

# **MANCHESTER 2010**

38th Annual Conference & Workshops  
20th-23rd July 2010 | University of Manchester





# About this programme

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British Association for Behavioural and Cognitive Psychotherapies

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## Annual Conference & Workshops

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University of Manchester • 20th-23rd July 2010

### The Conference Site

The scientific programme and workshops will take place on the campus of the University of Manchester at University Place and along Oxford Road at Crawford house, Roscoe Building and Simon Building. These are all within a short walking distance of each other and are shown on the map in the delegate pack. Signs will direct you to the various buildings but if you get lost then ask for direction at the registration desk or from one of the conference stewards who will be recognisable by their Conference T-shirt.

### Registration

The conference registration desk is located in the concourse of University Place and will be open at the following times:

Monday 19th July 16.00-20.00	Pre-Conference Workshops
Tuesday 20th July 08.00-9.30	Pre-Conference Workshops
Tuesday 20th July 10.00-20.00	Conference
Wednesday 21st July 08.00-16.00	Conference
Thursday 22nd July 08.00-16.00	Conference
Friday 23rd July 08.00-16.00	Conference

Here you will also find a message board which will give details of any programme changes and will be the pick up point for any messages that have been left for delegates

### Exhibition Area

The book exhibition will take place in University Place throughout the conference. Make sure you visit this area and browse through (and purchase) the latest titles from a number of publishers who will be present.

There will also be information on CBT training courses together with an exhibition of the activities of BABCP Regional Branches and Special Interest Groups.

### Going Green

This year we are trying to do our bit for the environment and delegates will not receive the usual conference briefcase. Instead we have opted for a Jute (plant fibre) bag which will contain all the information you need for the conference and workshops. You will also not receive a book of conference abstracts unless you specifically requested this when you registered. A limited number of spare copies may be available at the registration desk or you can download the abstracts you wish to view from the conference website on BABCP.com. To further protect the planet can you please return your badge at the end of the conference to the registration desk or one of the stewards so that these can be recycled for a future event.

### Room Capacity

Delegates must respect the limits on the numbers of people who can be accommodated in the lecture theatres and symposia rooms. These limits are there for obvious fire and other health and safety reasons. Conference organisers will have to restrict access to rooms when their capacity has been reached. BABCP cannot therefore guarantee that space will be available for all delegates who wish to attend each session, so it is recommended that you arrive early or on time for the sessions that you particularly wish to attend.

### Entry and Exit

To avoid disruption to presenters and other delegates, you may only enter and exit the lecture room at appropriate times (i.e. between presentations). You may therefore have to wait, either outside or inside the room and please follow the instructions of the session chair and/or conference stewards. Please turn off mobile phones.

### Security

Please do not leave valuables in the lecture and seminar rooms during the refreshment and lunch breaks unless arrangements are made to secure the room.

### Eating and Drinking

Coffee and tea are provided free of charge to all delegates in the morning and afternoon at the times indicated in the programme. There will be serving points in University Place and in the other areas where the scientific programme is taking place.

A packed lunch is also included in your registration fee and can be collected from Eats Restaurant located in University Place between 12.30-2.00. No evening catering has been organized other than the social activities arranged for Wednesday 21st at the Ramada Piccadilly Hotel and Thursday 22nd at The Lowry hotel. Join us for a buffet and live band entertainment!



# Pre-Conference Workshops

Tuesday 20th July

A programme of 23 one-day Workshops will be held on Tuesday 20th July. The workshops will run from 9.30 - 17.00. These workshops offer participants an opportunity to develop practical skills in the assessment and treatment of a range of problems. Below is a description of each workshop and you can register using the application form included with this programme. The number of places are limited so early application is advised to avoid disappointment.

**Workshop 1 | Metacognitive Therapy for Chronic Worry and Generalized Anxiety Disorder**

Adrian Wells, University of Manchester

**Workshop 2 | Maximizing the Impact of Cognitive Therapy for Depression: Insights from Clinical Practice, Supervision and Research on the Process of Change**

Robert DeRubeis, University of Pennsylvania, USA

**Workshop 3 | Cognitive Therapy for Social Phobia**

David M Clark, Institute of Psychiatry, King's College London

**Workshop 4 | Cognitive-Behavioural Treatment of Obsessive-Compulsive Disorder in the context of Intensive Treatment**

Paul Salkovskis, Institute of Psychiatry, King's College London and Centre for Anxiety Disorders and Trauma, London

**Workshop 5 | Evaluation of Potential Mediators in Randomized Trials of Complex Interventions (Psychotherapies)**

Richard Emsley, Graham Dunn, Andrew Pickles, and Chris Roberts, University of Manchester

**Workshop 6 | Recurrent Cognitions in the Anxiety Disorders: Alternative Approaches to Standard Cognitive Therapy**

David A Clark, University of New Brunswick, Canada

**Workshop 7 | Cognitive Therapy for Low Self-Esteem**

Freda McManus, University of Oxford

**Workshop 8 | Title T.B.C.**

Arnoud Arntz, University of Maastricht, The Netherlands

**Workshop 9 | Distinctive Features of Dialectical Behaviour Therapy (DBT): Using DBT to treat clients with Personality Disorder, Multiple Comorbidities and High Risk**

Michaela Swales, School of Psychology Bangor University & Betsi Cadwaladr University Health Board

**Workshop 10 | Patients in Control: Enhancing Recovery and Resilience with the Method of Levels**

Tim Carey, University of Canberra, Australia

**Workshop 11 | Mental Imagery in Cognitive Behaviour Therapy: PTSD and beyond**

Emily Holmes, University of Oxford

# Pre-Conference Workshops

Tuesday 20th July



**Workshop 12 | A Hands-on Writing Workshop: Finding your Inner-Scientist**

James Pennebaker, University of Texas, USA

**Workshop 13 | Managing Fatigue in Chronic Physical Health Problems: The Example of Rheumatoid Arthritis**

Nick Ambler and Sarah Hewlett, University of the West of England

**Workshop 14 | Cognitive Behaviour Therapy-based Interventions within the Perinatal Period**

Kirstie McKenzie-McHarg, Warwick Hospital and Antje Horsch, Oxford Doctoral Course in Clinical Psychology

**Workshop 15 | Triple P: Making Cognitive Behavioural Interventions for Parents really work: An Evidence-Based Multilevel System of Intervention**

Matt Sanders and Majella Murphy-Brennan, University of Queensland and Triple P International

**Workshop 16 | The Maudsley Model of Out-Patient Treatment for Adults with Anorexia Nervosa (MANTRA)**

Ulrike Schmidt, Institute of Psychiatry, King's College London

**Workshop 17 | Cognitive Behaviour Therapy for Adults with Intellectual Disabilities: Focus on Anger Control Problems**

John L Taylor, Northumbria University and Northumberland, Tyne & Wear NHS Trust and Raymond W Novaco, University of California, Irvine

**Workshop 18 | Working with Trauma and Psychosis within a Cognitive Behaviour Therapy Framework**

Brock Chisholm, University of London, Nadine Keen, South London and Maudsley NHS Trust and Craig Steel, University of Reading

**Workshop 19 | Cognitive Therapy for Distressing Psychotic Experiences: Using a Normalising Cognitive Model to Develop Formulations and Select Change Strategies**

Tony Morrison, University of Manchester

**Workshop 20 | Cognitive Behaviour Therapy with Older People**

Ken Laidlaw, University of Edinburgh and NHS Lothian

**Workshop 21 | Behavioral Couple Therapy (BCT): A NICE Recommended Treatment for Depression**

Kurt Hahlweg, University of Braunschweig, Germany

**Workshop 22 | Acceptance, Mindfulness and Values for Cognitive Behaviour Therapy Therapists**

Eric Morris, South London & Maudsley NHS Foundation Trust/ King's College London and Joe Oliver, South London & Maudsley NHS Foundation Trust

**Workshop 23 | Getting the most of Cognitive Behaviour Therapy Self-Help**

Christopher Williams, University of Glasgow and Marie Chellingsworth, University of Nottingham



# Pre-Conference Workshops

Tuesday 20th July

## WORKSHOP 1

### **Metacognitive Therapy for Chronic Worry and Generalized Anxiety Disorder**

Adrian Wells, University of Manchester

This workshop presents the metacognitive model of chronic worry and Generalized Anxiety Disorder and describes the process of case formulation and the methods and techniques of metacognitive change. Metacognitive therapy is an evidence-based, brief intervention that focuses on modifying difficult to control patterns of extended thinking. Positive and negative metacognitive beliefs lead to sustained worry as a means of coping with negative thoughts. Positive beliefs concern the advantages of worrying as a means of detecting and dealing with future harm. Negative beliefs concern the uncontrollability of worry and the potential harm it could cause. These factors lead to a persistence of worrying and anxiety is compounded by the danger represented by the occurrence of worry itself. Treatment focuses on identifying and challenging metacognitive beliefs and developing new ways of relating to negative thoughts that does not require sustained processing of their content.

#### **Key Learning Objectives:**

1. Participants will learn about the metacognitive model of worry and GAD
2. Case formulation skills will be developed
3. An understanding of the structure and focus of treatment will be acquired
4. Knowledge of common metacognitive change techniques will be developed
5. Practical skills of working at an appropriate level in metacognitive therapy will be strengthened.

#### **Training Modalities:**

The workshop will use didactic presentation, videotape demonstrations, experiential and role play exercises in developing understanding and building different levels of knowledge and skills.

Implications for the everyday practice of CBT:

MCT is proving to be a fast and effective new treatment modality that offers an alternative to challenging the content of worry and traditional schemas and leads to high rates of recovery.

#### **About the workshop leader:**

Adrian Wells is Professor of Clinical and Experimental Psychopathology at the University of Manchester and Professor II in Clinical Psychology at NTNU Trondheim. He is also director of the Metacognitive Therapy Institute. The originator of metacognitive therapy and a leading contributor to CBT for anxiety disorders, he has authored 7 books and over 120 scientific papers on theory, pathological mechanisms and treatment.

#### **Key references:**

Wells, A. (2008). *Metacognitive therapy for anxiety and depression*. New York: Guilford Press.

Wells, A. & King, P. (2006). Metacognitive therapy for generalized anxiety disorder: An open trial. *Journal of Behaviour Therapy and Experimental Psychiatry*, 37, 206-212.

Wells, A., Welford, M., King, P., Papageorgiou, C., Wisely, J., & Mendal, E. (2010). A pilot randomized trial of metacognitive therapy vs applied relaxation in the treatment of adults with generalized anxiety disorder. *Behaviour Research and Therapy*, doi:10.1016/j.brat.2009.11.013.

## WORKSHOP 2

### **Maximizing the Impact of Cognitive Therapy for Depression: Insights from Clinical Practice, Supervision and Research on the Process of Change**

Robert DeRubeis, University of Pennsylvania, USA

Cognitive therapy for depression, a treatment that has been subjected to more extensive empirical testing than perhaps any other psychotherapy, has been described clearly in manuals and textbooks, and its relapse-prevention benefits are well-documented. It therefore appears to be ideal for dissemination to a broad range of mental health professionals. In his more than 30 years practicing cognitive therapy, training therapists, and conducting research on the outcomes and mechanisms of action in cognitive therapy, the presenter has gained experience that has bolstered his belief that cognitive therapy can lead to major breakthroughs in the maladaptive behavioral and emotional patterns that define depressive disorders. But he has also witnessed many pitfalls in the delivery of cognitive therapy, most of which derive from common misperceptions of cognitive therapy or the cognitive model of depression.

#### **Key Learning Objectives:**

The goal of the workshop is to provide practitioners with the tools they need to implement cognitive therapy most effectively, and to address their concerns, and those of their patients, about the limits of the cognitive approach.

#### **Training modalities:**

The presenter will begin by articulating the core principles of cognitive therapy. He will then describe a tension that has developed between the apparent simplicity of the cognitive approach and its adaptability to the individual circumstances and problems presented by individuals who present for therapy. Using case examples, videotape vignettes, and role-plays with audience participants, he will illustrate the most common and most difficult problems encountered by therapists as they attempt to maximize the power of cognitive therapy. Examples will include: integrating behavioral techniques with the cognitive model; dealing with clients' beliefs about the primacy of the neural over the cognitive, and the implication many patients draw about their need for medical rather than psychological intervention; maximizing the synergy between medication treatment and cognitive therapy, when combined treatment is the best option; and avoiding the use of didactic persuasion (lecturing) in favor of Socratic questioning (guided discovery), to enhance the clients' learning and increase the likelihood that the effects of therapy will endure.

#### **About the workshop leader:**

Robert DeRubeis Ph.D., is a Professor of Psychology at the University of Pennsylvania, where he has been a member of the faculty in Psychology since 1983. He has authored or co-authored more than 90 articles and book chapters on topics that centre on the treatment of Depression. He has received the Academy of Cognitive Therapy's Aaron T. Beck Award for his contributions to research on cognitive therapy, as well as the Aaron T. Beck Award from the Institute for Cognitive Studies.

#### **Key references:**

DeRubeis, R. J., Siegle G. J., & Hollon, S. D. (2008). Cognitive therapy versus medication for depression: Treatment outcomes and neural mechanisms. *Nature Reviews Neuroscience*, 9, 788-796

DeRubeis, R. J., Hollon, S. D., Amsterdam, J. D., Shelton, R. C., Young, P. R., Salomon, R. M., O'Reardon, J. P., Lovett, M. L., Gladis, M. M., Brown, L. L., & Gallop, R. (2005). Cognitive therapy vs medications in the treatment of moderate to severe depression. *Archives of General Psychiatry*, 62, 409-416.

Fournier, J. C., DeRubeis, R. J., Shelton, R. C., Hollon, S. D., Amsterdam, J. D., & Gallop, R. (2009). Prediction of response to medication and cognitive therapy in the treatment of moderate to severe depression. *Journal of Consulting and Clinical Psychology*, 77, 775-787.

# Pre-Conference Workshops

Tuesday 20th July



## WORKSHOP 3

### Cognitive Therapy for Social Phobia

David M Clark, Institute of Psychiatry, King's College London

Social Phobia is common and disabling. Longitudinal studies show it has a particularly low natural recovery rate, emphasizing the need for effective treatment. Clark & Wells (1995) proposed a cognitive model of the maintenance of the disorder and, with colleagues, developed a specialized cognitive therapy programme that aims to treat the disorder by reversing the maintenance processes specified in the model. The maintenance factors are: self-focused attention, use of interoceptive information to make erroneous inferences about one's social performance, covert and overt safety behaviors, distorted self-imagery, and problematic pre-event and post-event processing.

