

Thursday, 8:30 a.m. – 5:00 p.m.

Full-Day Session

Institute 1

Introduction to Motivational Interviewing

Daniel McNeil, *West Virginia University*

Basic level of familiarity with the material

Motivational Interviewing (MI) is a client-centered, evidence-based, and semi-structured method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. This beginning-level workshop is designed for mental health professionals and trainees who are interested in learning ways to increase their clients' motivation to engage in behavior change, and is provided by a trainer who is a member of the Motivational Interviewing Network of Trainers (MINT). Participants will learn and practice methods to assist clients with behavior change. Specifically, using didactic approaches, the workshop will provide participants a conceptual model for understanding MI, will identify the key principles of MI, will provide an operational definition of "MI spirit," and will describe the evidence base for the use of MI for behavior change. Using demonstrations and role-play, the application of specific techniques to increase client motivation will be covered, as will strategies for responding productively to resistance. As "change talk" (in contrast to "sustain talk" and avoidance) in sessions has been demonstrated to be associated with future behavior change, methods will be described to elicit, identify, and reinforce it. The workshop will include experiential components in which participants work with one another in dyads and small groups, and with the trainer, to practice skills in a comfortable, interactive, and supportive learning environment. Integrating MI with cognitive behavioral and behavioral treatment approaches will be addressed, as will how MI can be applied at critical junctures in treatment.

You will learn:

1. Conceptualization of the MI model and the evidence base for the use of MI in behavior change with clients
2. Key principles of MI and the application of specific methods to increase client motivation for behavior change
3. How to progress further in developing MI skills through training, consultation, and feedback

Recommended Readings:

Miller, W. R., & Rose, G. S. (2009). Toward a theory of Motivational Interviewing. *American Psychologist*, 64, 527-537.

Martins, R. K., & McNeil, D. W. (2009). Review of Motivational Interviewing in promoting health behaviors. *Clinical Psychology Review*, 29, 283-293.

Rosengren, D. B. (2009). *Building motivational interviewing skills: A practitioner workbook*. New York: Guilford.

Thursday, 8:30 a.m. – 5:00 p.m.

Full-Day Session

Institute 2

The Inclined Heart: A Mindfulness and Values Focused Institute

Kelly Wilson, *University of Mississippi*

Emily Sandoz, *University of Louisiana*

Moderate level of familiarity with the material

Sometimes clients become so mired in painful experience that the sweetness of life is lost. Within the psychological flexibility model, mindfulness processes are mixed with values and behavioral activation processes in order to produce client improvement. We will explore how a mindfulness-for-two exercise can create transformational conversations that bring us into contact with sweetness in our own lives and the lives of our clients.

Values-focused mindfulness exercises and mindful interviewing will also be covered. These exercises and interviews can help clients to embrace necessary suffering in the service of committed, life-affirming choices and to live in accordance with deeply held personal values.

Mindfulness and values work derived from the Acceptance and Commitment Therapy psychological flexibility model will be used in a series of exercises and interviews. Although these interventions come from the ACT model, they would be wholly appropriate to include in any mindfulness-oriented treatment or into more traditional Cognitive Behavior Therapy.

You will learn:

1. How to integrate mindfulness and values interventions into your current treatment strategy
2. How to conduct values and mindfulness experiential exercises
3. Mindful interviewing techniques

Recommended Readings:

Wilson, K. G. & DuFrene, T. (2010). Things might go terribly, horribly wrong. New Harbinger: Oakland, CA.

Wilson, K. G. & DuFrene, T. (2008). Mindfulness for two: An Acceptance and Commitment Therapy approach to mindfulness in psychotherapy. New Harbinger: Oakland, CA.

Wilson, K.G. & Sandoz, E. K. (2008). Mindfulness, values, and the therapeutic relationship in Acceptance and Commitment Therapy. In S. Hick & T. Bein (Eds.) Mindfulness and the therapeutic relationship (pp. 89-106). New York: Guilford Press.

Thursday, 1:00 p.m. – 6:00 p.m.

