BABCP Spring Workshops and Conference
Thursday 14th and Friday 15th April 2011
University of Westminster, Marylebone Road, London

Cutting Edge CBT

Workshops - Thursday 14th April

WORKSHOP 1: Unified protocol for Transdiagnostic treatment of Emotional Disorders
David Barlow, Boston University, USA

WORKSHOP 2: Novel Approaches to Treatment Challenges in OCD
Christine Purdon, University of Waterloo, Canada

WORKSHOP 3: CBT for Clinical Perfectionism
Sarah Egan, Curtin University, Australia

WORKSHOP 4: Mindfulness for Psychosis
Paul Chadwick, Institute of Psychiatry, King’s College London and Lyn Ellett, Royal Holloway, University of London

WORKSHOP 5: From Timid to Tiger: A group-based parenting intervention for parents of young anxious children
Samantha Cartwright-Hatton, University of Sussex

WORKSHOP 6: Psychological Intervention in managing long term conditions with and without depression
Karina Lovell and Chris Dickens, University of Manchester

WORKSHOP 7: Advancing the Low Intensity CBT clinical method: Behavioural Experiments
Marie Chellingsworth, University of Nottingham, and Paul Farrand, University of Exeter

Conference - Friday 15th April

Keynote Speakers

Professor David Barlow
Boston University, USA
The Origins, Diagnosis, and Treatment of Neuroticism: Back to the Future

Professor Lars Göran-Öst
Stockholm University, Sweden
Progress in CBT: Lessons from Empirical Reviews

Professor Andrew Steptoe
University College London
Depression, Anxiety and Physical Illness

Presenters

Mick Power, University of Edinburgh
Paul Chadwick, Institute of Psychiatry, King’s College London
Myra Hunter, Institute of Psychiatry, King’s College London
John Green, Central and North West London NHS Foundation Trust and Imperial College London, and Georgina Smith, Central and North West London NHS Foundation Trust
WORKSHOP 1
Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders
David Barlow, Boston University, USA

This workshop will review recent evidence supporting and discuss applications of the Unified Protocol for Transdiagnostic Treatment of Emotional Disorders (UP), an emotion-focused, cognitive-behavioural treatment designed to be applicable across the anxiety, mood, and related disorders.

Learning objectives:
- Evidence supporting a unified conceptualization of emotional disorders
- Case conceptualization from a unified perspective
- Application of core components of the Unified Treatment protocol
- Challenges of applying treatment concepts to diagnostically diverse populations
- Strategies for preventing emotional avoidance and altering action tendencies
- How to create effective emotion exposures

Implications for the science and practice of CBT:
- Increased parsimony (and possibly efficacy) in the treatment of emotional disorders by focusing on 5 core modules applicable to all disorders and comorbidities

David H. Barlow is Professor of Psychology and Psychiatry and Founder and Director Emeritus of the Center for Anxiety and Related Disorders at Boston University. He received his Ph.D. from the University of Vermont in 1969 and has published over 500 articles and chapters and over 60 books mostly in the area of the nature and treatment of emotional disorders. He is the recipient of numerous awards, and his research has been continuously funded by the National Institutes of Health for 40 years.

OCD is a disorder that can be quite refractory to treatment. Although cognitive-behaviour therapy can be highly effective, when treatment refusal and dropout rates are considered, only about 50% of sufferers benefit from treatment, an outcome statistic that has remained unchanged for almost 20 years, despite a massive increase in efforts to better understand its development and persistence. This workshop seeks to elucidate treatment challenges and discuss current research on the development, persistence and treatment of OCD that may yield fruitful strategies for conceptualizing treatment difficulties, engaging sufferers in CBT, and broadening the CBT therapist’s repertoire of techniques. The workshop will involve a combination of group discussion of treatment challenges and exercises on conceptualizing treatment difficulties, with discussions of recent research on OCD development and persistence interspersed as a means of advancing ideas for managing treatment challenges. The workshop will be be interactive, and problem-focused. It is assumed that the attendees have good CBT skills and experience working with OCD, so discussion will focus specifically on treatment challenges and on novel directions on OCD treatment that are currently emerging.

Learning objectives:
Elucidate key challenges in OCD treatment, develop new ways of conceptualizing treatment difficulties, and review novel approaches to treatment.

Implications for the science and practice of CBT:
The central goal of this workshop is to help clinicians identify and develop constructive conceptualizations of treatment challenges in OCD, and introduce novel strategies to be used in conjunction with CBT for OCD that may enhance treatment response.

Dr. Purdon has conducted research on the development and persistence of obsessive-compulsive disorder (OCD) for the last 15 years, while at the same time conducting cognitive-behaviour treatment (CBT) of OCD in group and individual formats. Dr. Purdon has over a decade of experience training doctoral students in CBT and has extensive experience in supervising OCD treatment.