Randomized controlled trials have shown that the cognitive therapy programme is associated with a high recovery rate and is more effective than exposure therapy, various group CBT programmes, interpersonal psychotherapy, and treatment with SSRIs.

#### Key Learning Objectives:

By the end of the workshop, participants should be able to:

Identify key processes in maintaining social phobia

Develop an individual version of the cognitive model with their patients

Be able to identify and start to implement appropriate therapeutic techniques.

#### Training modalities:

The workshop starts with an overview of the cognitive model, focusing on treatment implications. Each of the steps in treatment is then described and illustrated with case material and videos of treatment sessions.

#### About the workshop leader:

Since 2000, David M Clark has been Professor of Psychology at the Institute of Psychiatry, Kings College, London. He is also a Director of the Centre for Anxiety Disorders and Trauma at the Maudsley Hospital and (Honorary) Clinical and Research Advisor to the Northern Ireland Centre for Trauma and Transformation in Omagh. He is a Fellow of the British Academy (London), a Fellow of the Academy of Medical Sciences (London), and Distinguished Founding Fellow of the Academy of Cognitive Therapy (USA). Awards have included: the May Davidson Award (British Psychological Society), the Academy of Cognitive Therapy's Research Award, being voted a World Leader in Anxiety Disorders Research by members of the Anxiety Disorders of America Association (1998), and the Behaviour Research and Therapy Award for the most outstanding article ("A Cognitive Approach to Panic") published in that journal in the first 30 years since it's founding in 1962.

#### Key references:

Clark, D.M. and Wells A. (1995) A cognitive model of social phobia. In R.G. Heimberg, M. Liebowitz, D. Hope, & F. Scheier (Eds) Social Phobia: Diagnosis, Assessment, and Treatment. pp 69-93. Guilford: New York

Clark, D.M., Ehlers, A., McManus, F., et al. (2003). Cognitive therapy vs fluoxetine plus self-exposure in the treatment of generalized social phobia (social anxiety disorder): a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 71, 1058-1067.

Clark, D.M, Hackmann, A, McManus, F, et al. (2006). Cognitive therapy versus exposure and applied relaxation in social phobia: a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 74, 568-578.

## WORKSHOP 4

### Cognitive-Behavioural Treatment of Obsessive-Compulsive Disorder in the context of Intensive Treatment

Paul Salkovskis, Institute of Psychiatry, King's College London and Centre for Anxiety Disorders and Trauma, Maudsley Hospital, SlaM, London

It is now widely accepted that Cognitive-behavioural therapy is the first line treatment for anxiety disorders. Evidence for both the effectiveness of treatment and the mechanisms involved has accumulated to the point where it is no longer debatable. The specific application of CBT to obsessive compulsive disorder (OCD) will then be covered in greater detail.

Cognitive-behavioural theory indicates that anxiety is related to the perception of threat or impending danger to oneself and/or others. Obsessive-compulsive disorder results when people misinterpret intrusive thoughts as a sign not only that harm may occur, but that they may be responsible for it through what they do or fail to do. People thus develop obsessional problems because they interpret normal intrusive thoughts as a sign that they may be responsible for harm if they fail to take preventative action. The preventative action (compulsive behaviour) is motivated by the way in which the person interprets intrusions as indicating that they may be responsible for harm to themselves or other people. However, the reactions which are motivated in this way can and do have two effects. Firstly, they can increase the occurrence of intrusive cognitions and secondly, maintain or even increase the person's beliefs about threat and their responsibility for it.

The cognitive-behavioural treatment that has been developed from this theory has several components, but one primary focus. Therapy seeks to help the patient understand their problem as one of anxiety rather than danger and to react accordingly.

#### Key Learning Objectives:

In this workshop a multi-stage treatment will be described with the main focus being on providing practical clinical details of cognitive-behavioural treatment as applied to obsessional problems. The workshop will present the way in which this treatment is delivered in the context of an intensive format (where all treatment is delivered in the space of a few days working intensively, often in the patient's normal environment). Issues relevant to group treatment will also be considered.

#### About the workshop leader:

Professor Paul Salkovskis BSc. MPhil (Clin. Psychol.), PhD, C.Psychol., FBPSS is Professor of Clinical Psychology and Applied Science at the Institute of Psychiatry, King's College, London since October 2000 and Clinical Director at the Centre for Anxiety Disorders and Trauma, South London and Maudsley NHS Trust from the same date. His research interests have focused on the importance of distorted thinking in the understanding of emotional disorders, and on ways of modifying such negative thinking in order to change problematic behaviours and control negative emotional reactions.

#### Key references:

Salkovskis, P. M. (1999). Understanding and treating obsessive-compulsive disorder. *Behaviour Research and Therapy*, 37, p29-p52.

Salkovskis, P. M., E. Forrester, et al. (1998). The devil is in the detail: conceptualising and treating obsessional problems. *Cognitive therapy with complex cases*. N. Tarrow, Wells, A., Haddock, G. (eds). Chichester, Wiley.



# Pre-Conference Workshops

Tuesday 20th July

## WORKSHOP 5

### Evaluation of Potential Mediators in Randomized Trials of Complex Interventions (Psychotherapies)

Richard Emsley, Graham Dunn, Andrew Pickles, and Chris Roberts, University of Manchester

Does CBT change beliefs in depressed patients which in turn leads to improvements in symptoms? How does the fidelity of the therapy to a given therapeutic model of CBT affect patient outcomes? How important is the strength of the therapeutic alliance between patient and therapist? What are the implications of variation between therapist for trial design and statistical analyses?

Well-designed randomised trials of CBT should be able to answer these explanatory questions, both to test the theories motivating the intervention and to help understand the underlying nature of the clinical problem being tested. They need to consider variation between therapists if they are to give robust estimates of the effect of therapy.

This workshop will introduce participants to the latest developments in statistical methodology to address these issues and to enable us to learn more from archived, existing and future trials of CBT. Examples will be taken from recent trials of CBT in mental health including psychosis, autism, self-harm and schizophrenia.

Target Audience: Psychologists and CBT practitioners with an interest in the design and analysis of randomised trials of psychotherapies. A basic level of statistical knowledge is required to follow this workshop.

#### Key Learning Objectives:

Participants will be introduced to:

The concept of mediation and moderation of treatment effects, and how statistical analysis can help formulate and answer explanatory questions within trials of CBT;

Characterising trajectories of change and treatment response profiles with multiple measures and time points;

The statistical implications of variation between therapist for the design, sample size and analysis of trials.

#### Training Modalities:

There will be a strong practical emphasis rather than a focus on the statistical theory, with group exercises and the opportunity to discuss issues from participants' own research. Whilst examples of software will be used for illustration, no analysis will be done within the workshop.

#### Implications for the everyday practice of CBT:

The workshop will demonstrate how randomised trials can improve CBT practice with clients.

#### About the workshop leaders:

The workshop leaders are all medical statisticians with extensive experience in collaborative mental health research, and randomised trials of CBT. All the presenters are members of the Mental Health Research Network Methodology Research Group, which aims to provide methodological input into high-quality randomised trials in mental health, and advanced training in the design and analysis of psychological treatment trials.

#### Key references:

Three articles from a themed issue of Statistical Methods in Medical Research on "Randomised Trials in Mental Health":

1. Emsley RA, Dunn G & White IR (2010). Mediation and moderation of treatment effects in randomised trials of complex interventions.
2. Pickles A & Croudace T (2010). Latent mixture models for multivariate and longitudinal outcomes.
3. Walwyn R & Roberts C (2010). Therapist variation within randomised trials of psychotherapy: implications for precision, internal and external validity.

## WORKSHOP 6

### Recurrent Cognitions in the Anxiety Disorders: Alternative Approaches to Standard Cognitive Therapy

David A Clark, University of New Brunswick, Canada

Recurrent and persistent threatening mental intrusions such as worry, obsessional rumination, and trauma-related thoughts, memories and images are a pernicious feature of chronic anxiety that often has a poor response to standard cognitive behavior therapy. A more focused empirically-derived therapeutic protocol offers new possibilities for the treatment of this cognitive disturbance. The present workshop describes and illustrates empirically-based strategies for modifying anxious recurring thoughts, drawing from research on mental control, metacognition and cognitive appraisal theories. Topics covered in the workshop include a conceptual framework for recurrent anxious thoughts (i.e., chronic worry, obsessional rumination and trauma-related intrusions), new standardized and idiographic assessment tools for recurrent cognition, modification of counterproductive mental control responses (e.g., suppression, self-criticalness, reassurance seeking), effective use of direct thought exposure such as thought satiation and cognitive defusion, cognitive modification of metacognitive beliefs and appraisals, and specialized evaluation of thought control interventions.

A moderate level of familiarity and experience with Beck's cognitive therapy for anxiety would be helpful in order to utilize the cognitive intervention modifications and innovations described in this workshop.

#### Key Learning Objectives:

Participants will acquire the following skills:

1. to differentiate and assess the critical features of worry, obsessions and traumatic intrusions
2. to conduct a more specialized cognitive case conceptualization and goal formulation that guides treatment of recurrent anxious cognitions
3. to provide specific interventions that encourage a shift from reliance on maladaptive to more efficient mental control strategies
4. to tailor cognitive restructuring and experientially based strategies so they target the faulty metacognitive processes responsible for the persistence of recurrent anxious thoughts

#### Training modalities:

In this workshop assessment, case formulation, and cognitive interventions will be taught through instruction, case illustration, role-play modelling, and attendee role-play exercises.

#### About the workshop leader:

David A. Clark (professor, clinical psychologist) obtained his graduate training in clinical psychology at the Institute of Psychiatry. He received training in cognitive therapy as a postdoctoral clinical researcher at Aaron T. Beck's Center for Cognitive Therapy in Philadelphia. His major research interests have focused on cognitive differentiation of anxiety and depression, cognitive therapy of OCD, cognitive vulnerability of depression, mental control of unwanted intrusive thoughts, and more recently dissemination of empirically supported treatments for anxiety and depression. He has authored and coauthored with Dr. Beck several books on cognitive therapy of anxiety and depression, including their most recent publication Cognitive

# Pre-Conference Workshops

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Therapy of Anxiety Disorders: Science and Practice. They are currently working on a client workbook on cognitive therapy for anxiety. Dr. Clark is a Fellow of the Canadian Psychological Association, Founding Fellow of the Academy of Cognitive Therapy, and recipient of the Aaron T. Beck Award for Significant and Enduring Contributions to Cognitive Therapy in 2008.

#### Key references:

- Clark, D.A. & Beck, A.T. (2010). *Cognitive therapy of anxiety disorders: Science and practice*. New York: Guilford Press.
- Clark, D.A. (2004). *Cognitive behavioral therapy for OCD*. New York: Guilford Press (especially chapters 6, 7, and 12)
- Freeston, M. H., Rhéaume, J., & Ladouceur, R. (1996). Correcting faulty appraisals of obsessional thoughts. *Behaviour Research and Therapy*, 34, 433-446.
- Najmi, S., & Wegner, D. M. (2008). Thought suppression and psychopathology. In A. J. Elliot (Ed.), *Handbook of approach and avoidance motivation*. (pp. 447-459). New York: Psychology Press.
- Wells, A. (2009). *Metacognitive therapy for anxiety and depression*. New York: Guilford Press.

## WORKSHOP 7

### Cognitive Therapy for Low Self-Esteem

Freda McManus, University of Oxford

While low self-esteem is not a diagnosis in its own right it has been associated with and cited as an etiological factor in a number of different psychiatric diagnoses (Silverstone & Salsali, 2003), and has been shown to be a poor prognostic indicator in cognitive-behavioural treatments (CBT) (e.g., Brown, Andrews, Harris, Adler, & Bridge, 1990; Fairburn, Peveler, Jones, Hope, & Doll, 1993; Sherrington, Hawton, Fagg, Andrew, & Smith, 2001) and to predict relapse following treatment (Brown et al., 1990; Fairburn, et al., 1993). The consequences of low self-esteem are far reaching, ranging from academic failure, teenage pregnancy and poverty to self-harm and suicidal behaviour (Overholser James, Adams, Lehnert, & Brinkman, 1995; Hawton, Rodham, Evans, & Weatherall, 2002).

Low self-esteem is common, distressing and disabling in its own right; it also appears to be involved in the aetiology and persistence of most psychiatric disorders and thus ameliorating low self-esteem is an important target for treatment in CBT. Hence, it is a priority to develop effective treatments for low self-esteem that can be applied across the range of diagnoses.

A cognitive conceptualization of low self-esteem has been proposed and a cognitive-behavioral treatment (CBT) program described (Fennell, 1997; 1999; 2008). Despite self-evaluative beliefs commonly being a target for intervention in CBT (e.g., Padesky, 1991; 1994), the effectiveness of CBT for low self-esteem has yet to be systematically evaluated. A recent BABCP grant funded a preliminary randomised controlled trial of CBT for low self-esteem and reports very positive results (Waite, McManus & Shafran, in prep). This workshop will describe the cognitive model of low self-esteem and demonstrate the range of cognitive-behavioural techniques that can be used to treat it. A particular advantage of this protocol is that it allows the clinician to combine evidence-based interventions for specific diagnosis (e.g., CBT for specific anxiety disorders) with interventions that target the underlying negative self-evaluative beliefs that predispose individuals to developing psychiatric disorders.

#### Key Learning Objectives:

- To understand what LSE is and how it develops
- To be able to use cognitive model of LSE to formulate LSE transdiagnostically
- To understand the order of events in treating LSE
- Be able to identify & use a number of techniques for treating LSE within a CBT framework for (i) undermining negative beliefs & (ii) building positive beliefs

#### Training modalities:

A combination of methods will be used with video demonstration of techniques and experiential exercises. Attendees should come prepared to work on a case of their own in the workshop or to use self-experiential material.

#### Implications for the everyday practice of CBT:

The overall aim of the workshop is for clinicians to develop practical skills in formulating and treating LSE within a cognitive-behavioural framework. Attendees should learn practical skills to use immediately to work with LSE across the range of diagnoses that commonly present in clinical practice. The workshop is suitable for therapists of all levels of experience and is most suitable for those with previous experience of working within a CBT framework.

