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Skills Classes

Cognitive Therapy for Social Anxiety Disorder in Adolescents

David M Clark, University of Oxford and Eleanor Leigh, King’s College, London

Social anxiety disorder (SAD) is a common and disabling anxiety disorder that has a particularly low natural recovery rate, so there is a real need for effective treatments.

Randomized controlled trials have shown that individual cognitive therapy (based on the Clark & Wells 1995 model) is highly effective in adults and compares favourably with other treatments (exposure therapy, group CBT, IPT, psychodynamic psychotherapy, SSRI’s, and pill placebo). However, SAD invariably starts in childhood or adolescence, and can severely interfere with school performance and social development. Ideally, effective treatment should therefore start in childhood, rather than waiting until adulthood. Unfortunately, the evidence base for adolescent treatments is weak (NICE, 2013) and there is some evidence that existing child focused CBT programmes benefit children with social anxiety disorder less than children with other anxiety disorders.

In response to this problem, we have experimented with adapting individual cognitive therapy (based on the Clark & Wells model) for use with adolescents. We have obtained excellent results in a small case series and will be exploring the approach further.

This clinical skills session will outline the Clark & Wells model and illustrate the key treatment procedures that have been developed from the model. These include: the self-focused attention and safety behaviours experiential exercise, video-feedback, externally-focused attention training, behavioural
experiments, and procedures (discrimination training and memory re-scripting) for addressing early experiences that influence patients’ current behaviour in social situations. Particular emphasis will be placed on how the techniques can be applied with adolescents and the key adaptations that are needed.

Learning Objectives:
1. To be able to identify key processes in maintaining social anxiety disorder
2. To be familiar with the main procedures in cognitive therapy for social anxiety disorder
3. To learn about the key adaptations of cognitive therapy for social anxiety disorder with adolescents

David M Clark is Professor of Experimental Psychology at the University of Oxford. He is well-known for his pioneering work on the understanding and treatment of anxiety disorders. With colleagues, he has developed effective cognitive-behaviour therapy programmes for four different anxiety disorders: panic disorder, social anxiety disorder, post-traumatic stress disorder and health anxiety (hypochondriasis). He has also played a key role in disseminating evidence-based psychological treatments, including the IAPT programme.

Eleanor Leigh is a Senior Clinical Psychologist at the Anxiety & Traumatic Stress Clinic, National & Specialist CAMHS. She provides teaching, training and supervision in cognitive-behaviour therapy with children and adolescents, including the Children & Young People’s IAPT Initiative.

Skills for working with compulsive checking and/or pathological doubt

Adam Radomsky, Concordia University, Canada

Compulsive checking is one of the most common symptoms of obsessive-compulsive disorder (OCD), and both checking behaviour and pathological doubt are also prominent in a number of other anxiety and related disorders. We will begin with a review of the theoretical and empirical work conducted on the phenomenology of compulsive checking and pathological doubting. The skills session will continue with practical instruction on the cognitive case conceptualization and treatment strategies that can be successfully employed with clients who are plagued by doubt and who check repeatedly in an attempt to increase certainty and/or reduce distress. The applicability of these strategies to reassurance seeking will also be addressed. Attendees should leave the workshop with some new ideas about how to work with their clients struggling with doubting and checking. Although OCD remains a serious and often debilitating disorder, our ability to substantially improve the lives of those suffering from the problem has dramatically increased in recent years. This workshop will capitalize on these recent improvements through the emphasis of new cognitively-based treatment strategies for this challenging aspect of the disorder.

Learning Objectives
1. To learn about theoretical and background research related to compulsive checking and pathological doubting in OCD.
2. To learn cognitive case conceptualization skills for use in guiding the treatment of doubting and checking behaviour.
3. To acquire treatment skills to be employed with clients who doubt, check and/or seek reassurance.

Modalities: Didactic, experiential, role play, case review.


Implications: Participants will learn effective and acceptable strategies for helping people struggling with compulsive checking, pathological doubt and excessive reassurance seeking.

