGRAM POLICY ON ACADEMIC HONESTY AND PLAGIARISM

There are different ways in which a student may incur in one of the various forms of academic dishonesty. Lack of knowledge does not justify academic dishonesty as common sense usually helps to prevent potentially problematic situations. In case of doubt, the standards of academic honesty call for the student to ask the professor or advisor. The most frequent form of academic dishonesty is plagiarism. According to the Random House Webster's college Dictionary plagiarism is: "the unauthorized use of the language and thoughts of another author and the representation of them as one's own. 2. something used and represented in this manner".

Our faculty recognizes that plagiarism in any of its forms and/or manifestation is a serious offense both in the academic and the professional world. Some of the acts that constitute plagiarism are:

- a. using words or thoughts of authors without giving due credit.
- b. presenting work done for one course to fulfill the requirements of another course (self-plagiarism).
- c. taking credit for phrases or ideas of other authors to produce a collage of ideas that have not been created by the student.
- d. not using quotation marks to identify the exact words of an author.
- e. taking information from Internet without citing the source.
- f. buying papers from the Internet or from other sources.
- g. Using another student's paper or clinical report to satisfy course requirements.

Each professor will evaluate alleged cases of academic dishonesty and will proceed to deal with each case according to institutional policies and procedures.