#### About the workshop leader:

Dr Freda McManus is a Consultant Clinical Psychologist. She is currently the Director of the University of Oxford's Postgraduate (Masters level) Diploma in Cognitive Therapy, and a Clinical Research Fellow in the University of Oxford's Department of Psychiatry. She has a range of experience in developing and evaluating CBT interventions for anxiety disorders as part of Professors David Clark and Anke Ehlers' research team in Oxford and at the Centre for Anxiety Disorders and Trauma, at the Institute of Psychiatry, Kings College, London. She has recently been awarded grants to carry out experimental studies and randomised controlled trials evaluating cognitive behavioural and MBCT interventions for low self-esteem and for severe health anxiety. She has published widely in both clinical and academic text, in the areas of CBT for anxiety disorders, and on training in CBT.

#### Key references:

- Fennell, M. (1997). Low self-esteem: a cognitive perspective. *Behavioral and Cognitive Psychotherapy*, 25, 1-25.
- Fennell, M. (1999). *Overcoming low self-esteem: a self-help guide using cognitive behavioral techniques*. London: Robinson.
- Fennell, M. (2006). *Overcoming low self-esteem: self-help program*. London: Constable and Robinson.
- McManus, F., Waite, P., & Shafran, R. (2009). Cognitive-behaviour therapy for low self-esteem: A case example. *Cognitive and Behavioral Practice*, 16, 266-275.

## WORKSHOP 8

### Title T.B.C.

Arnoud Arntz, Maastricht University, The Netherlands

Arnoud Arntz will deliver a workshop on Schema-Focused Therapy for Borderline Personality Disorder. A full workshop description is not available at present, these details will be published on the conference website [www.babcpconference.com](http://www.babcpconference.com) once they become available.

#### About the workshop leader:

Arnoud Arntz was appointed as full professor in 2000 and as scientific director of the research institute of Experimental Psychopathology in 2001. Together with Marcel van den Hout he is chief editor of the *Journal of Behavior Therapy and Experimental Psychiatry*. His fields of interest are the experimental study of pain, anxiety disorders and personality disorders, with a special interest in investigating information processing in these areas.



# Pre-Conference Workshops

Tuesday 20th July

## Key references:

- Arntz, A. (2009). *Schema Therapy for Borderline Personality Disorder*. Wiley-Blackwell.
- Giesen-Bloo, J., van Dyck, R., Spinhoven, P., van Tilburg, W., Dirksen, C., van Asselt, T., Kremers, I., Nadort, M., & Arntz, A. (2006). Outpatient Psychotherapy for Borderline Personality Disorder. *Archives of General Psychiatry*, 63, 649 - 658.

## WORKSHOP 9

### **Distinctive Features of Dialectical Behaviour Therapy (DBT): Using DBT to treat clients with Personality Disorder, Multiple Comorbidities and High Risk**

Michaela Swales, School of Psychology Bangor University & Betsi Cadwaladr University Health Board

Dialectical Behaviour Therapy is both a cognitive behavioural psychotherapy and a comprehensive programme of care that the National Institute of Health & Clinical Excellence (NICE) recommends considering for the treatment of women with suicidal behaviours in the context of borderline personality disorder. DBT has a number of distinctive features that make it an appropriate treatment option to consider for this client group who present with a diagnosis of personality disorder, co-morbidity and high risk.

#### Key Learning Objectives:

To introduce workshop participants to key principles in DBT that facilitate the treatment of clients with multiple problems and high risk:

1. Understand how to conceptualise cases within a DBT framework
2. Know the five components of a comprehensive DBT programme
3. Understand the basic application of dialectics to treatment
4. Understand how to interweave four CBT change procedures (skills training, exposure, contingency management and cognitive modification) to solve client problems
5. Appreciate the importance of treatment fidelity

#### Training modalities:

The workshop will utilise the following teaching methods:

1. Didactic
2. Experiential exercises both individually and in groups
3. Watching DVD footage of therapeutic strategies
4. Role-play
5. Case examples

#### Implications for everyday clinical practice:

Workshop participants will learn some key principles for structuring interventions with clients who present with multiple complex problems who are also at high risk. The workshop will also cover how to integrate a range of different cognitive behavioural procedures into solving clinical problems.

#### About the workshop leader:

Dr Michaela Swales is a Consultant Clinical Psychologist and lecturer-practitioner in clinical psychology. She has led a DBT treatment programme for chronically suicidal adolescents for the past 15 years. She began training with the British Isles DBT Training Team at its inception in 1997 and has been the Director of the team since 2002. Michaela has trained mental health professionals working with clients of all ages and from a variety of clinical settings (inpatient, outpatient, forensic, prisons). In 2009 she received the Cindy Sanderson Outstanding Educator Award from the International Society for the Improvement and training of DBT.

#### Key references:

- Swales, M. & Heard, H. (2008) *Dialectical Behaviour Therapy: The Distinctive Features Series*. London: Routledge
- Linehan, M.M. (1993) *Cognitive Behaviour Therapy for Borderline Personality Disorder*. New York: Guilford

## WORKSHOP 10

### **Patients in Control: Enhancing Recovery and Resilience with the Method of Levels**

Tim Carey, University of Canberra

The active participation by patients in therapy is an important component of patient recovery from psychological distress as well as one of the factors in building resilience with regard to further psychological problems. Furthermore, it is increasingly recognised that the change process in therapy does not necessarily follow a linear, gradual process but is more often characterized by sudden gains and improvements. These dramatic improvements in psychological state can occur at any stage throughout therapy but are often preceded by increases in emotional processing and some degree of turmoil. The Method of Levels (MOL) is a cognitive therapy that harnesses and promotes the idiosyncratic change processes of individual patients. By focusing on the in-session experiences of the patient and emphasising process over content, clinicians are able to draw the patient's attention to those key aspects of the patient's problem which are likely to be pivotal in the successful amelioration of the psychological distress. MOL clinicians target fleeting verbal and nonverbal disruptions in the patients speech such as a pause, a smile, or a downward glance as signs of background thoughts and metacognitions. By asking questions about these disruptions clinicians help patients move their awareness to the salient aspects of their problems and also to gain a greater appreciation of their own thinking styles and reasoning processes.

MOL is based on Perceptual Control Theory (PCT). PCT provides a functional explanation for the well-recognised self-regulating propensities of individuals. From this theoretical perspective, MOL engages the resources of the patient to promote their own recovery in a way that is likely to be enduring and generative. By providing treatment from the patient's perspective, MOL takes a transdiagnostic approach and is well suited to complex cases as well as addressing some of the more difficult problems in therapy such as noncompliance, lack of engagement, and poor motivation.

Half-day MOL workshops were presented at the BABCP conference in Warwick (2006) and Exeter (2009) and a full day pre congress workshop was presented at the BABCP conference in Brighton (2007). These workshops are routinely evaluated very positively with participants providing feedback such as "Fascinating and interesting workshop"; "Practicality of skills taught"; "Very engaging speaker. Fun and thought provoking."; and "Balance of theory and practice".

The workshop would be well suited to both beginning as well as experienced clinicians who work with adolescents and adults experiencing the range of problems normally seen in primary and secondary care settings. Clinicians working with patients for whom treatment is mandated or patients, such as children, who enter treatment at the request of a third party might not find this workshop particularly beneficial.

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## Learning Objectives:

By the end of the workshop the participants will have had opportunities to:

- Clarify the nature of control and its relevance to the manifestation of psychological distress as well as the organisation and delivery of psychological treatments.
- Learn techniques to promote the participation and engagement of patients
- Explore the problem solving process of reorganisation and how best to promote it
- Discuss important aspects of the change process and their implications for psychological treatments
- Trouble-shoot ways of addressing and overcoming common problems in therapy such as poor engagement and motivation

## Training modalities:

- Didactic
- Group Discussion
- Role play
- Experiential

## Implications for everyday clinical practice:

- Improved understanding of the nature of patient's psychological distress
- Greater service efficiency leading to improved access to services for patients and increased capacity for therapists
- Enhanced patient satisfaction through increased control over treatment decisions
- Increased therapist effectiveness through an expanded theoretical framework
- Greater cohesiveness between therapeutic approaches through the recognition of fundamental commonalities

## About the workshop leader:

Tim Carey PhD is an Associate Professor and has been course convenor of the postgraduate clinical training program at the University of Canberra for two and a half years. He is a clinician, teacher, and researcher who has been developing and evaluating MOL in clinical settings in Australia and the UK since the late 1990's. He is a well-received international conference and workshop presenter. He uses MOL in his clinical practice and supervises others in the use of MOL.

## Key references:

Carey, T. A. (2008). Hold that thought! Two steps to effective counseling and psychotherapy with the Method of Levels. Chapel Hill, NC: newview Publications.

Carey, T. A., Carey, M., Mullan, R. J., Spratt, C. G., & Spratt, M. B. (2009). Assessing the statistical and personal significance of the Method of Levels. *Behavioural and Cognitive Psychotherapy*, 37, 311-324.

Mansell, W., & Carey, T. A. (2009). A century of psychology and psychotherapy is an understanding of 'control' the missing link between theory, research and practice? *Psychology and Psychotherapy: Theory, Research, and Practice*, 82, 337-353.

## WORKSHOP 11

### Mental Imagery in CBT: PTSD and Beyond

Emily Holmes, University of Oxford

Interest in mental imagery across a wide range of psychological disorders has been accelerating. However, in day-to-day clinical work, many cognitive therapists remain somewhat uncertain about how to work most effectively with imagery-based approaches. This workshop is designed to provide the theoretical foundations to better understand the nature of mental imagery and from this, how to work more with imagery in therapy. For example, we will explore the impact imagery has on emotion, and the various types of images that can occur. I will present a taxonomy to help guide our thinking in treatment. We will also discuss the role of "micro-formulation" of imagery in working with specific clients in areas where treatment manuals do not yet exist i.e. across psychological disorders. I will provide an opportunity to discuss a set of interventions to both mitigate the negative effects of negative intrusive imagery and enhance positive imagery. Underlying theory will be discussed throughout.

## Key Learning Objectives:

Participants should leave the workshop with:-

A clearer picture of how to understand imagery from a clinical and theoretical perspective

An appreciation of how to "micro-formulate" problems in which imagery plays a role

An understanding of imagery techniques, such as imagery rescripting

A curiosity about imagery and an enthusiasm to continue to explore this growing area

## Training modalities:

Training modalities will include taught information, role play, group work, suggested reading, and lively discussion.

## Implications for the everyday practice of CBT:

The workshop is suitable for those with all levels of expertise in cognitive therapy. A take home message for everyday practice will be: (1) the importance of assessing for negative imagery during assessment across disorders (2) the benefits of promoting more positive imagery in treatment. Imagination is a powerful tool.

## About the workshop leader:

Emily Holmes is currently a Royal Society Dorothy Hodgkin Research Fellow at the Department of Psychiatry, University of Oxford, UK where she founded the EPACKT group (Experimental Psychopathology and Cognitive Therapy). Her work as a clinical psychologist in the area of trauma, led to an interest in flashbacks and other intrusive imagery across psychological disorders. Her research has investigated mental imagery from a variety of angles, for example examining why it has a special impact on emotion. She co-edited a special edition of *Memory* with Ann Hackmann on imagery in psychopathology. She is currently working on imagery in depression, anxiety and bipolar disorder. For more details please see her website: <http://www.psychiatry.ox.ac.uk/epct>

## Key references :

Holmes, E. A., Arntz, A., & Smucker, M. R. (2007). Imagery rescripting in cognitive behaviour therapy: Images, treatment techniques and outcomes. *Journal of Behavior Therapy and Experimental Psychiatry*, 38(4), 297-305.

Hackmann, A., & Holmes, E. A. (2004). Reflecting on imagery: A clinical perspective and overview of the special edition on mental imagery and memory in psychopathology. *Memory*, 12(4), 389-402.

Holmes, E. A., Geddes, J. R., Colom, F., & Goodwin, G. M. (2008). Mental imagery as an emotional amplifier: Application to bipolar disorder. *Behaviour Research and Therapy*, 46(12), 1251-1258

Holmes, E. A. & Mathews, A. (2010) Mental Imagery in Emotion and Emotional Disorders. *Clinical Psychology Review*. In press.



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## WORKSHOP 12

### **A Hands-On Writing Workshop: Finding your Inner-Scientist**

James Pennebaker, University of Texas, USA

There is no One True Way that expressive writing should be practiced. What may work for one person may be ineffective for another. The purpose of this workshop is to introduce a number of writing methods that have been directly or indirectly tested in research studies. Much of the workshop will be devoted to thinking scientifically about writing, therapy, and realistic outcomes. How can you tell if writing is working and when should you drop it and try something else? As part of the workshop, participants will be encouraged to write themselves. Nothing will be shared. In fact, the verb "to share" will not be allowed.

#### **About the workshop leader:**

James W. Pennebaker is Bush Professor of Liberal Arts and the Departmental Chair in the Psychology Department at the University of Texas at Austin, where he received his Ph.D. in 1977. He has been on the faculty at the University of Virginia, Southern Methodist University, and, since 1997, The University of Texas. He and his students are exploring the links between traumatic experiences, expressive writing, natural language use, and physical and mental health. His studies find that physical health and work performance can improve by simple writing and/or talking exercises. His most recent research focuses on the nature of language and emotion in the real world. The words people use serve as powerful reflections of their personality and social worlds. Author or editor of 8 books and over 200 articles, Pennebaker has received numerous awards and honors.

#### **Key references:**

- Pennebaker, James W. (1997). *Opening Up: The Healing Power of Expressing Emotion*. NY: Guilford Press.
- Pennebaker, J.W. (2004). Theories, therapies, and taxpayers: On the complexities of the expressive writing paradigm. *Clinical Psychology: Science and Practice*, 11, 138-142.
- Pennebaker, J.W. (2004). *Writing to Heal: A Guided Journal for Recovering from Trauma and Emotional Upheaval*. Oakland, CA: New Harbinger Press.
- Pennebaker, J.W. & Chung, C.K. (2007). Expressive writing, emotional upheavals, and health. In H. Friedman and R. Silver (Eds.), *Handbook of health psychology* (pp 263-284). New York: Oxford University Press.

## WORKSHOP 13

### **Managing Fatigue in Chronic Physical Health Problems: The Example of Rheumatoid Arthritis**

Nick Ambler, University of the West of England and Sarah Hewlett, University of the West of England

A blueprint will be presented for a successful RA-Fatigue self-management programme. There will have a strong emphasis on delegate participation in drawing out the main themes for setting up and running a programme. The topics will include preparation of tutors/therapists; design of the programme contents; engaging participants; assessment and evaluation; and dealing with challenges. It will involve demonstration of some exercises taken from this course with room for debating some of the choices to be made in the direction participants may take in their future plans.