Dr. Radomsky is Professor of Psychology at Concordia University and Co-Editor-In-Chief of Journal of Behavior Therapy and Experimental Psychiatry. His research investigates cognitive, behavioural and emotional aspects of OCD and a number of other anxiety disorders, as well as ways to enhance the effectiveness and acceptability of cognitive-behaviour therapy (CBT) for anxiety disorders and related...
problems. In his clinical practice he specializes in Cognitive Behaviour Therapy (CBT) for adult OCD and other anxiety disorders.

Optimising Video Feedback for Social Anxiety Disorder: Face-to-Face and Virtual Techniques

Jennifer Wild, University of Oxford
Awaiting abstract

How to Engage Young People with Mental Health Problems in Mindfulness

Brenda Davis, Sussex Partnership NHS Foundation Trust
This experiential workshop will provide practical skills and information on how to adapt and deliver an MBCT course to adolescents in a way that is both accessible and acceptable to them, as well as being effective in addressing their mental health needs. Drawing on the combined qualitative and quantitative data gathered from three years of experience of running groups with over 70 young people, we will be exploring the whole process of engagement, sufficient to be able to convey basic course themes. We will be looking at the process of initial engagement, how to maintain their engagement and cooperation and hence continued attendance for the duration of the group, how to encourage them to practice the skills between sessions, and, most importantly, how to enable the young people to apply the skills they have learnt in an ongoing way that fits into the reality of their everyday lives. The data on which this workshop will be based forms part of an ongoing research project at Sussex Mindfulness Centre, recently linking with Exeter Mindfulness Centre, looking at the mechanisms of change involved in Mindfulness with young people, as distinct from adult populations, - what works and why.

Supplementing Brief Behavioral Activation with Functional Analysis

Carl Lejuez, University of Maryland, USA
Functional analysis (FA) is an individualized assessment used to understand contextualized factors that underlie or maintain behavior. FA is a core building block of assessment for behavioral and cognitive clinicians, but most available resources on FA are highly technical and largely focused on theoretical issues with less attention to implementation. This skills class provides a practical guide to the nature and implementation of FA, including step-by-step descriptions of key components with examples applying the approach across a range of psychological conditions including mood, substance use, and personality disorders. This skills class can be useful for clinicians less familiar with the basic behavioral and cognitive principles underlying BA who want to understand FA and implement it effectively, as well as those who already use FA but want to develop their skill in teaching and supervising trainees using this approach.

Group Cognitive Behavioural Therapy for People with Asperger Syndrome

Peter Langdon, University of Kent
Awaiting abstract

Parenting for Anxious Parents

Sam Cartwright Hatton, University of Sussex, UK
Awaiting abstract

Beating the Biases - Real Life Demonstrations

Ernst Koster, Ghent University, Belgium
Anxiety and major depression are among the most frequently encountered in mental health settings. Although important advances have been made in improving the effectiveness and efficacy of psychological treatments for these disorders, major challenges remain. Although psychological treatments are quite effective in treating certain affective disorders, such as phobia and panic disorder other disorders such as generalized anxiety disorders and major depression are less easy to treat. In the latter disorders there is a substantial portion of patients who do not respond to psychological treatments (see Hofmann & Smits, 2008). Moreover, even when treatment has been successful initially, there is a problem of recurrence in many of these patients (Solomon et al. 2000). Hence, there is an strong impetus to further improve the effectiveness and efficacy of treatments to these patients. The past years there has been an increased push towards translational and personalized medicine for psychiatric disorders where the idea is that our increased understanding of the genetic and neurobiological mechanisms of psychopathology may assist in targeting specific etiological and maintaining factors of these disorders. The assessment of specific biomarkers allows to individually diagnose specific factors which can subsequently be modified using a wide variety of available techniques (e.g., pharmacoological, neurostimulation, etc.). This approach has the strong advantage that it directly aims to influence the causal mechanisms associated with psychopathology as well that it takes into account the substantial heterogeneity observed in groups of patients with a shared diagnosis. Interestingly, many of these ideas are also of interest to translating findings from cognitive psychopathology research into clinical practice. That is, the past decade there has been a marked change in understanding the causal contribution of cognitive processes at the level of attention, memory and interpretation to symptoms of psychopathology. Based on influential cognitive models of anxiety and depression empirical research has demonstrated convincingly that cognitive processes contribute to hallmark symptoms of anxiety and depression such as enhanced emotional reactivity, recurrent negative thoughts, and impaired emotion regulation. A wealth of research has embarked on developing methods to specifically target and improve the cognitive processes that are associated with psychopathology. Such research has been termed “cognitive bias modification (CBM)” where pathological ways of processing neutral or affective information are modified through repeated practice of more adaptive processing (Koster, Fox, & MacLeod, 2009). In the context of depression other authors have proposed that neurocognitive training could be beneficial (Siegle et al., 2007).

