

Erratum & Addendums - Scientific Programme

General Notifications

All clinical roundtables and panel debates do not have *scheduled* coffee breaks. The convenor or chair will notify you before the session starts if there will be a coffee break. Morning clinical roundtable and panel debate sessions will run from 9.00-11.15. Afternoon clinical roundtables and panel debate sessions will run from 13.30 – 15.30.

Thursday 17th July 2008

Symposium 1 – change in discussant and presenter

Lecture Theatre 8, William Robertson Building

Reactive Depression isn't a Mood Disorder, It's a Motivational Disorder

Chair & Discussant: Mark Freeston, Newcastle Cognitive Behaviour Therapy Centre, UK

9.00 Goal Investment Model for treating reactive depression

Peter Armstrong, Tees, Newcastle Cognitive Behaviour Therapy Centre, UK

Symposium 5 – change in discussant

Lecture Theatre F21, Psychology Department

New Developments in HIV & Sexual Health

Discussant: John Green, St Mary's Hospital & CNWL NHS Foundation Trust, UK

Symposium 8 – change in presenter

Faculty Room South, David Hume Tower

Preconditions for Therapeutic Interventions with People with Intellectual Disabilities

Convenor & Chair: Dougal Julian Hare, University of Manchester, UK

9.20 Understanding of real and non-real experiences in people with intellectual disabilities

Dougal Julian Hare, University of Manchester, UK

Symposium 9 – change in order of presentations

Lecture Theatre 1, Appleton Tower

Trauma and Memory: How to Link Cognitive and Clinical Science

Convenor & Chair: Elke Geraerts, University of St. Andrews, UK

9.00 Emily Holmes, University of Oxford, UK

9.20 Tim Dalgleish, MRC Cognition and Brain Sciences Unit, Cambridge, UK

9.40 Coffee

10.00 Iris M. Engelhard, Utrecht University, The Netherlands

10.20 Elke Geraerts, University of St. Andrews, UK

Treatment of PTSD: A comparison of imaginal exposure with and without imagery rescripting
Arnoud Arntz, Maastricht University, The Netherlands
- cancelled

Panel Debate 1 – change in presenter

Faculty Room North, David Hume Tower

What is 'Decentering' within CBT and How Does it Work?

Chair: Nick Grey, Centre for Anxiety Disorders and Trauma, South London and Maudsley NHS Foundation Trust, UK

Convenor: Warren Mansell, University of Manchester, UK

Replacement speaker: Lance McCracken, Pain Management Unit & Bath Centre for Pain Services, University of Bath, UK

Symposium 20 – change in titles

Lecture Theatre 4, Appleton Tower

Developmental and Interpersonal Factors in the Prodrome, Individual Adaptation, and Recovery from Psychosis

Convenor & Chair: Matthias Schwannauer, University of Edinburgh, UK

Discussant: Andrew Gumley, University of Glasgow, UK

13.30 Understanding adolescent risk taking behaviour and how it relates to social and developmental processes

Nicola Cogan, University of Edinburgh, UK

13.50 Exploring reflective function in recovery from adolescent-onset psychosis

Christine Braehler, University of Edinburgh, UK

14.10 The interpersonal self in adolescent-onset psychosis: A grounded theory analysis

Emily Taylor, NHS Lothian Primary Care Division, UK

14.30 Coffee

14.50 Service user and staff perspective on recovery in Psychosis: Talking the same language?

Wendy Street, University of Glasgow, UK

15.10 Service users' construction of relapse experiences in psychosis: A grounded theory approach

Hayley Veitch, University of Glasgow, UK

Poster Session 1

17. Cognitive Distortions in Anxiety and Depression in a Non-clinical Sample: Implications for Cognitive-Behavioural Prevention Programs

Sirous Mobini, University of East Anglia & University of Sussex, UK

Keynote Speaker – change in chair

Professor David M Clark

Institute of Psychiatry, King's College London, UK

Cognitive Therapy for Anxiety Disorders: From Science to Practice

Chair: S. J. Rachman, University of British Columbia, Canada

Friday 18th July 2008

Symposium 27 – change in presenter

Lecture Theatre F21, Psychology Department

Psychological Aspects of Gastroenterological Problems

Convenor & Chair: Jane Hutton, King's College Hospital & South London & Maudsley NHS Foundation Trust, UK