This workshop is linked to the keynote presentation by Professor Sarah Hewlett on RA-Fatigue.

#### **Key Learning Objectives:**

1. To have a clear outline of a successful RA-Fatigue self-management programme.
2. For participants to be able to incorporate their own plans and aspirations for developing self-management programmes, not necessarily RA-Fatigue.
3. To build awareness of safety and effectiveness in this context.

#### **Training modalities:**

There will be elements of presentation, experiential participation, and debate.

#### **Implications for the everyday practice of CBT:**

This is directly relevant for the application of CBT to the management of long term conditions.

#### **About the workshop leader:**

Nick Ambler is head of a service based in Frenchay Hospital, Bristol that provides a broad range of interventions for recovery and adaptation to injury and illness. He has experience of setting up and running self-management programmes for chronic pain, CFS/ME, coronary heart disease, chronic obstructive pulmonary disease and IBS. He is also part of the current multi-centre initiative for supported self-management known as Co-creating Health being run by the Health Foundation.

#### **Key references:**

- Nicklin J, Cramp F, Kirwan J, Urban M, Hewlett S. Collaboration with patients in the design of patient reported outcome measures: Capturing the experience of fatigue in rheumatoid arthritis Currently under review with *Arth Rheumatism (Arth Care and Research)*
- Nicklin J, Cramp F, Kirwan J, Urban M, Hewlett S. Validation of the Bristol Rheumatoid Arthritis Fatigue multi-dimensional questionnaire and short scales (BRAFs). Currently under review with *Arth Rheumatism (Arth Care and Research)*
- Hewlett S, Ambler N, Knops B, Cliss A, Almeida C, Pope D, Hammond A, Swinkels A, Kitchen K, Pollock P. Reducing the impact of rheumatoid arthritis fatigue: A randomized controlled trial of cognitive behavioural therapy. *Rheumatology* 2010 in press (abstract)

## WORKSHOP 14

### **CBT-based Interventions within the Perinatal Period**

Kirstie McKenzie-McHarg, Warwick Hospital and Antje Horsch, Oxford Doctoral Course in Clinical Psychology

Women experiencing mood disorders perinatally may experience short and long-term negative effects for themselves, their babies and their intimate relationship. Some of these negative effects, particularly in the case of depression, may persevere for many years for the children, encompassing emotional, cognitive, developmental and social deficits. This workshop will address the importance of assessment and formulation when treating women antenatally and postnatally with mental health difficulties.

NICE guidelines were published in 2007 which recognised the importance of CBT-based treatments for this population. The guideline discussed treatment for newly arising mental health problems such as PTSD related to birth trauma or antenatal-onset OCD, as well as for pre-existing conditions, such as depression. CBT-based interventions provide a strong foundation for the treatment of these conditions.

This workshop will present the particular circumstances of the perinatal context and address the issue of differential diagnosis in the perinatal population. There will also be an overview of specific treatment techniques. There will be a particular focus on depression, general anxiety, PTSD and relevant phobias (such as blood, hospitals or fear of childbirth). Two cognitive models for treating PTSD used in the general population will be presented and consideration given by the group as to whether they are appropriate within a perinatal context.

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## Key Learning Objectives:

- 1) Exposure to a range of perinatal mental health difficulties
- 2) Experience in formulating perinatal cases;
- 3) Practical skills-based opportunities to consider appropriate CBT-based treatment options for a range of perinatal mental health difficulties;
- 4) The opportunity to consider the differences between working with the general and perinatal populations

## Training modalities:

Whole and small group discussion exercises will be used to consider clinical questions specific to the perinatal group, as well as to utilise formulation skills in planning interventions for this client population. Case studies, role plays and vignettes will be used throughout as well as presentation of patient experiences via DVD and in person if possible.

## Implications for everyday clinical practice:

While the principles of CBT hold true within this patient population, there are specific differences which need to be considered when working with perinatal women. Clinicians involved in delivering therapy within an adult mental health setting are likely to work with pregnant or postnatal women, and their usual methods of working may need some adaptation to 'fit' with this client group. This workshop will provide the opportunity to consider these differences, as well as practical, skills-based training in working with this population.

## About the workshop leaders:

Dr Antje Horsch (Clinical Psychologist) works as an Academic Tutor on the Oxford Doctoral Course in Clinical Psychology and clinically at the Berkshire Traumatic Stress Service. Dr Kirstie McKenzie-McHarg (Clinical Psychologist) leads the Perinatal Psychology service at Warwick Hospital and works as a Research Psychologist in perinatal mental health with the Universities of Oxford and Warwick. Both leaders currently collaborate on a multi-centre study examining the psychological impact of stillbirth on women.

## Key references:

Antenatal and Postnatal Mental Health Guideline. National Institute for Clinical Excellence. Feb 2007.

Ayers S, McKenzie-McHarg K, & Eagle A. Cognitive behaviour therapy for postnatal post-traumatic stress disorder: case studies. *Journal of Psychosomatic Obstetrics & Gynaecology*, 2007; 28(3): 177-184.

## WORKSHOP 15

### **Making Cognitive Behavioural Interventions for Parents really work. Triple P: An Evidence-based Multilevel System of Intervention**

Matt Sanders, University of Queensland, Australia and Dr Majella Murphy-Brennan, University of Queensland and Triple P International

The Triple P Positive Parenting Programme has been developed and scientifically proven over 30 years by The University of Queensland Parent and Family Support Centre, with international collaboration. The system is widely in use throughout Australia and increasingly, throughout the world. It emphasises developing positive attitudes, skills and behaviour and fosters family relationships that encourage children to realise their full potential.

This workshop is aimed at individuals with experience in working with children and their parents; training in CBT relevant to families.

## Key Learning Objectives:

Participants will gain

1. a clear understanding of the Triple P multi-level system of parenting interventions and the indicators for intervention at each level
2. Familiarity with clinical procedures used in training parents to implement parenting strategies
3. Familiarity with strategies for dealing with parental resistance

## Training modalities:

Mixture of didactic presentation, video demonstrations of clinical procedures, case discussion and clinical problem solving exercises.

## Implications for the everyday practice of CBT:

The workshop is particularly relevant for child or adult practitioners who work with clients experiencing family conflict as a result of behaviour management problems in children and adolescents.

## About the workshop leaders:

Matthew Sanders is a Professor of Clinical Psychology and Director of the Parenting and Family Support Centre at The University of Queensland. He conducts research and has published extensively in the area of parenting, family psychology and the prevention of behavioural and emotional problems in children. He is the founder of the Triple P-Positive Parenting Program, which has won a National Violence Prevention Award from the Commonwealth Heads of Government in Australia and is now run in 17 countries around the world. He has received an International Collaborative Prevention Research Award from the Society for Prevention Research, is a fellow of the Australian Psychological Society and the Academy of Experimental Criminology. He is a Visiting Professor in the School of Psychological Sciences at the University of Manchester. He has been a consultant to the Council of Europe on Positive Parenting. In 2007 he won the Australian Psychological Society's Presidents Award for Distinguished Contribution to Psychology, and in 2007 was Queensland's Parent of the Year.

Dr Majella Murphy-Brennan is Head of International Program Dissemination for Triple P International. She is a clinical psychologist and holds a research associate appointment in the Parenting and Family Support Centre at the University of Queensland. She conducted her doctoral research on the role of organisational variable in the dissemination of evidence based programs.

## Key references:

Prinz, R.J., Sanders, M.R., Shapiro, C.J., Whitaker, D.J. & Lutzker, J.R. (2009). Population-based prevention of child maltreatment: The US Triple P system population trial. *Prevention Science*, 10, 1-12.

Sanders, M.R. (2008). The Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, 22(4), 506-517.



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## WORKSHOP 16

### The Maudsley Model of Out-Patient Treatment for Adults with Anorexia Nervosa (MANTRA)

Ulrike Schmidt, Institute of Psychiatry, King's College London

Anorexia nervosa (AN) is a biologically based serious mental disorder with high levels of mortality and disability, physical and psychological morbidity and impaired quality of life. Cognitive and emotional functioning are impaired, making engagement in treatment difficult. Psychotherapeutic interventions are the current treatment of choice for AN but the results of psychotherapy depend critically on the stage of the illness. Whilst response to psychological treatment (usually family-based) is excellent in adolescents with a short duration of AN, the treatment response in adults with a more chronic form of the illness is much less positive and drop-out from treatment is high. The evidence-base for psychological treatment of adults with AN is limited. Several small trials have tested a range of therapies, including cognitive-behavioural therapy (CBT), interpersonal therapy (IPT), cognitive analytical therapy, and family therapy, but no clear front-runner in terms of efficacy has emerged. The urgent need to develop more effective treatments for adults with AN has been highlighted.

In this workshop I will describe a novel treatment for adults with anorexia nervosa (AN), the Maudsley Model of Treatment of Adults with AN (MANTRA). This is based on a specific maintenance model of AN (Schmidt & Treasure, 2006). The model and treatment are novel in several respects: (a) it is empirically-based, drawing on and incorporating recent neuropsychological, social cognitive and personality trait research in AN, (b) it includes both intra- and interpersonal maintaining factors, and strategies to address these (c) it is modularised with a clear hierarchy of procedures, tailored to the need of the individual.

#### Key Learning Objectives:

- (1) Participants will learn key strategies for the initial phase of treatment, i.e. how to develop a therapeutic alliance and increase motivation for change through e.g. the use of normative and ipsative feedback about symptoms, medical risk and neuropsychological test results. They will also learn how to use patients' meta-cognitions about AN and their values to enhance motivation.
- (2) Participants will learn how to develop a collaborative case conceptualisation for people with AN, and the different formats for such formulations that might be most helpful.
- (3) Participants will learn strategies for working with core maintaining factors such as emotional avoidance and obsessionality/cognitive rigidity in AN.
- (4) Participants will learn how to include close others in treatment.

#### Training modalities:

The format of the workshop will be interactive using videos and role-plays to support learning.

#### Implications for the everyday practice of CBT:

Many of the strategies used in MANTRA in the treatment of AN are highly applicable to other problems which are ego-syntonic and where there is limited motivation for change.

#### About the the workshop leader:

Ulrike Schmidt is Professor of Eating Disorders and Head of the Section of Eating Disorders at the Institute of Psychiatry, King's College, London, UK. She chairs the Royal College of Psychiatrists' Eating Disorders Section and the outpatient standard development group in QED, the National Eating Disorders Quality Network. Her research interests cover all aspects of eating disorders, but in particular the area of self-care treatments, psychological treatments and the use of new technologies in the treatment of these disorders. She is also interested in psychological treatment in poorly controlled diabetes mellitus, and in the treatment of adults and adolescents with self-harm where she has developed and tested brief manual-based cognitive-behavioural treatments. She is/has been involved as a Principal Investigator/Co-Investigator in several large scale multi-centre treatment studies of psychological and pharmacological treatments of eating disorders and related conditions, including an NIHR programme grant on new treatments of anorexia nervosa.

#### Key references:

- Schmidt U, Treasure J. (2006). Anorexia nervosa: valued and visible. A cognitive-interpersonal maintenance model and its implications for research and practice. *Br J Clin Psychol.* 45: 343-66.
- Lavender A and Schmidt U. (2006). Case formulation of complex eating disorders. In Tarrier N. *Complex Case Formulation in CBT.* Brunner-Routledge. Hove and New York.
- Treasure, J. and Schmidt, U. (2007). *Eating Disorders.* In: Arkowitz, H., Westra, H., Miller, W. and Rollnick, S. (Eds.). *Motivational Interviewing in Psychotherapy and Mental Health.* Guilford Publications, New York.

## WORKSHOP 17

### CBT for Adults with Intellectual Disabilities: Focus on Anger Control Problems

John L Taylor, Northumbria University and Northumberland, Tyne & Wear NHS Trust and Raymond W Novaco, University of California, Irvine

People with intellectual disabilities are likely to experience a range of circumstances and life events associated with an increased risk of developing mental health problems. Despite this vulnerability, people with intellectual disabilities historically have not been offered or received cognitive behavioural interventions that have been shown to be effective for mental health and emotional problems experienced by those without such disabilities.

This workshop considers the nature and extent of mental health and emotional problems experienced by adults with intellectual disabilities and overviews the emerging evidence base for cognitive behavioural interventions. There is a focus on anger and aggression problems experienced by people with mild and borderline intellectual disabilities as: (a) they are prevalent and have serious consequences for people in this population; and (b) the evidence base for cognitive behavioural therapy is best developed in this area.

Obstacles to and developments in the assessment of emotional problems, chiefly anger, experienced by adults with intellectual disabilities are discussed and explored. An individual cognitive behavioural anger treatment developed for this population is presented to help participants to develop treatment techniques based on the stress inoculation training paradigm.

#### Learning Objectives:

- 1) To describe the prevalence and nature of mental health problems in populations of people with intellectual disabilities.
- 2) To explore the interrelationship of anger and aggression and the evidence for the effectiveness of cognitive-behavioural anger treatment approaches.
- 3) To become familiar with the structure, content and processes of a specially modified manual-guided anger treatment intervention.
- 4) To practice assessment and intervention techniques involved in delivering CBT to clients with intellectual disabilities.

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## Training modalities:

The workshop involves the use clinical case material, vignettes, short exercises and practice.

## Implications for everyday clinical practice:

Mental health and associated anger-related difficulties present frequently in intellectual disability and mainstream mental health services. The assessment and intervention approaches developed by the workshop presenters have been shown to be effective in research and routine care settings and have wide application in health and social care settings.

## About the workshop leaders:

John Taylor is professor of clinical psychology at Northumbria University and consultant clinical psychologist with Northumberland, Tyne & Wear NHS Foundation Trust. He has worked mainly in intellectual disability and forensic services in range of settings in the UK and has published work related to his clinical research interests in the assessment and treatment of offending and mental health problems associated with intellectual disabilities in a range of research journals, professional publications and books.

Ray Novaco is professor of psychology and social behaviour, at the University of California, Irvine, US. He has extensive expertise on the assessment and treatment of anger. He pioneered cognitive-behavioural therapy for anger, coining the term "anger management", and has demonstrated the effectiveness of his treatment approach in scientifically controlled clinical research. He received the Best Contribution Award in 1978 from the International Society for Research on Aggression for his book, *Anger Control: The Development and Evaluation of an Experimental Treatment*. In 2000, he received the Distinguished Contributions to Psychology Award from the California Psychological Association, and in 2009 the Division of Forensic Psychology Lifetime academic award (international).