In this workshop I will demonstrate a tapestry of available training programs that could have interesting potential in treatment or prevention of affective disorders. These include attentional, interpretive and cognitive control training. I will discuss the current state-of-the-art critically and will propose crucial ways forward for the integration of computerized training programs in clinical practice.

Key learning objectives
- Having a clear understanding and overview of available computerized training programs for affective disorders
- Understanding ways to integrate cognitive training programs in clinical practice

Training modalities
The workshop will consist of a combination of a presentation with demonstrations of computer programs to train cognitive processes. Moreover, through interactive discussion potential integration of training in clinical practice will be considered with the workshop participants.

Ernst Koster is associated professor in experimental psychopathology. He is affiliated at the Psychopathology and Affective Neuroscience Lab at Ghent University. Moreover, he is a behavior therapist. He has published extensively on cognitive processes associated with psychopathology and their modification

Implications for everyday clinical practice of CBT
The current workshop will provide the clinician with an idea when cognitive training would be interesting to add to treatment. This could facilitate treatment of affective disorders.

Thinking About Including Self-practice/Self-reflection (SP/SR) in Your CBT Training Programme? Guidelines for Trainers

James Bennett-Levy, University of Sydney, Australia
Self-practice/self-reflection (SP/SR) is an experiential training technique for CBT therapists, in which they practice CBT techniques on themselves in a structured way (usually via a workbook), and then reflect on their experience in a group context via online discussion forums or group emails. Over the past 12 years, evidence has accumulated to suggest the value of SP/SR with different groups, including clinical psychology trainees, CBT trainees, low intensity Psychological Wellbeing Practitioners, and experienced CBT therapists and supervisors.

The purpose of this skills class is to provide guidelines for trainers thinking about including SP/SR in their training programs. These guidelines are derived from theoretical considerations, practical experience, and empirical data. It is hoped that James and Richard might be joined by other trainers who have run SP/SR programs, thus providing participants with a wide-ranging blend of SP/SR experience from a variety of contexts.

Objectives:
1. Acquisition of skills to run an SP/SR CBT training program
2. Knowledge about how to obtain SP/SR training resources

Modalities: The principal training modalities will be didactic, dialogical and consultative. After initial presentations, there will be plenty of time for questions, comments, and consultation


References

Implications
1. Evidence suggests that SP/SR enhances CBT therapists’ confidence and skills, and may be beneficial both professionally and personally.
2. Facilitating the dissemination of SP/SR training has the potential to enhance levels of therapist competence in both high and low intensity CBT services

Leaders: James Bennett-Levy developed the first SP/SR programs in the late 90s, and began publishing SP/SR papers in 2001. SP/SR sparked his broader interest in the role of experiential methods and self-reflection in therapist skill development, and the development of his declarative-procedural-reflective (DPR) model. Richard Thwaites has wide-ranging experience in running and supervising SP/SR programs with high and low intensity therapists at different levels of experience. Richard and James have collaborated in a number of SP/SR projects including their recent book ‘CBT from the inside out: A self-practice/self-reflection workbook for therapists’ (Bennett-Levy, Thwaites, Haarhoff & Perry, Guilford Press, due Nov 2014).

Can Principles of Exposure and Emotional Processing from the Treatment of Anxiety Disorders Apply to the Treatment of Depression?