Half-Day Session

Institute 3

Behavioral Activation for Treating Depression: Putting Guided Action into Action

Christopher Martell, *University of Washington*

David Pantalone, *Suffolk University*

Basic to Moderate level of familiarity with the material

Behavioral Activation (BA) represents a resurgence of behavior therapy in treating depression. With an emphasis on the importance of activation and engagement in recovery from depression, BA therapists teach clients specific strategies to improve mood and overall quality of life. BA providers use a number of core strategies, including identifying and increasing activity linked with positive mood, modifying avoidance patterns, identifying life goals, maximizing commitment to acting toward goals independent of mood, increasing contact with natural reinforcers, and solving problems.

This institute is designed for clinicians working with depressed clients, who understand basic behavioral principles, but may have limited experience using BA with clients. Therapists will be helped to conceptualize depression from a BA perspective, and instruct on how to communicate that formulation to clients. Further, we will teach therapists how to use Activity Logs as a tool

for both assessment and intervention, and how to address non-completion of the logs which can, at times, constitute a significant portion of the therapy. The format will be primarily role playing. First, the instructors will review basic concepts and role play with each other, to model basic techniques. Then, attendees will role play with instructors, with audience members and both instructors raising questions and providing feedback.

You will learn:

1. A brief history and evidence base supporting the use of BA for depressed clients
2. The core principles and strategies of BA
3. How to develop a behavioral conceptualization of depression and present a BA conceptualization to depressed clients
4. How to implement and troubleshoot use of the Activity Log to facilitate Graded Task Assignment
5. Typical barriers and how to address them

Recommended Readings:

Dimidjian, S., Hollon, S. D., Dobson, K. S., Schmaling, K. B., Kohlenberg, R., ... & Jacobson, N. S. (2006). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology* 74 (4), 658-670.

Martell, C. R., Addis, M. E., & Jacobson, N. S. (2001). *Depression in Context: Strategies for Guided Action*. New York: W. W. Norton

Martell, C. R., Dimidjian, S. & Herman-Dunn (2010). *Behavioral Activation for Depression: A Clinician's Guide*. New York: Guilford.

Thursday, 1:00 p.m. – 6:00 p.m.

Half-Day Session

Institute 4

Concurrent Treatment for Alcohol Dependence and Post-traumatic Stress Disorder

David Yusko, *University of Pennsylvania*

Edna Foa, *University of Pennsylvania*

Basic to Moderate level of familiarity with the material

The prevalence of comorbid posttraumatic stress disorder (PTSD) and alcohol dependence (AD) is quite high, especially in clinics specializing in either disorder, but also in general psychiatric clinics. Therefore, many clinicians are in search of efficacious treatments that address both disorders. While research has identified effective treatments for each disorder separately, these comorbid patients are often left in a revolving door of recidivism due to the lack of an effective combined treatment. In this workshop a treatment program for patients with comorbid PTSD/AD will be presented. The program combines prolonged exposure therapy (PE) for PTSD and a counseling program developed specifically for AD (BRENDA). The workshop will begin by briefly presenting results on the efficacy of the program. Next, PE treatment and BRENDA will be described. The combined treatment program will then be described and ways to optimize a successful outcome for this difficult clinical population will be discussed. In particular, the workshop will focus on the following aspects: (1) provide an overview of a typical PE treatment; (2) creating an effective in-vivo exposure hierarchy; (3) facilitating optimal emotional engagement during imaginal exposure; and (4) modifying procedures for PE when necessary. The treatment will be demonstrated with patients videotapes. This workshop is geared toward participants who have had previous training in alcohol treatment and/or prolonged exposure therapy and will focused on the added clinical complexity involved in this comorbid population.

You will learn:

1. Description of a treatment program that combines prolonged exposure therapy for PTSD and counseling for AD
2. Results of the efficacy of the combined program with patients diagnosed with both disorders
3. The challenges of conducting the program with AD/PTSD patients and how to meet these challenges

Recommended Readings:

Foa, E.B., Hembree, E.A., & Rothbaum, B.O. (2007). *Prolonged Exposure Therapy for PTSD: Emotional Processing of Traumatic Experiences*. New York, NY: Oxford University Press.