10.10 Patients' experiences of the referral process for psychological intervention for irritable bowel syndrome

Jane Hutton, King's College Hospital & South London & Maudsley NHS Foundation Trust, UK

Symposium 28 - change in presenters

Lecture Theatre 8, William Robertson Building

Techniques and Processes in Working with Multi-problem Families: Two Sides of the Same Coin

Convenor & Chair: Crispin Day, South London & Maudsley NHS Trust & Institute of Psychiatry, King's College London, UK

9.00 Working with high risk families: Evidence from qualitative research about process and skills

Anita Shrader, University of Warwick, UK

10.35 Working with multi-problem families: An example from clinical practice

Kellie Cullen, Kummara Association, Brisbane, Australia

Symposium 33 – change in order and times of presentations

Lecture Theatre 5, Appleton Tower

Mechanisms Underlying the Suppression of Unwanted Memories and Their Clinical Implications

Convenor & Chair: Michael Anderson, University of St. Andrews

9.00 Neural systems underlying the control of intrusive memories

Michael Anderson, University of St. Andrews, UK

9.35 Dissociable neurocognitive mechanisms underlie the forgetting of unwanted memories

Alan Richardson-Klavehn, University of Magdeburg, Germany

10.05 Forgetting emotionally negative words and interpretations with a little help from thought substitutes

Paula Hertel, Trinity University, USA

Symposium 37 – change in order of presentations

Lecture Theatre 4, Appleton Tower

Attentional Bias and Anxiety: From Basic Science to Clinical Practice

Convenor: Ernst Koster, Ghent University, Belgium & Matt Garner, University of Southampton, UK

Chair: Ernst Koster, Ghent University, Belgium

Discussant: Marcel van den Hout, University of Utrecht, The Netherlands

13.30 An Raes, Ghent University, Belgium

BABCP 36th Annual Conference, 17th – 19th July 2008, University of Edinburgh, Scotland, UK

- 13.55 Sonia Bishop, University of Cambridge, UK & Medical Research Council Cognition and Brain Sciences Unit, UK
14.20 Coffee
14.40 Peter Putman, Leiden University, The Netherlands
15.05 Ernst Koster, Ghent University, Belgium

Symposium 41- *change in presenter*

Seminar Room 11, William Robertson Building
Creating Capacity for CBT within CAMHS in the North East
Convenor: Mark Freeston and Jenny Shannon, Newcastle Cognitive and Behavioural Therapies Centre, UK
Chair: Allan Brownrigg, Northumbria University, UK
14.50 **An overview of the development and delivery of a CAMHS specific CBT course**
Mark Freeston, Newcastle Cognitive and Behavioural Therapies Centre, UK

Symposium 45 – *change in order of presentations*

Lecture Theatre 5, Appleton Tower
The Importance of Understanding Control in CBT: Method of Levels Research and Interventions
Convenor & Chair: Sara Tai, University of Manchester & Greater Manchester West Mental Health NHS Trust, UK
13.30 Chris Spratt, NHS Fife, Scotland, UK
13.55 Warren Mansell, University of Manchester, UK
14.20 Coffee
14.40 Chris Spratt, NHS Fife, Scotland, UK
15.05 Sara Tai, University of Manchester & Greater Manchester West Mental Health NHS Trust, UK

Open Papers 4 – *change in order of presentations*

Seminar Room B21, Psychology Department
Qualitative Studies in Therapeutic Approaches and Formats
Chair: Ian James, Northumberland, Tyne and Wear NHS Trust
13.30 Cate Wood, Newcastle Cognitive and Behavioural Therapies Centre, UK
13.50 Ian James, Northumberland, Tyne and Wear NHS Trust
14.10 Coffee
14.30 Caroline Williams, University of Manchester, UK
14.50 Pauline Heslop, University of Bristol, UK
Developing the Techniques and Strategies for an Indirect Cognitive Approach to Change in Older People's Settings
Louisa Shirley, Northumberland, Tyne and Wear NHS Trust, UK - *cancelled*

Open Papers 4

Service redesign to improve access to CBT using a Stepped Care model; initial outcomes and challenges