There is evidence that clinical perfectionism contributes to the aetiology and maintenance of numerous psychiatric disorders and consequently can be considered to be a transdiagnostic process. There is substantial evidence showing that perfectionism is higher in individuals with anxiety disorders, depression and eating disorders compared to controls. There is also data to show that perfectionism can explain comorbidity of disorders. Furthermore, results from several studies indicate that if perfectionism is not directly targeted in treatment, then it is associated with poorer treatment outcomes. There is now some evidence for the efficacy of CBT for targeting clinical perfectionism across disorders. It is suggested that clinicians should assess for clinical perfectionism, and if present, target this process, as it is likely to be a maintaining factor across disorders. This workshop will focus on teaching clinicians the details of how to do CBT for clinical perfectionism.

Learning objectives:
The aims of this workshop are for participants to;

- Understand the cognitive-behavioural model of clinical perfectionism
- Understand clinical perfectionism as a transdiagnostic maintaining factor in a range of psychological disorders
- Learn how to do a cognitive-behavioural formulation of clinical perfectionism
- Learn techniques in how to assess for clinical perfectionism
- Learn how to enhance motivation to change clinical perfectionism
- Learn strategies in changing unhelpful behaviours in clinical perfectionism (e.g., avoidance, safety behaviours)
- Learn strategies for intervening with perfectionistic predictions and self-criticism
- Learn strategies for helping to broaden self-evaluation

Implications for the science and practice of CBT:
Participants will learn practical skills in how to assess, formulate and intervene with clinical perfectionism. As clinical perfectionism is a transdiagnostic process that cuts across anxiety disorders, eating disorders and depression, the workshop has relevance to many patients presenting for treatment and areas of clinical work.

Sarah has worked as a Clinical Psychologist for 13 years and is director of the Clinical Psychology program at Curtin University. She is the past national president of the Australian Association for CBT. Her research and clinical interests include the understanding and treatment of perfectionism and OCD and she has recently co-authored a CBT self-help book with Roz Shafran and Tracey Wade entitled “Overcoming Perfectionism”. She has presented at many international conferences and published in peer reviewed journals.

WORKSHOP 4
Mindfulness for Psychosis
Paul Chadwick, Institute of Psychiatry, King’s College London, and Lyn Ellett, Royal Holloway University of London

Person-Based Cognitive Therapy is an approach to distressing psychosis that seeks to integrate CT, a Rogerian perspective on the therapy relationship, and mindfulness. The workshop will focus on practical and theoretical issues in using mindfulness as both a formal practice, and as a means of informing therapy. A basic foundation in CBT, or mindfulness, is helpful though not necessary.

Learning objectives:
Understand how to adapt mindfulness practice for people with distressing psychosis, and how Person-Based Cognitive Therapy (PBCT) integrates mindfulness with CBT for psychosis.

Implications for the science and practice of CBT:
Mindfulness as both practice and philosophy can be integrated with CBT for psychosis to the benefit of clients.

Paul Chadwick is Professor of Clinical Psychology at the Institute of Psychiatry, King’s College London. He has been at the forefront of the development of psychological therapy for psychosis for 25 years, and has pioneered the integration of mindfulness within cognitive therapy for psychosis.

Dr Lyn Ellett is an academic clinical psychologist who has collaborated clinically and academically with Paul Chadwick for a decade. Her research and clinical work are on CBT for psychosis and mindfulness-based therapies.


WORKSHOP 5
From Timid to Tiger: A Group-based Parenting Intervention for Parents of Young Anxious Children
Samantha Cartwright-Hatton, University of Sussex

Anxiety is probably the most common psychological disorder of childhood. For older children and adolescents, there is evidence that CBT is effective. However, there are currently no interventions that are targeted specifically at younger children. The Timid to Tiger programme is designed specifically for the management of anxiety in children aged up to nine years. It incorporates two key components. First, parents are encouraged to provide their child with a consistent, calm, predictable and warm parenting environment, within which
their child can begin to develop the ‘Seven Confident Thoughts’. The second component of the programme is educating parents in the basic psychological components of anxiety, and cognitive-behavioural techniques to overcome these. A recent randomised controlled trial has produced promising outcomes for this intervention, which have been maintained at 12-month follow-up.

**Learning objectives:**
Introduction to the Timid to Tiger programme for managing anxiety in younger children.

**Implications for the science and practice of CBT:**
A new treatment for a neglected group of clients.

_Sam Cartwright-Hatton is a clinical psychologist based at the University of Sussex, who specialises in research into anxiety of childhood. In 2009, she was awarded the British Psychological Society May Davidson Award for this work._


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**WORKSHOP 6**  
**Psychological Intervention in Managing Long-Term Conditions With and Without Depression**  
Karina Lovell and Chris Dickens, University of Manchester

People with chronic physical illness are 2 to 3 times more likely to suffer from depression than healthy controls. It has been estimated that up to 26% of people with diabetes suffer from depression; comparable prevalence figures have been reported for depression in people with coronary heart disease (CHD). In both CHD and diabetes, depression not only adds to the burden of illness, it is also associated with poor health outcomes. Chronic widespread pain has a population prevalence of approximately 10%. Managing patients with chronic widespread pain is difficult. No individual management modality (pharmacological, physical, psychological therapies) has been demonstrated to be effective in relieving symptoms. There is a growing interest at both policy and a clinical level in the use of psychological interventions to improve the quality of life of people with long term conditions by providing evidence based, acceptable and cost effective interventions.