Adle Hayes, University of Delaware, USA
Pharmacological and psychosocial treatments for Major Depressive Disorder have efficacy rates of approximately 60%. Although these findings are promising, relapse rates are still high across treatments, and risk increases dramatically with each subsequent episode. These data highlight the need to improve treatments for depression and reduce the substantial risk of relapse. Exposure-Based Cognitive Therapy (EBCT; Hayes et al., 2005, 2007) is a multimodal approach that integrates components of current psychotherapies for depression, principles of exposure from the treatment of anxiety disorders, and principles of wellness and resilience. Within this framework, EBCT aims to reduce relapse by targeting three specific risk factors: 1) the avoidance-intrusion-rumination cycle, which involves avoidance of emotions, a rebound or flood of the avoided material, chronic unproductive processing of emotional experiences, and further avoidance (Brewin, Gregory, Lipton, & Burgess, 2010); 2) depressive attentional...
biases, which are characterized by an orientation toward and difficulty disengaging from negative emotion stimuli (Gotlib & Joorman, 2010); and 3) a positive blockade (Disner, Beevers, Haigh, & Beck, 2012), which includes an attentional bias away from positive emotion stimuli, a tendency to dampen or avoid positive emotion, and decreased sensitivity to reward. Cognitive, behavioral, and exposure techniques are used to target these attentional and processing dysfunctions. Together these techniques can increase flexibility and openness to new information, facilitate healthy processing of emotional experiences, and increase resilience. This skills class will briefly review the principles of exposure and emotional processing from treatments for anxiety disorders and then illustrate how these principles can be applied to the treatment of depression and the adaptations that are required. In addition, participants will learn how exposure techniques can be combined with CBT techniques to activate and strengthen the positive emotion system.

Objectives:
To gain a brief introduction to principles of exposure and emotional processing in the treatment of anxiety disorders
To learn how these principles can be adapted and applied to the treatment of depression to facilitate emotional processing
To learn how to engage and strengthen the positive emotion system in depression

Modalities: Powerpoint, experiential, video

Implications: Therapists will learn principles of therapeutic change from the treatment of anxiety disorders that can be translated into specific techniques and incorporated into a CBT framework for treating depression.

Adele Hayes is a Professor at the University of Delaware in the United States. She developed Exposure-Based Cognitive Therapy and is the Director of the Depression and Wellness Program. She has conducted two small clinical trials on EBCT and is collaborating with Martin Grosse Holtforth on a randomized controlled trial in Switzerland that compares EBCT with Cognitive Therapy. Her research focuses on identifying principles and mechanisms of change in treatments for mood and anxiety disorders. She is a former Associate Editor of Journal of Consulting and Clinical Psychology and Cognitive Therapy and Research and is currently on the editorial board of Clinical Psychology: Science and Practice.

References:

Learning How to Feel Good: How to Build Positivity in Depressed Clients

Barney Dunn, University of Exeter and Richard Moore, Cambridge and Peterborough NHS Foundation Trust

Background: The primary focus in CBT for depression has been on down-regulating negative thinking and feeling. However, it is increasingly realised that anhedonia, a reduction in the ability to experience pleasure, is also central to the onset and maintenance of depression, particularly more chronic presentations. Augmenting positive emotional experience and positive information processing has received less attention in the CBT literature to date. There is increasing interest in the idea that anhedonia is central to mood disorders and should be more of a focus in treatment. This skills workshop will focus on ways to build positivity in CBT treatment, whilst minimising the possibility that a positive focus is perceived by clients as “PollyAnna-ish”. A mixture of training modalities will be used, including reviewing session tapes and role-play practice

Learning Objectives: By the end of the class, participants will have learnt how to:
Identify and formulate mechanisms that maintain anhedonia
Identify and target ‘positive dampening’ appraisals and counterproductive emotion regulation strategies that block pleasure experience
Optimise use of existing CBT techniques (e.g. activity scheduling, positivity data logs) to build positivity
Minimise the likelihood that a positivity focus is perceived by clients as “PollyAnna-ish”

References


Implications for everyday CBT practice: Better targeting anhedonia is likely to lead to improved treatment outcomes when using CBT to treat depression.