## Key references:

Hatton, C. & Taylor, J.L. (2005). Promoting healthy lifestyles - Mental health and illness. In G. Grant, P. Goward, M. Richardson & P. Ramcharan (Eds.). *Learning disability: A life cycle approach to valuing people*, pp. 559-603. Maidenhead: Open University Press.

Taylor, J.L. & Novaco, R.W. (2005). *Anger treatment for people with developmental disabilities: A theory, evidence and manual based approach*. Chichester: Wiley.

## WORKSHOP 18

### Working with Trauma and Psychosis within a CBT Framework

Brock Chisholm, University of London, Nadine Keen, South London and Maudsley NHS Trust and Craig Steel, University of Reading

Recent research suggests that there are high rates of trauma within a population of people with psychosis. Despite the growing body of literature supporting the link between trauma and psychosis, there is little empirical research available regarding the best practice in terms of psychological interventions. Cognitive-Behavioural Therapies (CBT) for Post-Traumatic Stress Disorder (PTSD) and psychosis are well-established. Despite good outcomes, traditional exposure-based interventions for PTSD are known to be stressful and, at times, destabilising for individuals. There has been concern about using such interventions with individuals with psychosis, who may be particularly sensitive to stress and heightened levels of affect. Nevertheless, failing to assess and treat the trauma element in psychosis can contribute to the vicious cycles maintaining the problem. Cognitive models of PTSD and psychosis both highlight that appraisals of experiences and symptoms are key in the development and maintenance of each disorder. It has been suggested that a formulation-based approach, with a focus on re-appraising meaning, changing symptom attributions, and processing traumatic memories can promote understanding, reduce symptoms and lessen distress in individuals presenting with symptoms of trauma and psychosis.

## Key Learning Objectives:

The key learning objectives are to (i) become aware of the literature examining the relationships between trauma and psychosis; (ii) have an overview of the evidence and best practice to help process traumatic memories within a population of people with psychosis; (iii) have an understanding of key issues to be covered in the assessment of trauma within a population of people with psychosis; (iv) have the opportunity to practice formulating individuals presenting with symptoms of trauma and psychosis; (v) learn CBT skills to help process traumatic memories within a population of people with psychosis.

## Training modalities:

The introduction to literature and evidence-base will be primarily didactic. The skills based element of the workshop will use experiential and role-play methods.

## Implications for the everyday practice of CBT:

Research suggests that there are high rates of trauma within a population of people with psychosis. Despite this, there is little empirical research available regarding the best practice in terms of psychological intervention. Failing to assess and treat the trauma element in psychosis can contribute to the vicious cycles maintaining the problem. The current workshop aims to teach clinicians CBT skills to help process traumatic memories and reduce trauma symptoms within a population of people with psychosis.

## About the workshop leaders:

Dr Craig Steel is a Senior Lecturer in Clinical Psychology at the University of Reading. He has worked on a number of randomised controlled trials of Cognitive Behaviour Therapy for Psychosis and published many relevant articles. He is currently setting up the first randomised controlled trial for the treatment of co-morbid PTSD and Schizophrenia, which will take place within Berkshire Healthcare Foundation Trust.

Dr Nadine Keen is a Clinical Psychologist, currently working as a therapist on the MRC funded CBT for psychosis trial for command hallucinations (COMMAND) and at the Psychological Interventions Clinic for outpatients with Psychosis (PICuP) at the Maudsley hospital, London. She also works as a clinical supervisor on the Postgraduate Diploma in CBT for Psychosis course at the Institute of Psychiatry. Prior to her current posts she worked at the Traumatic Stress Clinic in London, and worked as a clinical psychologist on the London Bombings Screen and Treat Programme.

Dr Brock Chisholm is a Clinical Psychologist at The Traumatic Stress Clinic in London. Prior to working at the TSC he worked as a clinical psychologist in Early Intervention for Psychosis. He works with victims of trauma with PTSD and has a clinical and research interest in the confluence of PTSD and psychosis. He has provided talks and workshops on trauma and psychosis in various settings for the past five years. Through charities he also works with victims of human rights abuses including extraordinary rendition and secret prisons.

## Key references:

Brewin, C. R., Dalgleish, T., & Joseph, S. (1996). A dual representation theory of posttraumatic stress disorder. *Psychological Review*, 103, 670 - 686.

Ehlers, A., & Clark, D.M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research Therapy*, 38, 319-345.

Garety, P.A., Kuipers, E., Fowler, D., Freeman, D., & Bebbington, P.E. (2001). A cognitive model of the positive symptoms of psychosis. *Psychological Medicine*, 31, 189-195.

Morrison, A.P., Frame, L. & Larkin, W. (2003). Relationships between trauma and psychosis: A review and integration. *British Journal of Clinical Psychology*, 42, 31-352.



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## WORKSHOP 19

### **Cognitive Therapy for Distressing Psychotic Experiences: Using a Normalising Cognitive Model to Develop Formulations and Select Change Strategies**

Tony Morrison, University of Manchester

This workshop will outline a cognitive approach to the understanding of distressing psychotic experiences, which suggests that it is the interpretation of these intrusions and problematic responses to them that causes the associated distress and disability.

#### **Key learning objectives:**

Participants should be able to -

Understand the rationale for the use of CT for people with psychosis

Develop case formulations based on a cognitive model

Select treatment strategies based on such formulations

Have practiced implementation of such strategies

#### **Training modalities:**

The workshop will use a variety of techniques including collaborative discussion, role plays and video demonstration to illustrate how this model can be used to develop idiosyncratic case formulations with service users and how such formulations are used to guide intervention. Specific issues to be covered include development of formulations, using these to derive intervention strategies, common verbal reattribution strategies, use of behavioural experiments and homework tasks. The workshop will assume knowledge of and basic skills in cognitive therapy and some experience of working with people with psychosis. Learning outcomes will include the ability to develop formulations based on the model, knowledge of how to utilise these to collaboratively select change strategies and both practice and observation of common change strategies to promote understanding of their use.

#### **About the workshop leader:**

Dr Morrison is a Professor of Clinical Psychology at the University of Manchester and is also Associate Director for Early Intervention for Bolton Salford and Trafford Mental Health NHS Trust. He has published a number of articles on cognitive therapy for psychosis and experimental studies of cognitive processes in psychosis, has been involved in a number of treatment trials for cognitive therapy for psychosis and has a special interest in the cognitive theory of and therapy for hearing voices. More recently, he has developed a research interest in people at high-risk of developing psychosis, the links between trauma and psychosis and the facilitation of user-led research into psychosis and mental health services.

#### **Key References:**

Morrison, A.P. (2001) The interpretation of intrusions in psychosis: An integrative cognitive approach to psychotic symptoms. *Behavioural & Cognitive Psychotherapy*, 29, 257-276.

Morrison, A. P., Renton, J. C., Dunn, H., Williams, S., & Bentall, R. P. (2003). *Cognitive Therapy for Psychosis: a Formulation-based Approach*. London: Psychology Press.

Morrison, A. P., Renton, J. C., French, P., & Bentall, R. P. (2008). *Think you're crazy? Think again: A resource book for cognitive therapy for psychosis*. London: Routledge.

## WORKSHOP 20

### **CBT with Older People**

Ken Laidlaw, University of Edinburgh and NHS Lothian

The world is experiencing a profound and irreversible demographic shift impacting upon the structure of societies meaning that psychotherapists are now much more likely to come into contact with older people and yet therapists often feel ill-prepared to meet the needs of this new cohort of older people (Laidlaw & Pachana, 2009). CBT is particularly appropriate as an intervention for older people as it is skills enhancing, present-oriented, problem-focused, straightforward to use and effective. The research evidence too suggests it is an efficacious approach for common mental health problems such as anxiety and depression. Nonetheless, depression in later life is frequently misunderstood as a 'natural' consequence of the challenges and losses faced by older people, if this erroneous belief is held by therapists this can have a negative impact on treatment outcomes. Thus therapists may have to be adept at using CBT techniques on their own beliefs so as to ensure that treatment is collaborative, open, behaviourally focussed and cognitively sophisticated to take account of the ageing context for common mental illnesses. This workshop provides clinical examples that optimize attendees' sense of personal and therapeutic agency when working with depression in later life. This workshop will also address process issues and consider contextual factors such as dealing with expectancies about lifespan, attitudinal beliefs about aging that may influence treatment response, impact of chronic physical illness, longevity and chronicity of the personal history of problems. An age appropriate lifespan developmental comprehensive conceptualisation of CBT with older people is also presented in this workshop. CBT as a model with older people presented here is augmented with applied gerontological theories to enhance outcome.

Who the Workshop is aimed at: Clinicians and researchers with experience of applying CBT in practice but who wish to update their knowledge and skills level in working with older people.

#### **Key Learning Objectives:**

By the end of this workshop Participants should:

1. Have an understanding of depression and anxiety in later life and how it may present differently
2. Understand the difference between conceptual and procedural modifications to enhance outcome in CBT with older people
3. Feel confident in applying CBT techniques with older adults

#### **Training modalities:**

In this workshop the themes and ideas will be explained and exemplified by using video excerpts of 'in-session' clinical issues that confront many therapists working with older adults. Active involvement and discussion is encouraged with case examples. A CBT workbook is available to interested participants.

#### **About the workshop leader:**

Ken Laidlaw, PhD is a Senior Lecturer at the University of Edinburgh and Clinical Lead for Older Adults Clinical Psychology services in Edinburgh. With Professors Larry Thompson and Dolores Gallagher-Thompson, he is the principal author of the only non-edited book on CBT with older people (Laidlaw et al., 2003) and with Professor Bob Knight he is co-editor of *The Handbook of Emotional Disorders in Later Life* (OUP, 2008). He was also the principal investigator in the first UK evaluation of individual CBT for late life depression (Laidlaw, et al., 2008) he has also published a number of articles and book chapters on CBT with older people.

#### **Key references:**

Laidlaw, K. Thompson, L. W., Dick-Siskin, L. & Gallagher-Thompson, D. (2003) *Cognitive Behaviour Therapy with Older People*. Chichester; John Wiley & Sons Ltd.

# Pre-Conference Workshops

Tuesday 20th July



Laidlaw, K. Thompson, L.W., & Gallagher-Thompson, D. (2004) Comprehensive conceptualization of cognitive behaviour therapy for late life depression. *Behavioural and Cognitive Psychotherapy*, 32: 389-399

Laidlaw, K, Davidson, K.M., Toner, H.L., Jackson, G., Clark, S., Law, J., Howley, M., Bowie, G. & Connery, H. (2008) A Randomised Controlled Trial of Cognitive Behaviour Therapy versus Treatment as Usual in the Treatment of Mild to Moderate Late Life Depression. *International Journal of Geriatric Psychiatry*, 23, 843-850

Laidlaw, K., & McAlpine, S. (2008) Cognitive-behaviour therapy: How is it different with older people? *Journal of Rational Emotive Cognitive Behaviour Therapy*, 26 (4), 250-262

Laidlaw, K. & Pachana, N. (2009) Aging, mental health and demographic change: Psychotherapist Challenges. *Professional Psychology: Research and Practice*, 40, 601-608.

## WORKSHOP 21

### **Behavioral Couple Therapy (BCT): A NICE Recommended Treatment for Depression**

Kurt Hahlweg, University of Braunschweig, Germany

This workshop provides an introduction to BCT and the prevention of couple distress. Behavioural Couples Therapy is recommended in the NICE guidance on treatments for depression. Therapists have noted that a partner's critical behaviour may trigger an episode, and/or maintain or exacerbate relapse in the long term (for example, Hooley & Teasdale, 1989). There has also been research looking at differences in the vulnerabilities between men and women within an intimate relationship, with physical aggression by a partner predicting depression in women. Difficulties in developing intimacy, and coping with conflict, also predict depression in both men and women (Christian et al., 1994). Couples therapy is defined as a time-limited, psychological intervention derived from a model of the interactional processes in relationships where the intervention aims to help participants understand the effects of their interactions on each other as factors in the development and/or maintenance of symptoms and problems. The aim is to change the nature of the interactions so that they may develop more supportive and less conflictual relationships. (Adapted from NICE guidance, 2009).

#### **Key Learning Objectives:**

The aims are to learn 1. how to use the instruments to assess relationship quality and communication patterns, 2. Intake and relationship development interviews (conjoint and individual), 3. Increase willingness to change, 4. Techniques to increase positive reciprocity, 5. Conduct communication skills training, and 6. Problem-solving training.

#### **Training modalities:**

Video, role play

Implications for the everyday practice of CBT:

There will be a focus on how to also use couple therapy techniques in individual treatment (e.g. depression, agoraphobia, and schizophrenia).

#### **About the workshop leader:**

Dr. Kurt Hahlweg is Full Professor at the Technical University Braunschweig, Department of Clinical Psychology, Psychotherapy and Assessment.

He received his Ph.D. in 1978 from the University of Hamburg. From 1974 till 1989 he worked at the Max-Planck-Institute of Psychiatry in Munich before he joined the Technical University in Braunschweig. Professor Hahlweg has published extensively in the areas of Behavioral Marital Therapy and Prevention, Behavioral Observation, Family Care in Schizophrenia, Expressed Emotion Research, Prevention of Child Behavior Problems, and Assessment of Marital and Family Factors.

#### **Key references:**

Hahlweg, K., Grawe-Gerber, M. & Baucom, D. H. (Eds.). (2009). *Enhancing couples. The shape of couple therapy to come.* Göttingen: Hogrefe.

Epstein, N. B. & Baucom, D.H. (2002). *Enhanced cognitive-behavioral therapy for couples. A contextual approach.* Washington: APA.

Snyder, D.K. & Whisman, M. A. (Eds.). *Treating difficult couples. Helping clients with coexisting mental and relationship disorders.* New York: Guilford.

## WORKSHOP 22

### **Acceptance, Mindfulness and Values for CBT Therapists**

Eric Morris, South London & Maudsley NHS Foundation Trust/ King's College London and Joe Oliver, South London & Maudsley NHS Foundation Trust

In the 10 years since the publication of the original Acceptance and Commitment Therapy treatment manual (Hayes, Strosahl & Wilson, 1999) there has been increasing clinical and empirical interest in mindfulness-based interventions for a range of problems. In addition, there has been controversy within the CBT community about the status of ACT and other "third wave" interventions, whether there are novel processes worthy of empirical study within these new models, or simply old techniques repackaged. There has also been the emergence of a revitalised radical behaviourism, challenging assumptions about the model of change underlying cognitive and behavioural therapies.