Starosta, A.N., Leeman, R.F., & Volpicelli, J.R.(2006). The BRENDA model: integrating psychosocial treatment and pharmacotherapy for the treatment of alcohol use disorders. *Journal of Psychiatric Practice*, 12(2), 80-89.

Thursday, 1:00 p.m. – 6:00 p.m.

Half-Day Session

Institute 5

Dialectical Behavior Therapy for Emotion Dysregulation and Non-Suicidal Self-Injury in Adolescents

Lorie Ritschel, *Emory University School of Medicine*

W. Edward Craighead, *Emory University School of Medicine*

Moderate level of familiarity with the material

This workshop is designed for clinicians who provide services for adolescents who (1) struggle with pervasive emotion regulation difficulties, and (2) engage in non-suicidal self-injury (NSSI). First, an overview of emotion regulation difficulties as they occur in adolescents will be presented. Diagnostic criteria for Axis I and II pathology in teens will be reviewed, and common clinical presentations, including comorbid conditions such as substance abuse, depression, bipolar disorder, and anxiety disorders will be discussed. The difference between suicide and NSSI and how to conceptualize these behaviors within DSM-IV nosology will be reviewed. This portion of the workshop will conclude with a discussion of the rationale for developing early interventions targeting emotion regulation difficulties in this vulnerable population. Next, the empirical evidence regarding the use of Dialectical Behavior Therapy to treat emotion dysregulation in adolescents (DBT-A) will briefly be reviewed. Data from the most recent published literature as well as data from the Child and Adolescent Mood Program (CAMP) at Emory will be presented. The primary focus of the remainder of the workshop will be on the application of these interventions in clinical practice. The implementation of DBT-A in both individual and group therapy formats will be presented, and illustrative videos from sessions conducted at CAMP will be shown. The role of parent groups in the clinical setting also will be discussed. Ample time will be reserved for questions and role-plays with audience members.

You will learn:

1. About emotion dysregulation in adolescents and how to conceptualize NSSI as an emotion regulation strategy
2. The status of current outcomes regarding the use of DBT for treatment of mood and related disorders among adolescents
3. Clinical applications of DBT techniques with adolescent clients struggling with emotion dysregulation

Recommended Readings:

Miller, A. L., Rathus, J. H., & Linehan, M. M. (2007). *Dialectical behavior therapy with suicidal adolescents*. New York: Guilford.

Rathus, J. H., & Miller, A. L. (2002). Dialectical behavior therapy adapted for suicidal adolescents. *Suicide and Life-Threatening Behaviors*, 32, 2, 146-157.

Thursday, 1:00 p.m. – 6:00 p.m.

Half-Day Session

Institute 6

Mindfulness- and Acceptance-Based Behavioral Therapies in the Treatment of Anxiety and Related Disorders

Susan Orsillo, *Suffolk University*

Lizabeth Roemer, *University of Massachusetts*

Acceptance-based behavioral therapies (e.g., Dialectical Behavior Therapy, Acceptance and Commitment Therapy, Mindfulness-Based Cognitive Therapy) have demonstrated efficacy in both reducing symptoms and promoting quality of life. We have adapted principles and strategies from these approaches to develop an acceptance-based behavior therapy (ABBT) for generalized anxiety disorder (GAD). Drawing from our research and clinical experience in this area, an evidence-based conceptual model that can be used to understand GAD and comorbid disorders and to guide treatment will be presented. We will then present a range of clinical strategies, including mindfulness practices, that can be used to target the central elements of this model (critical, entangled relationship with internal experiences, experiential avoidance, and restricted engagement in meaningful aspects of one's life). Case examples and demonstrations will be used to illustrate these strategies and facilitate their flexible use in clinical practice. We will also present a brief overview of outcome and process data from our ongoing research in this area.

You will learn:

1. How to conceptualize GAD using the ABBT model
2. How to describe strategies that can be used to decrease avoidance and increase engagement in valued areas of life
3. How to identify one or more barriers that can arise in the implementation of ABBT, as well as the strategies used to overcome these barriers

Recommended Readings:

Orsillo, S.M. & Roemer, L. (2011). *The mindful way through anxiety*. New York: Guilford.

Roemer, L., & Orsillo, S.M. (2009). *Mindfulness and acceptance-based behavioral therapy in practice*. New York: Guilford.