CBT for Command Hallucinations

Alan Meaden, University of Birmingham

Command hallucinations are amongst the most distressing of all symptoms experienced by people affected by psychosis and frequently lead to harmful even fatal acts. This evidence-based therapy is aimed at reducing distress and harmful compliance. It is a collaborative approach which targets the power balance between the person and their voices enabling them to resist powerful commands and take control back over their voices and their own lives. Cognitive Therapy for Command Hallucinations (CTCH) involves 8 levels of therapy offered flexibly over 25 sessions. Independent reviews and recent trial results (Wykes et al., 2007; Birchwood et al., In Press) confirm it to be a particularly effective form of cognitive therapy. It is the only therapy to date developed specifically for this most treatment resistant of all psychotic symptoms. This half day workshop addresses both theory and practice.

Objectives:
To provide delegates with an understanding and knowledge of assessment, formulation and engagement issues when working with people with command hallucinations. To gain an understanding and experience of strategies and techniques to promote control over powerful voices and dispute and reframe power beliefs

Modalities: Powerpoint slides/presentation, video and structured role plays

References:


Implications: This workshop is intended to familiarise delegates with the cognitive model of command hallucinations and the key strategies for working with this difficult to treat problem.
Dr Alan Meaden is a Consultant Clinical Psychologist working for Birmingham and Solihull Mental Health NHS Foundation Trust and is the lead for the Trust’s Assertive Outreach and Non-Acute Inpatient Services. He has been involved in research on command hallucinations and the development of theory and practice for their treatment for nearly two decades. Most recently he has been the supervisor and trainer for therapists on COMMAND: the recent multicentre randomised controlled trial. His other clinical and research interests include working teams and individuals with complex mental health and behavioural needs.

Narrative and Metaphor in CBT: Tools for Therapeutic Change

Paul Blenkiron, Leeds and York Partnership NHS Foundation Trust

Narrative is a powerful tool that blends the science with the art of therapy. By using a story, analogy or metaphor in CBT, we can heighten the impact for our clients - by engaging with the 'heart' as well as the 'head'. Evidence shows that this approach can help build bridges between thoughts, feelings and behaviour, heighten a person's recall of learning and improve the outcome. This skills class will help therapists to introduce short stories and analogies into the session when it is appropriate to do so, and to develop the clients' own ideas into personalised metaphors for change. The goal of this workshop is to enable clinicians to develop practical tools that can engage, inspire, and motivate clients towards meaningful therapeutic change.

Objectives: 1) Understand how a narrative approach may be used in CBT when assessing suitability, explaining basic principles and planning specific interventions (eg behavioural experiments)
2) Begin to work with practical stories and analogies for specific disorders (eg anxiety, pain and depression) and psychological processes (eg avoidance and rumination)

Modalities: Interactive Presentation
Audio clip demonstration/modelling of techniques
Use of Visual metaphors
Role play and small group discussion - examining use of stories and metaphor from a variety of literary and contemporary sources. Attendees will also be invited to describe their own experience and use of examples
Use of humour


Implications: This workshop is intended to help CBT practitioners improve their communication of key ideas and techniques so that the emotional impact for their clients is heightened. The session will also allow therapists to listen out for, and unpack, a client’s own ‘story’ and consolidate the therapeutic relationship.

Paul Blenkiron is a national trainer in CBT and an accredited member of the BABCP. He currently acts as an advisor to England’s first National Books on Prescription Scheme, launched in public libraries in 2013. He is an NHS consultant psychiatrist in York with 15 years’ experience of integrating therapy into daily practice. Paul is also CBT Tutor for the North Yorkshire Psychiatry Training Scheme and a ‘NICE Fellow’, facilitating the practical implementation of several clinical guidelines. He authored the innovative ‘how to do it’ book Stories and Analogies in CBT (Wiley-Blackwell, 2010), now translated into Chinese.