For those not steeped in behaviour analysis, reading the theoretical and philosophical background to ACT can be like learning a whole new language, making it difficult to link with the general theoretical background of CBT. Is it possible to incorporate ACT methods within CBT, and to use them in a flexible, formulation-informed manner?

This workshop will demonstrate how the ACT model, when considered in the broader context of CBT, increases the options of the therapist, particularly in ways to increase client motivation and commitment to behaviour change, and various methods of working with cognition in a flexible, process-oriented manner. Workshop participants will learn and develop practical skills to be able to use mindfulness, acceptance and values work within their CBT sessions.

This workshop is designed for therapists who have some familiarity\* with mindfulness and acceptance-based CBTs, and would like further develop their skills in using these approaches (\* familiarity developed through reading, introductory mindfulness/ACT workshops, etc.)

#### **Key Learning Objectives:**

Participants will learn how to:

- 1) Engage clients in exploring their personal values to drive behaviour change
- 2) Decide when and how to use mindfulness in a flexible, formulation-informed manner
- 3) Develop the therapeutic relationship to increase client and therapist acceptance, present moment focus and commitment to values-based actions
- 4) Work with thoughts and other experiences using a flexibility model of CBT



# Pre-Conference Workshops

Tuesday 20th July

## Training modalities:

This workshop will involve a mixture of didactic material, roleplay, video/audio recordings, and experiential exercises.

## Implications for everyday clinical practice:

This workshop will provide CBT therapists with a set of skills in formulation and intervention that have been informed by the Acceptance and Commitment Therapy model. The knowledge and skills developed from this workshop should help CBT therapists to use mindfulness and acceptance techniques that are informed by the client formulation, and to be clearer in the functions of these techniques. The participants will also learn how to enhance behavioural activation and exposure work through eliciting client values, which can help to inform therapy goals and increase engagement.

## About the workshop leaders:

Eric Morris and Joe Oliver are clinical psychologists working for the South London & Maudsley NHS Foundation Trust, and experienced CBT and ACT therapists. Joe and Eric are currently involved in developing and researching mindfulness-based individual and group treatments for people distressed by psychosis through the Institute of Psychiatry, King's College London. Both regularly provide supervision and training in mindfulness-based and contextual CBTs in the UK and international settings.

## Key references:

Ciarrochi, J. V., & Bailey, A. (2008). *A CBT-practitioner's guide to ACT*. Oakland, CA: New Harbinger Publications.

Dahl, J. C., Plumb, J., & Stewart, I. (2009). *The Art and Science of Valuing in Psychotherapy*. Oakland, CA: New Harbinger Publications.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An Experiential Approach to Behavior Change*. New York: Guilford Press.

## WORKSHOP 23

### Getting the Most of CBT Self-Help

Christopher Williams, University of Glasgow and Marie Chellingsworth, University of Nottingham

CBT self-help is a recommended option for the treatment of mild to moderate depression (NICE 2009). It is clear that supported self-help improves outcomes significantly. That support can be offered in a range of ways including use within longer sessions with an expert (high intensity - HI CBT) as well as low intensity (LI) settings. Common to both is the idea of self-help as an adult learning model.

We describe ways of maximising learning and application in practice including a focus on offering structured support to help the person apply what they learn in their own lives. Central to the approach are a commitment to accessibility, evidence-based working, compassion and encouragement which is client centred. This places equal emphasis on assessing preferred learning style as it does on the assessment of clinical presentation and sees the question "how do you like to learn?" as central to effective engagement.

## Key Learning Objectives:

Attendees will:

- Be able to list ways of maximising engagement starting with the offer of appointment letters right through to the end of the first session
- Learn a model of whole-person assessment that summarises a problem list in a visual way
- Build client expectations and hope in the possibility of change
- Flexibly select the right resources and support model for the specific individual using a matched care approach
- Feel confident in offering an easily taught Plan, Do, Review model of using CBT self-help

## Training modalities:

Interactive workshop based presentation, large group and paired discussion and fun experiential tasks used with a purpose of enhancing practical learning

## Implications for everyday clinical practice:

This will be a very practical workshop teaching specific skills that can be used to introduce and support any CBT self-help package into individual and team based settings.

## About the workshop leaders:

Chris Williams is Professor of Psychosocial Psychiatry at the University of Glasgow, and a Director of Glasgow Institute of Psychosocial Interventions (GIPSI). He leads the SPIRIT CBT self-help training course and is chair of the WISH Programme delivering CBT self-help across three health board areas in Scotland.

Marie Chellingsworth is Course Director (IAPT) Senior Lecturer in Psychological Therapies, The University of Nottingham. She is a Senior Fellow of the Institute of Mental Health, a Trustee of BABCP and Chair of the BABCP CBT self-help Special Interest Group.

## Key references:

Gellatly, J., Bower, P., Hennessy, S., Richards, D., Gilbody, S & Lovell, K. (2007). What makes self-help interventions effective in the management of depressive symptoms? Meta-analysis and meta-regression. *Psychological Medicine*, 37: 1217-1228.

MacLeod, M., Martinez, R., & Williams, C. (2009). Cognitive Behaviour Therapy Self-help: who does it help and what are its drawbacks? *Behavioural and Cognitive Psychotherapy*, 37, 61 - 72.

Williams C. and Chellingsworth M. (2010). *A Clinicians Guide to using the five areas approach*. Hodder Arnold: London

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**The BABCP Scientific Committee is still accepting submissions for open papers and poster session presentations.**

**Submissions should be made via the BABCP website electronic submission form.**

Warren Mansell and Roz Shaffran, Co-Chairs, BABCP Scientific Committee

**DEADLINE 6th April 2010**

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# Exhibitions

Throughout the conference there will be an exhibition of **books and journals**, organised by Wisepress, in the exhibition area of the conference.



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EXHIBITION CONSULTANTS

# Diploma and Certificate courses in Evidence-Based Psychological Treatment



These year-long post graduate courses provide the CBT skills to work with a wide range of disorders, and are open to all mental health staff. The training is delivered by internationally renowned clinicians, and focuses exclusively on the interventions recommended by NICE.

## Certificate

This course will suit newcomers to CBT who wish to gain concrete academic knowledge, but is also perfect for providing up-to-date theory and skills for those who trained some time ago. The Certificate requires attendance at 14 teaching days spread throughout the year, and assessment is by means of three written examinations.

## Diploma

The Diploma covers the same teaching content as the Certificate with the additional components of weekly clinical skills classes and supervision sessions from leading experts. The nature of the course requires students to be engaged in ongoing supervised therapeutic work and will appeal to the more experienced therapist who might want to specialize in a specific disorder, or work towards individual BABCP accreditation. Assessment consists of clinical skills assessments, written case reports and the assessment of audio-taped treatment sessions.

## BABCP accreditation

The Diploma is BABCP accredited at level 1, and both courses are ratified by the University of Reading.

For more information, please contact:

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# Social Programme



Conferences organised by BABCP are well known for the quality of the scientific programme and for the opportunity provided in the social programme for delegates to meet, socialise and enjoy themselves. The BABCP 2010 programme in Manchester is designed to ensure that there will be plenty of opportunities to meet people in a relaxed and informal setting. Whether this is wining and dining together, dancing and partying into the early hours or just in a relaxed conversation at the end of a busy day we know that Manchester will help forge new friendships and contacts between delegates new to the conference and those who are 'old hands'.

We do hope that you will take advantage of the social programme we have put together for the conference.



**Tuesday 20th July**  
18.30-20.30

### **Opening Reception**

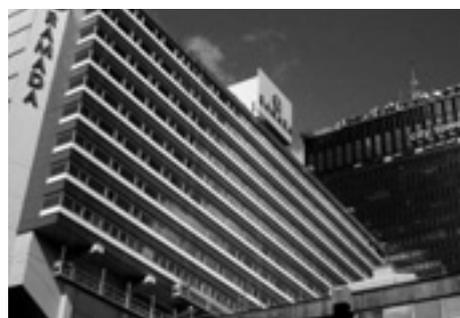
**Venue: University Place, University of Manchester**

Come and enjoy a glass of wine and some canapés. Visit the Book Exhibition and "Meet your Branch Representative" during the opening reception

For those who wish to carry on..

**Venue:** The Macdonald Manchester Hotel Bar will be open until late every evening throughout the conference. The hotel can be found on London Road.

There is no charge for these events but admission is by your conference badge which you will have collected at registration.



**Wednesday 21st July**  
19.45-Late

### **Live Band night**

**Venue: Ramada Manchester Piccadilly Hotel on Portland Street.**

After the scientific programme has ended you will be able to enjoy the BABCP Live Band Night at The Ramada Piccadilly Hotel from 19:45 - late. There will be a buffet and a live band "Carbon Copy" with dancing until late and a cash bar.

Numbers are restricted for this event, pre booked tickets will be issued at registration.



**Thursday 22nd July**  
19.30-23.30

### **Gala Dinner**

**Venue: The Lowry Hotel, 50 Dearmans Place, Chapel Wharf.**

The award-winning Lowry Hotel is Manchester's leading five-star hotel. Located on a peaceful riverside piazza in the heart of the city, next to the River Irwell. Coaches will transport guests to and from the venue to enjoy an evening of fine dining and dancing.

This event is by ticket only and delegates who have not already pre-booked and would like to attend may be able to purchase tickets from the registration desk.

**The AGM of the Association  
will be held on Thursday 22nd July at 17.30p.m.  
The venue will be announced in the  
final programme.**

# Keynote Addresses



**Professor David A Clark**, *University of New Brunswick, Canada*  
Treating without Knowing: Should Cognitive Therapy Lighten-Up?

**Professor Robert DeRubeis**, *University of Pennsylvania, USA*  
Empirical Tests and (The Debunking of) Intuitively Appealing Hypotheses about Depression and its Treatment

**Professor James Pennebaker**, *University of Texas, USA*  
Expressive Writing in Clinical Practice

**Professor Matt Sanders**, *University of Queensland, Australia*  
Taking parenting programmes that work to the people: Learning from "scaling up" the Triple P-Positive Parenting Program

**Professor Antonette Zeiss**, *Department of Veteran Affairs, USA*  
An Integrated Health Care for Older Adults

**Professor Arnoud Arntz**, *Maastricht University, The Netherlands*  
Title T.B.C.

**Professor Kurt Hahlweg**, *University of Braunschweig, Germany*  
Strengthening Couples: Treatment and Prevention of Couple Distress

**Professor Christine Barrowclough**, *University of Manchester*  
Substance use and Psychosis: Linkage, Interventions and Outcomes

**Professor Chris Brewin**, *University College London*  
Managing the Mental Health Consequences of Disasters: What Every Clinician Should Know

**Dr Samantha Cartwright-Hatton**, *University of Manchester*  
Anxiety of Childhood: Helping Parents help their Children

**Professor David M Clark**, *Institute of Psychiatry, King's College London*  
IAPT: Achievements, Lessons and the Future

**Professor Chris Cullen**, *Keele University and North Staffordshire Combined Healthcare NHS Trust*  
Third Wave Therapies for People with Intellectual Disabilities

**Professor Sarah Hewlett**, *University of the West of England*  
Fatigue within a Chronic Illness: What, Why and How (to help) in Rheumatoid Arthritis

**Dr Emily Holmes**, *University of Oxford*  
Mental Imagery: From Flashbacks to Flashforwards

**Professor Steven Jones**, *Lancaster University*  
New Developments in Understanding the Psychology of Bipolar Disorder: Implications for Research and Therapy

**Professor Glenys Parry**, *University of Sheffield*  
Improving Access to Psychological Therapies: Overview of findings from the three year evaluation of the demonstration sites

**Professor Ulrike Schmidt**, *Institute of Psychiatry, King's College London*  
Translating Experimental Neuroscience into Treatment of Anorexia Nervosa

**Professor Nicholas Tarrier**, *University of Manchester*  
Suicide and Psychosis: From Theory to Prevention

**Professor Andre Tylee**, *Institute of Psychiatry, King's College London*  
Depression and Coronary Heart Disease: A primary care perspective

**Professor Adrian Wells**, *University of Manchester*  
What does Metacognitive Therapy do and how effective is it?

Conference



# Symposia

21st-23rd July

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## Adult Mental Health

### Understanding Positive Outcomes in Bipolar Disorder

Convenor: Steve Jones, Lancaster University

Speakers: Steve Jones, Lancaster University  
Fiona Lobban, Lancaster University  
Alyson Dodd, Lancaster University  
Nick Todd, Lancaster University

### Bipolar Disorders: From Motivational Processes to Psychological Interventions

Convenor: Thomas D Meyer, Newcastle University

Speakers: Lucy Finucane, Psychology in Healthcare, Newcastle-upon-Tyne, and Newcastle University  
Jennifer McDonald, NHS Greater Glasgow and Clyde  
Rebecca Kelly, University of Manchester  
Thomas D Meyer, Newcastle University  
Matthias Schwannauer, University of Edinburgh

### Psychological Processes in Suicidal Behaviour

Convenor: Rory O'Connor, University of Stirling

Speakers: Thorsten Barnhofer, University of Oxford  
Catherine Crane, University of Oxford  
Judith Johnson, University of Manchester  
Caoimhe Ryan, University of Stirling  
Rory O'Connor, University of Stirling  
Peter Taylor, University of Manchester

### Innovations in the Delivery of Cognitive Therapy for Anxiety Disorders

Convenor: David M Clark, Institute of Psychiatry, King's College London

Speakers: Nick Grey, South London & Maudsley NHS Foundation Trust  
David M Clark, Institute of Psychiatry, King's College London  
Richard Stott, Institute of Psychiatry, King's College London  
Birgit Kleim, University of Basle

### Beyond Checking and Washing: OCD in Other Guises

Convenor: Alice Kerr, Centre of Anxiety Disorders and Trauma, South London and Maudsley NHS Trust and Institute of Psychiatry, King's College London