Esther Cohen-Tovee, Lorna Cameron, Lesley Maunder, Paul Perry, NTW Mental Health Trust, UK
The effectiveness of lower intensity CBT-based interventions has been documented (e.g. Lovell, 2005, White, 1998). However, redesign of existing services to deliver such interventions can be challenging. A model of Stepped Care for anxiety and depression, based on NICE guidance, and attempting to marry the benefits of a stratified model with Stepped Care principles was developed with a Stakeholder group, and piloted in two localities of Northumberland. The aim was to improve access to psychological interventions, and to implement best practice and national guidance.
Gateway workers (CPNs) assessed clients referred from Primary Care, and were able to refer clients with anxiety and/or depression (but not meeting exclusion criteria e.g. risk) to stress control classes or to guided self help (STEP 2 interventions), provided by Graduate Mental Health Workers (initial classes were led by qualified staff). Clients meeting exclusion criteria could be offered interventions at step 3, (short-term CBT or other short-term evidence based intervention), step 4 (complex intervention from Psychological Services / CMHT / Psychiatry) or step 5 (Crisis or in-patient services), according to clinical judgement. Data were collected concerning intervention offered at step 2, 3, 4 or 5 and whether the client was subsequently offered an intervention at a higher step. Outcomes were evaluated using CORE and PHQ-9. A step 2 intervention (psycho-educational stress control class) was also offered as a Psychological Services waiting list initiative to selected clients. Preliminary results indicated positive outcomes for the majority of clients who received a step 2 intervention. Very few required an intervention at a higher step. Psychological Services' clients also showed positive outcomes, and early indications are that subsequent duration of 1:1 therapy is shorter. However, difficulties were encountered in changing staff behaviour to incorporate the new Stepped Care model; some were enthusiastic champions of change, but others raised numerous concerns and were reluctant to adopt the new model, or to collect the data needed for fuller evaluation. Thus, many clinicians continued to adhere to a stratified model when considering what level of intervention a client

should be offered, and bypassed the option of referral to the Step 2 interventions. Little data was available concerning the effectiveness of interventions at Step 3, apart from counseling, where good outcomes were demonstrated.

Although the stepped care model should allow improved access to evidence-based psychological interventions such as CBT, many barriers and resistances restrict its adoption. The effects on clinicians of the climate of unremitting organisational change within the NHS may be a factor in the process of engagement with service redesign.

Poster Session 2

26. **The CTP Model: A Pragmatic Approach to Learning and Supervision in CBT**
Sanjay Rao, The Logos Centre, Durham, UK

Saturday 19th July 2008

Symposium 49 - *change in presenter*

Lecture Theatre C, David Hume Tower
Acceptance & Commitment Therapy: ACT in the UK
Convenor: Simon Houghton, Sheffield Care Trust, UK
Chair: Joe Curran, Sheffield Care Trust, UK
9.00 **Group ACT for OCD: Development of the approach and initial findings**
Giselle Brook, Sheffield Care Trust, UK

Symposium 52 – *change in order of presentations*

Lecture Theatre 3, Appleton Tower
Cognitive Processes in Acute and Chronic Pain: Drawing Inspiration from Experimental and Clinical Work
Convenor & Chair: Nicole Tang, Institute of Psychiatry, King's College London, UK
9.00 Stephen Morley, University of Leeds, UK
9.25 David Gillanders, University of Edinburgh, UK
9.50 Coffee
10.10 Eric Brodie, Glasgow Caledonian University, UK
10.35 Lance McCracken, Royal National Hospital for Rheumatic Diseases, Bath, UK

Symposium 60

Lecture Theatre 3, Appleton Tower
Slumber in the Land of Pain: Trouble Sleeping Across Chronic Medical Conditions
Convenor & Chair: Nicole Tang, Institute of Psychiatry, King's College London, UK
Are pain outcomes following CBT for chronic insomnia influenced by anxiety and depression?
CM Gascoigne & Kevin Morgan, Clinical Sleep Research Unit, Loughborough University, UK; Maureen Tomeny, Nottinghamshire Healthcare Trust, UK