**Learning objectives:**
- To examine an up to date synthesis of the current literature of diabetes and Coronary Heart Disease with and without depression;
• To examine the current literature on LTC including Diabetes, Coronary Heart Disease (CHD) and Chronic Widespread Pain (CWP) using psychological (CBT) interventions;
• To enhance clinicians clinical skills in managing long term conditions using CBT based interventions;
• To have found the workshop stimulating and clinically relevant.

Implications for the science and practice of CBT:
Application of CBT techniques with people with long term conditions will be covered at both a theoretical and practical level during the workshop.

Karina Lovell is a Professor of Mental Health at the University of Manchester and accredited CBT practitioner. Her main research field is in developing complex psychological interventions for anxiety and depression in primary care mental health. Her programme of research has focussed on alternative, accessible and innovative low intensity interventions for common mental health problems and long term conditions.

Chris Dickens is a senior lecturer in psychological medicine at the University of Manchester and a consultant in consultation-liaison psychiatry at Manchester Mental Health and Social Care Trust. His main research interests focus on the causes and impacts of anxiety and depression in people with long term conditions with a view to developing and evaluating novel psychological treatments for use in primary and secondary care.

WORKSHOP 7
Advancing the Low Intensity CBT clinical method: Behavioural Experiments
Marie Chellingsworth, University of Nottingham, and Paul Farrand, University of Exeter

Behavioural experiments are planned experiential activities based on the patient’s active experimentation or observation. The primary purpose is for the patient to obtain new information to test the validity of existing beliefs and construct and/or test new, more adaptive beliefs (James Bennett-Levy et al, 2004). Behavioural experiments have been effectively used across disorders in Cognitive Behavioural Therapy (CBT) for many years. However, despite cognitive restructuring being a key intervention in the Psychological Wellbeing Practitioners (PWP) role, the use of behavioural experiments has not featured in Low Intensity CBT. If adapted to be consistent with Low Intensity CBT methodology, behavioural experiments could play a significant role in the Low Intensity clinical method. This adaptation would extend the ‘tool-kit’ of behavioural interventions in the clinical methods and provide a structured and formal way in which Psychological Wellbeing Practitioners can support patients to test any restructured thoughts by putting them into practice and thereby extend and enhance low intensity cognitive restructuring.

The workshop is a key learning and continuing professional development opportunity for Psychological Wellbeing Practitioners, Low Intensity Case and Clinical Supervisors and PWP Educators and Course Leaders.
Learning objectives:
The workshop will enable participants to:

- Demonstrate knowledge of what behavioural experiments are and what contribution they make in Cognitive Behavioural Therapy
- Consider how behavioural experiments have been used in clinical practice across a range of disorders in CBT
- Demonstrate knowledge of and competence in understanding how to adapt the design and implementation of behavioural experiments in Low Intensity CBT clinical methods in depression and anxiety disorders
- Demonstrate awareness of when and how to use behavioural experiments in Low Intensity CBT and how these can be supported within the PWP role and delivery methods
- Consider how to implement and support PWP’s use of behavioural experiments as part of Low Intensity Education and Supervision
- Practice the use of behavioural experiments and their design both within the session, and utilising Self Practice and Self Reflection (SP/SR) methods to consolidate learning after the workshop

Implications for the science and practice of CBT:
Widening and advancing the PWP Clinical methods to include behavioural experiments will extend and enhance the behavioural intervention skill set of the Psychological Wellbeing Practitioner in delivering cognitive restructuring with patients.

Marie Chellingsworth is the IAPT Course Director at The University of Nottingham and leads the accredited Low Intensity Training Programme. She has contributed to the IAPT Reach Out Supervisor Manual and The Oxford Guide to Low Intensity Interventions. Marie chairs the PWP Special Interest group and is a committee member of the PWP accreditation panel.

Dr Paul Farrand is Low Intensity Clinical Teaching Lead in the Mood Disorders Centre at The University of Exeter. Paul is an editor of The Oxford Guide to Low Intensity CBT Interventions, chairs the PWP accreditation committee and is a member of the PWP Special Interest Group. Paul is an active researcher in the field of Low Intensity Interventions and CBT Self-Help.

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Keynote Speakers

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Boston University, USA

Progress in CBT: Lessons from Empirical Reviews
Professor Lars-Göran Öst
Stockholm University, Sweden

Depression, Anxiety and Physical Illness
Professor Andrew Steptoe
University College London

Symposium Speakers

Symposium 1: New Developments

Emotion-focused Cognitive Therapy
Mick Power, University of Edinburgh

Mindfulness, CBT and Psychosis
Paul Chadwick, Institute of Psychiatry, King’s College London

Symposium 2: CBT and Physical Health

Menopause: From Social Meanings to Bodily Experience
Myra Hunter, Institute of Psychiatry, King’s College London

CHAMP: A randomised controlled trial of CBT for Health Anxiety in Secondary Acute Care
John Green and Georgina Smith, Central and North West London NHS Foundation Trust and Imperial College London