Speakers: Emma Warnock-Parkes, Centre of Anxiety Disorders and Trauma, South London and Maudsley NHS Trust and Institute of Psychiatry, King's College London  
Alice Kerr, Centre of Anxiety Disorders and Trauma, South London and Maudsley NHS Trust and Institute of Psychiatry, King's College London  
Asmita Patel, Centre of Anxiety Disorders and Trauma, South London and Maudsley NHS Trust and Institute of Psychiatry, King's College London  
Amita Jassi, Institute of Psychiatry, King's College London

### Panel Discussion: What should we use? NICE Recommended Treatments for Depression

Convenor: Heather O'Mahen, University of Exeter

Speakers: Robert DeRubeis, University of Pennsylvania, USA  
Mark Williams, University of Oxford  
Heather Flynn, University of Michigan, USA  
Kurt Hahlweg, University of Braunschweig, Germany

### Clinical Roundtable: Treatment Resistant Depression: When the Going gets Tough, the Tough get Going

Convenor: Anne Garland, Nottinghamshire Healthcare NHS Trust

Speakers: Anne Garland, Nottinghamshire Healthcare NHS Trust  
Paul Gilbert, University of Derby  
Richard Morriss, University of Nottingham and Nottinghamshire Healthcare NHS Trust  
Thorsten Barnhofer, University of Oxford

# Symposia

21st-23rd July



**Skills class:** **Cognitive Therapy for Panic Disorder: Integrating Discussion and Behavioural Experiments**  
David M Clark, Institute of Psychiatry, King's College London

**Skills Class:** **Emotion Regulation in Cognitive Therapy for Depression**  
Richard Moore, Cambridgeshire and Peterborough NHS Foundation Trust

**Skills class:** **Treating Therapy Interfering Behaviours in the Context of Dialectical Behaviour Therapy**  
Michaela Swales, School of Psychology Bangor University and Betsi Cadwaladr, University Health Board

**Skills class:** **Beyond Relapse Prevention in CBT for Bipolar Disorder: The Roles of Positive Self-Appraisal and Recovery-Based Outcomes**  
Steve Jones, University of Lancaster

## Behavioural Medicine

### CBT for Insomnia: Traversing the Iceberg

**Convenor:** Jason Ellis, Northumbria University  
**Speakers:** Jason Ellis, Northumbria University  
Colin Espie, University of Glasgow  
Kevin Morgan, Loughborough University  
Kirstie Anderson, Loughborough University

### Where is Pain at? Novel Processes and Treatment INPUT for Chronic Pain

**Convenor:** Claire Goodchild, Institute of Psychiatry, King's College London  
**Discussant:** Paul Salkovskis, Institute of Psychiatry, King's College London  
**Speakers:** Nicole Tang, Institute of Psychiatry, King's College London  
Melanie Edwards, Institute of Psychiatry, King's College London  
Jared Smith, INPUT St. Thomas' Hospital, London  
Sarah Barke, INPUT St. Thomas' Hospital, London

### Managing Chronic Fatigue Syndrome (CFS/ME)

**Convenor:** Trudie Chalder, Institute of Psychiatry, King's College London  
**Discussant:** Trudie Chalder, Institute of Psychiatry, King's College London  
**Speakers:** Alison Wearden, University of Manchester  
Sarah Peters, University of Manchester  
Jo Roos, University of Manchester  
Kate Rimes, Institute of Psychiatry, King's College London

### Four Conditions, Many Outcomes: How Health Psychologists help people to manage Long-Term Health Conditions

**Convenor:** Chris Bundy, University of Manchester  
**Discussant:** Chris Bundy, University of Manchester  
**Speakers:** Andrew Keen, Adults Diabetes Centre, Woolmanhill Hospital, Aberdeen  
Jenny Hutton, North Lanarkshire Council/ NHS Lanarkshire  
Lis Cordingley, University of Manchester  
Laura Dennison, University of Southampton

### Advances in Psychological Therapy for Emotional Disorders following Acquired Brain Injury

**Convenor:** Anna Adlam, University of East Anglia  
**Chair:** Fiona Ashworth, Oliver Zangwill Centre  
**Discussant:** Paul Gilbert, University of Derby  
**Speakers:** Huw Williams, University of Exeter  
Fergus Gracey, Oliver Zangwill Centre  
Fiona Ashworth, Oliver Zangwill Centre  
Anna Adlam, University of East Anglia

Conference

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# Symposia

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## **Fate May have Dealt you a Rotten Hand of Cards but CBT can give You the Edge to Play it Really Well**

**Convenor:** Andrea Edeleanu, Surrey and Borders Partnership NHS Foundation Trust  
**Chair:** Andrea Edeleanu, Surrey and Borders Partnership NHS Foundation Trust  
**Speakers:** Nigel Sage, Primary Care Psychology and Counselling/Beacon Centre, Surrey Community Health  
Lorraine Nanke, Surrey and Borders Partnership NHS Foundation Trust  
Katherine May, Surrey and Borders Partnership NHS Foundation Trust  
Ian Kneebone, University of Surrey  
Ken Laidlaw, University of Edinburgh and NHS Lothian

## **Basic Processes and New Developments**

### **Understanding Anhedonia and Positive Information Processing in Depression: From Basic Science to Clinical Intervention.**

**Convenor:** Barney Dunn, MRC Cognition and Brain Sciences Unit  
**Speakers:** Barney Dunn, MRC Cognition and Brain Sciences Unit  
Andy McLeod, Royal Holloway  
Richard Moore, Cambridge & Peterborough NHS Trust

### **Utilising Control Theories in the Science and Practice of CBT**

**Convenor:** Warren Mansell, University of Manchester  
**Speakers:** Nick Moberley, University of Exeter  
Stephen Barton, Newcastle University  
Alec Brady, Keresforth Centre, Barnsley PCT  
Fergus Gracey, Oliver Zangwill Centre, Cambridgeshire NHS Trust  
Joanne Dickson, University of Liverpool

### **Putting Theory into Practice – Clinical Research Applications of Perceptual Control Theory**

**Convenor:** Tim Carey, University of Canberra  
**Chair:** Tim Carey, University of Canberra  
**Speakers:** Rebecca Kelly, University of Manchester  
Marijke Lansbergen, University of Manchester  
Christopher Spratt, NHS Fife  
Timothy Carey, University of Canberra

### **Emotion Regulation of Others and Self: Studies of Function and Dysfunction**

**Convenor:** Peter Totterdell, University of Sheffield  
**Speakers:** Peter Totterdell, University of Sheffield  
Miriam Samad, University of Manchester  
Gwenda Simons and Brian Parkinson, University of Oxford  
Tom Webb, University of Sheffield  
Susanne Schweizer and Tim Dalgleish, University of Cambridge  
Steven Kellett, University of Sheffield

### **Cognitive Bias Modification: Exploring the Role of Mental Imagery**

**Convenor:** Catherine Deepprose, University of Oxford  
**Speakers:** Helen Standage, University of Essex  
Laura Hoppitt, University of East Anglia  
Catherine Deepprose, University of Oxford  
Simon Blackwell, Oxfordshire & Buckinghamshire Mental Health NHS Foundation Trust

### **More News from the Imagery Front**

**Convenor:** Ann Hackmann, University of Oxford  
**Chair:** Ann Hackmann, University of Oxford  
**Discussant:** Emily Holmes, University of Oxford  
**Speakers:** Kate Muse, University of Oxford  
Catherine Deepprose, University of Oxford  
Jon Whaeattley, University College London  
Sally Standart, Newcastle Cognitive Therapies Centre

# Symposia

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**Panel Discussion: Ann Hackmann - a Career Through the Looking Glass**

Convenor: Emily Holmes, University of Oxford

Speakers: Emily Holmes, University of Oxford  
John Wheatley, Central & North West London NHS Foundation Trust &  
Royal Holloway University  
David M Clark, Institute of Psychiatry, King's College London  
Mark Williams, University of Oxford

**Panel Discussion: 50 years of Control Theory: How Does it Impact our Current Understanding and Practice?**

Convenor: Sara Tai, University of Manchester

Speakers: Warren Mansell, University of Manchester  
Tim Carey, University of Canberra, Australia  
Rick Marken, University of California, Los Angeles, USA  
Bill Powers, Lafayette, Colorado, USA

**Skills class: Using Imagery Rescripting to treat PTSD and Traumatic Bereavement**

Jennifer Wild, Institute of Psychiatry, King's College London

**Skills class: From Report to Court: Psychology, Trauma and the Law**

Sarah Heke, Institute of Psychotrauma and Georgina Smith,  
The Haven (SARC) Paddington

## Child and Adolescent Mental Health

### Maximising Population Reach and Uptake of Parenting Interventions

Convenor: Rachel Calam, University of Manchester

Speakers: Rachel Calam, University of Manchester  
Louise Dawson, University of Manchester  
Sally-Ann Clarke and Hayley Nixon, University of Manchester  
Zoe Tsivos and Anja Wittkowski, University of Manchester  
Majella Murphy-Brennan, University of Queensland

### Obsessionality in Young People

Convenor: Ben Laskey, University of Manchester & CIC Psychology Team Cornwall

Speakers: Charlie Wilson, Maudsley OCD Clinic  
Cynthia Turner, Maudsley OCD Clinic  
Tim Williams, Berkshire Healthcare NHS trust, and School of Psychology,  
University of Reading  
Peter Lawrence, Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust,  
CAMHS  
Ben Laskey, University of Manchester & CIC Psychology Team Cornwall

### The Development of Affect-related Cognitions in Youth

Convenor: Cathy Creswell, University of Reading

Chair: Cathy Creswell, University of Reading  
Speakers: Cathy Creswell, University of Reading  
Marie-Louise Reinholdt, University of Copenhagen  
Helena Zavos, Institute of Psychiatry  
Hannah Murray, Springfield Hospital, London  
Sarah Halligan, University of Reading

### Perinatal Psychology Insights - How best to Improve Maternal Well-being and the Mother-Infant Relationship

Convenor: Anja Wittkowski, University of Manchester

Chair: Anja Wittkowski, University of Manchester  
Speakers: Heather O'Hahen, University of Exeter  
Christine Puckering, Royal Hospital for Sick Children, Glasgow and Mellow Parenting  
Corinna Reck, University of Heidelberg  
Mia Cleary, Children and Parents' Service, Manchester  
Alexandra Howe, Children and Parents' Service, Manchester

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## **The Role of the National Academy for Parenting Practitioners**

Convenor: Sajid Humayun, Institute of Psychiatry  
Chair: Stephen Scott, Institute of Psychiatry  
Speakers: Stephen Scott, Institute of Psychiatry  
Jennifer Allen, Institute of Psychiatry  
Sajid Humayun, Institute of Psychiatry  
Moirá Doolan, Institute of Psychiatry  
Nathan Faulkner, Institute of Psychiatry

## **The role of Parental Cognitions in our Understanding of Child Anxiety Disorders**

Convenor: Charlie Wilson, University of East Anglia  
Chair: Charlie Wilson, University of East Anglia  
Speakers: Cathy Creswell, University of Reading  
Peter Langdon, University of East Anglia  
Ben Laskey, University of Manchester and CIC Psychology Team, Cornwall  
Charlie Wilson, University of East Anglia

**Skills class: From Timid to Tiger: Parenting-based Techniques for Managing the Anxious Child**  
Samantha Cartwright-Hatton, University of Manchester

## **Eating Disorders and Impulse Control**

### **Unravelling the Socio-Emotional Processing Stream in Anorexia Nervosa and Other Eating Disorders**

Convenor: Ulrike Schmidt, Institute of Psychiatry, King's College London  
Speakers: Anna Oldershaw, Institute of Psychiatry, King's College London  
Nelum Samara, Institute of Psychiatry, King's College London  
Helen Davies, Institute of Psychiatry, King's College London  
Lot Sternheim, Institute of Psychiatry, King's College London

### **Impulse Control and Addiction**

Convenor: Matt Field, University of Liverpool  
Speakers: Marcus Munafò, University of Bristol  
Lee Hogarth, University of Nottingham  
Abi Rose, Institute of Psychiatry, King's College London  
Matt Field, University of Liverpool

### **Dialectical Behavior Therapy for Substance Abuse in Individuals With Borderline Personality Disorder: State of The Art**

Convenor: Thomas R. Lynch, University of Exeter  
Discussant: Sue Clark, University of Southampton  
Speakers: Michaela Swales, University of Bangor  
Thomas R. Lynch, University of Exeter  
Ben Whalley, University of Plymouth

### **Developments in Body Dysmorphic Disorder**

Convenor: Martin Anson, Institute of Psychiatry, King's College London  
Speakers: Martin Anson, Institute of Psychiatry, King's College London  
Emma Baldock, Institute of Psychiatry, King's College London  
Rob Willson, Institute of Psychiatry, King's College London  
Nell Ellison, Institute of Psychiatry, King's College London

# Symposia

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## **Clinical Roundtable: A case of Chronic Anorexia Nervosa: Can we offer something new?**

**Convenor:** Lucy Serpell, North East London Foundation Trust & University College London  
**Speakers:** Bryony Bamford, South West London & St Georges NHS Trust/ St Georges Medical School  
Ulrike Schmidt, Institute of Psychiatry, King's College London  
Thomas Lynch, University of Exeter  
Zafra Cooper, University of Oxford

## **Set Shifting and Perseveration in Eating Disorders**

**Convenor:** Gillian Todd, University of East Anglia  
**Speakers:** Lot Sternheim, Institute of Psychiatry, Kings College London  
Heather Bolton/Lucy Serpell, University College London  
Gillian Todd, University of East Anglia

## **Cognitive processes and the treatment of obesity**

**Convenor:** Amy Ahern, MRC Human Nutrition Research Unit, Cambridge  
**Discussant:** Andrew Hill, University of Leeds  
**Speakers:** Zafra Cooper, University of Oxford  
Amy Ahern, MRC Human Nutrition Research Unit, Cambridge  
Suzanne Higgs, University of Birmingham  
Paul Lattimore, Liverpool John Moores University

## **IAPT and Primary Care**

### **IAPT: A National Update**

**Convenor:** David M Clark, Institute of Psychiatry, King's College London  
**Speakers:** James Seward, Department of Health  
David Richards, University of Exeter  
Graham Turpin, University of Sheffield  
Jeremy Clarke, New Savoy Partnership  
Roslyn Hope, Department of Health

### **The IAPT evaluation: Discussion of Results and Lessons for Service Start up and Development**

**Convenor:** Glenys Parry, IAPT evaluation team  
**Speakers:** Glenys Parry and Kim Dent-Brown, IAPT evaluation team  
Gillian Hardy, IAPT evaluation team  
Jo Rick, IAPT evaluation team  
Michael Barkham, IAPT evaluation team  
John Brazier, IAPT evaluation team