While experimental and epidemiological evidence suggests a reciprocal relationship between pain and sleep (see Smith & Haythornthwaite, 2004), clinical trials of CBT among insomnia patients with chronic pain deliver equivocal results, with some trial outcomes suggesting insomnia-pain linkages (e.g. Vitiello et al, 2007), while others suggest insomnia-pain independence (Ashworth et al, 2006). One explanation for these results could be the inadequate control of variables which could mediate insomnia-pain relationships, particularly depression and (trait) anxiety. In a secondary analysis of data from a randomised controlled trial of CBT-I for hypnotic drug dependent chronic insomnia, we examined pain outcomes in relation to symptoms of depression and anxiety. Of 209 patients randomly assigned to the CBT-I or 'treatment as usual' (TAU) arms of a pragmatic trial, 137 (69 CBT-I & 68 TAU) completed baseline and 3 month follow-ups (which included the PSQI & SF-36 assessments). Participants scoring above or below the median SF-36 pain dimension score at baseline were categorised as "lower pain" or "higher pain" respectively. Pain scores were then analysed in a repeated measures ANOVA, with time (baseline; follow-up) as within subject, and groups (CBT-I; TAU), pain severity (higher; lower) and HADS (Anxiety/Depression) scores as between subject factors. The results reveal a trend towards improved pain outcomes, with the 23 patients at baseline showing a reduction in reported pain at 3 month follow-up. These changes however were not independent of mood.
References: Ashworth, P. C. H., Davidson, K. M., & Espie, C. A. (2007) BSS conference poster presentation). The cognitive behavioural model of insomnia and sleep in chronic pain.

Smith, M. T., & Haythornthwaite. (2004). How do sleep disturbance and chronic pain inter-relate? Insights from the longitudinal and cognitive-behavioural clinical trials literature. *Sleep Medicine Reviews*, 8, pp. 119-132.

Vitiello, M., Rybarczyk, B., & Stephanski, E. (2007). Sleep as analgesic: improving sleep and pain in older adults. *Journal of Sleep and Sleep Disorders Research*, 30, pp. A103-A104.

Clinical Roundtable 3 - Session will run between 9.00 – 11.15 with a coffee break

Lecture Theatre F21, Psychology Department

BABCP 36th Annual Conference, 17th – 19th July 2008, University of Edinburgh, Scotland, UK

How Can We Provide Practical and Effective CBT with an Interpreter Present? Examples of Working with Post Traumatic Stress Disorder - *change in presenters*

Convenor & Chair: Patricia d'Ardenne, East London NHS Foundation Trust, UK

Authors: d'Ardenne, P., Farmer, E., Scott, C., Hauenstein Swan, A., & Wilson, N., East London NHS Foundation Trust, UK

Patricia d'Ardenne, East London NHS Foundation Trust, UK

Alison Hauenstein Swan, East London NHS Foundation Trust, UK

Carleen Scott, East London NHS Foundation Trust

Symposium 61- *change in presenter*

Lecture Theatre 4, Appleton Tower

Worry and Obsessive Compulsive Disorder in Childhood: Children are Just Small Adults Aren't They?

Convenor: Charlotte Wilson, University of East Anglia, UK

Chair: Sam Cartwright-Hatton, University of Manchester, UK

14.50 Thought control strategies, meta-cognition and OCD symptoms in adolescents

Charlotte Wilson, University of East Anglia, UK

Symposium 62 - *change in order of presentations*

Lecture Theatre 2, Appleton Tower

Investigating Treatment Efficacy in Eating Disorders: Outcomes and Moderators

Convenor: Michelle Lee, University of Reading, UK

Chair: Tracey D Wade, Flinders University, Australia – *change*

in chair

13.30 Victoria Mountford, St. Georges, University of London

13.55 Roz Shafran, University of Reading, UK

14.20 Coffee

14.40 Tracey D Wade, Flinders University, Australia

15.05 Rebecca Murphy, University of Oxford, UK

Dr Jacqueline Persons

University of California, USA

Case Formulation-Driven Cognitive-Behavior Therapy

Chair: Rob Dudley, Newcastle University & Northumberland, Tyne and Wear Mental Health NHS Trust, UK – *change in chair*

chair

Lecture Theatre 5, Appleton Tower