### **Condition Management, Occupational Health and Return to Work**

**Convenor:** Helen Macdonald, University of Sheffield  
**Speakers:** Stephen Kellett, University of Sheffield  
Fiona Ford, University of Central Lancashire  
Clare Bambra, University of Durham

### **Low Intensity CBT: Advancing the New Paradigm**

**Convenor:** Paul Farrand, University of Exeter  
**Chair:** Paul Farrand, University of Exeter  
**Discussant:** David Richards, University of Exeter  
**Speakers:** David Richards, University of Exeter  
Chris Williams, University of Glasgow  
Paul Farrand, University of Exeter  
Joanne Woodford, University of Exeter  
Karina Lovell, University of Manchester

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## **Bringing Low Intensity CBT into Communities**

Convenor: Christopher Williams, University of Glasgow  
Chair: Christopher Williams, University of Glasgow  
Speakers: Calum Munro, NHS Lothian  
Joanne Woodford, University of Exeter  
Louise Ewan, University of Exeter  
Rebecca Martinez, Merseycare NHS Trust

## **Intellectual and Developmental Disabilities**

### **Cognitive-Behavioural Approaches to working with Systems around people with Intellectual/Developmental Disabilities: New Developments.**

Convenor: Barry Ingham, Northumberland, Tyne & Wear NHS Foundation Trust  
Chair: Barry Ingham, Northumberland, Tyne & Wear NHS Foundation Trust  
Speakers: Steve Noone, University of Bangor/Northumberland, Tyne & Wear NHS Foundation Trust  
Keith Marshall, NHS Lothian  
Gemma Hymers, University of Newcastle  
Matt Selman, Northumberland, Tyne & Wear NHS Foundation Trust

### **Anger Treatment for Adults with Intellectual Disabilities:**

#### **Findings from Recent Outcome and Process Research**

Convenor: John L Taylor, Northumbria University and Northumberland, Tyne & Wear NHS Trust  
Chair: Raymond W Novaco, University of California, Irvine, USA  
Speakers: John L Taylor, Northumbria University and Northumberland, Tyne & Wear NHS Trust  
Raymond W Novaco, University of California, Irvine, USA  
Paul Willner, Abertawe Bro Morgannwg University NHS Trust and Swansea University  
John Rose, University of Birmingham

## **Older Adult Mental Health**

### **IAPT Works with Older People**

Convenor: Cath Burley, PSIGE  
Speakers: Steve Boddington, South London & Maudsley NHS Foundation Trust  
Grace Wong, South London and Maudsley Foundation NHS Trust  
Sue Watts, Greater Manchester West NHS Trust  
Julia Boot, Cheshire and Wirral Partnership NHS Foundation Trust  
Cath Burley, PSIGE

### **Developments in the Application and Practice of CBT with Older People**

Convenor: Ken Laidlaw, University of Edinburgh and NHS Lothian  
Chair: Ken Laidlaw, University of Edinburgh and NHS Lothian  
Speakers: Steve Davies, University of Hertfordshire  
Angela Harris, NHS Lothian and Glasgow Caledonian University  
Ian James, Northumberland Tyne and Wear NHS Trust  
Gwyn Higginson, North Staffs Healthcare NHS Trust

## **Psychosis**

### **Substance use and Psychosis**

Convenor: Christine Barrowclough, University of Manchester  
Speakers: Gillian Haddock, University of Manchester  
Fiona Lobban, Lancaster University  
Paul Eamshaw, Greater Manchester West Mental Health Foundation NHS trust  
Lynsey Gregg, University of Manchester  
Christine Barrowclough, University of Manchester

# Symposia

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## **Cognitive Therapy for People with Psychosis refusing Antipsychotic Medication: Recent Developments and Future Directions**

Convenor: Tony Morrison, University of Manchester  
Speakers: Alison Brabban, University of Durham  
Rory Byrne, University of Manchester  
Paul Hutton, Greater Manchester West NHS Trust  
Anthony Morrison, University of Manchester  
Douglas Turkington, University of Newcastle

## **Recovery after Psychosis: The Relational Roots of Emotional Recovery and Relapse Prevention**

Convenor: Andrew Gumley, University of Glasgow  
Speakers: Angus Macbeth, University of Glasgow  
Andrew Gumley, University of Glasgow  
Matthias Schwannauer, University of Edinburgh  
Christine Braehler, Ayrshire and Arran and Ayrshire Central Hospital

## **Psychological Processes in Psychosis: Testing and Refining Models of Voices and Delusions**

Convenor: Robert Dudley, Newcastle University  
Chair: Robert Dudley, Newcastle University  
Speakers: Helen Bolas, Newcastle University  
Kristina Askew, Newcastle University  
Jim Greer, Newcastle University  
Kate Cavanagh, University of Sussex

## **Caregiving Processes in Early Psychosis**

Convenor: Juliana Onwumere, Institute of Psychiatry, King's College London  
Chair: Elizabeth Kuipers, Institute of Psychiatry, King's College London  
Speakers: Fiona Lobban, Lancaster University  
Eleanor Tomlinson, Institute of Psychiatry, King's College London; South London & Maudsley NHS Foundation Trust  
Miriam Fornells-Ambrojo, Institute of Psychiatry, King's College London; South London & Maudsley NHS Foundation Trust  
Jenna Whitney, Institute of Psychiatry, King's College London; South London & Maudsley NHS Foundation Trust

## **Metacognition in Psychological Treatments for Psychosis: Perspectives on Theory and Measurement**

Convenor: Vyv Huddy, Institute of Psychiatry, KCL  
Chair: Til Wykes, Institute of Psychiatry, KCL  
Discussant: Vyv Huddy, Institute of Psychiatry, KCL  
Speakers: Clare Reeder, Institute of Psychiatry, KCL  
Andrew Gumley, University of Glasgow  
Richard Drake, University of Manchester  
Tony Morrison, University of Manchester

## **Anxiety Processes in Psychosis**

Convenor: Katherine Newman Taylor, University of Southampton & Hampshire Partnership NHS Foundation Trust  
Chair: Lusia Stopa, University of Southampton  
Speakers: Laura Flower, University of Southampton  
Katherine Newman Taylor, University of Southampton & Hampshire Partnership NHS Foundation Trust  
Ruth Turner, University of East Anglia & Norfolk and Waveney Mental Health NHS Foundation Trust

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## **Mindfulness and Acceptance Approaches with people with Psychosis: New Research**

**Convenor:** Joe Oliver, South London & Maudsley NHS  
**Chair:** Eric Morris, South London & Maudsley NHS  
**Speakers:** Joe Oliver, South London & Maudsley NHS  
Eric Morris, South London & Maudsley NHS  
Lucy Merch, Salomons  
Emma O'Donoghue, Royal Holloway  
Clara Strauss, University of Surrey

## **Panel Debate: CBT for Psychosis: Is there a place for Mindfulness and Acceptance?**

**Convenor:** Joe Oliver, South London & Maudsley NHS Trust  
**Chair:** Eric Morris, South London & Maudsley NHS Trust  
**Speakers:** Gordon Mitchell, NHS Fife  
Amy McArthur, NHS Fife  
Ross White, University of Glasgow

## **Skills class: Culturally Adapted Cognitive Behaviour Therapy for Psychosis: Using CBT with patients from ethnic minority groups**

Peter Phiri and Shanaya Rathod, Hampshire Partnership NHS Foundation Trust

## **Therapeutic Techniques**

### **Clinical Applications of Compassion Focussed Therapy**

**Convenor:** Mary Welford, GMW Mental Health NHS Foundation Trust  
**Chair:** Paul Gilbert, Mental Health Research Unit, Derby  
**Discussant:** Paul Gilbert, Mental Health Research Unit, Derby  
**Speakers:** Christine Braehler, Ayrshire & Arran & Ayrshire Central Hospital  
Michelle Cree, The Beeches, Derbyshire Childbearing and Mental Health Service  
Chris Irons, Inpatient Psychology Team, Mile End Hospital, London  
Mary Welford, GMW Mental Health NHS Foundation Trust

## **Panel Debate: Metaphors and Stories in CBT: Grounded tools in working with Meaning and Perspective, or Flights of Fancy to engage our clients?**

**Convenor:** Richard Stott, Institute of Psychiatry  
**Chair:** Paul Salkovskis, Institute of Psychiatry  
**Speakers:** Richard Stott, Institute of Psychiatry  
Paul Salkovskis, Institute of Psychiatry  
Ann Hackmann, University of Oxford  
Paul Blenkiron, Hull York Medical School

## **Skills class: Why Feeling Compassion can be Difficult: Desensitising to Positive Emotion**

Paul Gilbert, University of Derby

## **Skills class: Teaching Core mindfulness skills in Mindfulness-based Cognitive Therapy (MBCT)**

Mark Williams, University of Oxford

## **Skills class: Broad Minded Affective Coping (BMAC): A New and Positive Technique for the CBT Tool Box**

Nick Tarrier, University of Manchester

## **Skills class: Working with Dissociation: from PTSD through BPD to DID**

Fiona Kennedy, Private Practitioner

## **Skills class: Using Enhanced Reliving to Access and Work with Trauma Memories**

Kerry Young, University College London and Deborah Lee, Berkshire Traumatic Stress Service and University College London

### Training and Professional Issues

#### Going beneath the tip of the iceberg: How well is the Multi-level, Multi-purpose STEPS Low-intensity Primary Care Service performing?

Convenor: Jim White, STEPS  
Chair: Jim White, STEPS  
Speakers: Michael Ross, STEPS  
Sandra Johnston, STEPS  
Vicky Manson, STEPS  
Pauline Gillon, STEPS  
Carol Richards, STEPS

#### Words Don't Come Easy: Is the Medicalisation of our Language Preventing Progress in the Field?

Convenor: Fiona Kennedy, Private Practitioner  
Chair: Tim Carey, Canberra University, Australia  
Speakers: Fiona Kennedy, Private Practitioner  
Tim Carey, Canberra University, Australia  
Peter Kinderman, Liverpool University  
David Pilgrim, University of Central Lancashire

#### Developing Competence in CBT: How can Training and Supervision improve the effectiveness of clinical practice?

Convenor: Sheena Liness, Institute of Psychiatry, King's College London  
Chair: Sheena Liness, Institute of Psychiatry, King's College London  
Speakers: Sheena Liness, Institute of Psychiatry, King's College London  
Nick Grey, South London & Maudsley NHS Foundation Trust  
Jennifer Wild, Institute of Psychiatry, King's College London  
Adrian Whittington, Canterbury Christ Church University  
Freda McManus, University of Oxford

#### Panel Debate: What is a Complex Case? Definition, Understanding and Treatment of Complex Cases

Convenor: Robert Dudley, University of Newcastle  
Speakers: Nick Tarrier, University of Manchester  
Paul Gilbert, University of Derby  
Richard Moore, University of Cambridge

#### Panel Discussion: Cognitive Therapy Scale (CTS) Yardstick or beating stick? Has the widespread use of the CTS as a measure of competence done more harm than good?

Convenor: Robert Dudley, University of Newcastle  
Speakers: Gillian Haddock, University of Manchester  
Robert DeRubeis, University of Pennsylvania, USA  
Jennifer Wild, Institute of Psychiatry, King's College London  
Sheena Liness, Institute of Psychiatry, King's College London

#### Skills class: CBT from the Inside: Service User Perspectives

Rory Bryne, University of Manchester

#### Skills class: Getting your Work Published: From Inspirational Idea to Editorial Acceptance

Michael Townend, University of Derby and Editor of The Cognitive Behaviour Therapist (tCBT) and Paul Salkovskis, Institute of Psychiatry, Kings College, London and Editor of Behavioural and Cognitive Psychotherapy (BCP)



# CBT Boot Camp

A two-day workshop by

Christine A.  
Padesky, Ph.D.

April 26–27, 2010  
London

Building Core  
Clinical Competencies

Cognitive behavioural therapy (CBT) offers a rapidly expanding collection of therapy protocols tailored to specific disorders. Learning these can be a daunting task for CBT therapists. Fortunately, all CBT treatments involve core competencies (Roth & Pilling, 2007)\*. Once these competencies are mastered, it becomes comparatively easy to learn protocols for specific client disorders.

CBT Boot Camp is being repeated because it sold out last year and 2009 attendees enthusiastically rated this as one of Dr. Padesky's best workshops. It is especially designed for novice and intermediate level CBT therapists who want to build and strengthen core clinical competencies as well as understand more clearly how these competencies function as the foundation for all CBT protocols. By the end of *Boot Camp*, participants will achieve greater CBT fitness in the areas of: therapy alliance and structure, client observation and self-monitoring, awareness of safety behaviours versus good coping, assigning and debriefing relevant homework, and use of guided discovery methods (such as Socratic dialogue, thought records, and behavioural experiments).

Dr. Padesky also demonstrates therapeutic responses to common therapy obstacles that often derail CBT progress. Following her demonstrations, participants engage in "obstacle courses" which are exercises designed to help therapists apply the appropriate core competency in the face of these challenges.

As always, this workshop is infused with Dr. Padesky's signature warmth, humour, and an emphasis on practical clinical tips.

\* (Roth, A.D., & Pilling, S. (2007). *The competencies required to deliver effective cognitive and behavioural therapy for people with depression and with anxiety disorders*. London: Department of Health.)



## Two CBT Workshops from Christine Padesky in London this Spring



## Anxiety Traps! CBT Antidotes

May 14-15, 2010  
London

A new two-day workshop by  
Christine A. Padesky, Ph.D.

Clients often feel trapped in anxiety. This is because common anxiety coping strategies such as avoidance and safety behaviors unwittingly maintain anxiety disorders. Unfortunately, it is also the case that some common therapy practices designed to relieve client distress instead trap therapists and clients in ineffective cycles of therapy.

This new two-day workshop from leading cognitive behavioral therapy (CBT) instructor Christine A. Padesky, Ph.D. teaches principles and methods that help therapists and clients avoid both types of anxiety traps. Participants learn to identify and target the central beliefs and behaviors that maintain anxiety. Dr. Padesky teaches which therapy interventions are most helpful for each type of anxiety disorder and points out when using these same methods can actually prolong anxiety treatment.

Attendees learn rationales for anxiety treatment methods and practice the skills required to effectively use CBT anxiety protocols.

COGNITIVE  
WORKSHOPS

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