Roemer, L., Orsillo, S.M., & Salters-Pedneault, K. (2008). Efficacy of an acceptance-based

behavior therapy for generalized anxiety disorder: Evaluation in a randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 6, 1083-1089.

Thursday, 1:00 p.m. – 6:00 p.m.

Half-Day Session

Institute 7

Pushing Past Perfectionism: Using Cognitive-Behavioral Strategies to Treat Perfectionism Across the Anxiety Disorders in Children and Adolescents

Deborah Ledley, *Children's Center for OCD and Anxiety*

Lynne Siqueland, *Children's Center for OCD and Anxiety*

Moderate level of familiarity with the material

Perfectionism is commonly exhibited by youth with anxiety disorders, especially those with GAD, OCD, and social anxiety disorder. Although having high standards can be advantageous, extreme perfectionism causes significant impairment. Academic impairment is commonly seen, including difficulties initiating schoolwork, turning work in late, and spending excessive time on schoolwork. Perfectionistic youth tend to over-enroll in extra-curricular activities and set such high standards that they tend to finish every practice with a personal “post-mortem”. Perfectionism also can interfere in social functioning. These youth tend to worry excessively about how they come across to others, and can hold others to such high standards that maintaining friendships can be difficult.

Fortunately, CBT has much to offer perfectionistic youth. In this Institute, strategies will be taught for working with this challenging population. Cognitive interventions will be discussed including weighing the costs and benefits of maintaining the status quo versus adopting more relaxed standards; exploring feared consequences of lowering standards; and examining beliefs about fun/leisure time. The use of both in vivo and imaginal exposures (for clients whose feared consequences occur far in the future) will also be described and demonstrated. When carefully designed and uniquely tailored to each client’s concerns, exposures are a highly effective way of challenging beliefs associated with lowering personal standards. The Institute will also address how to effectively involve families and schools in treatment. Throughout, attention will be paid to the age-appropriateness of these interventions, using extensive case examples to show how they can be used across the age-span from young children to college-age students.

You will learn:

1. How to conceptualize the ways in which perfectionism presents in youth with various anxiety disorders
2. How to develop an understanding of the ways in which perfectionism impacts on quality of life
3. How to utilize cognitive interventions and exposure exercises to challenge beliefs about the value of perfectionistic standards with youth across a broad age-range, and across the various anxiety disorders
4. How to plan how to effectively involve schools and families in the treatment of perfectionistic youth

Recommended Readings:

Roth Ledley, D., Marx, B. & Heimberg, R.G. (2010). *Making Cognitive-Behavioral Therapy Work: Clinical Process for New Practitioners*, 2nd Edition. The Guilford Press: New York.

Antony, M.M. & Swinson, R.P. (2009). *When perfect isn't good enough: Strategies for coping with perfectionism* (2nd edition). New Harbinger Publications: Oakland, CA.

Chansky, T. (2004). *Freeing Your Child from Anxiety: Powerful, Practical Solutions to Overcome Your Child's Fears, Worries and Phobias*. Broadway Books: New York.

Thursday, 1:00 p.m. – 6:00 p.m.

Half-Day Session**Institute 8****OCD and ERP in the Real World: Sources of and Solutions for Treatment Compliance/Resistance Issues**

Jonathan Grayson, *Dartmouth Medical School*

Moderate level of familiarity with the material

Designing a treatment of exposure and response prevention is relatively simple, but obtaining compliance is an art. For many sufferers, complying with treatment feels impossible. Far too often professionals have focused on the 'resistance' to exposure and response prevention and the client drop-out rate as reasons to try a different treatment. Although, such resistance exists, far too often other factors impede treatment compliance including: (1) failure to obtain compliance to treatment/poor treatment preparation; (2) failure to properly identify the feared consequences of exposure, and; (3) issues of denial/acceptance and merged problems (when the feared consequences of co-morbid OCD and non-OCD problems make simultaneous treatment necessary).

In this workshop, the presenter will discuss the above treatment issues and their solutions. This

will include how to modify treatment when necessary due to co-morbid issues, motivating clients and incorporating acceptance and commitment themes into an exposure and response prevention program without compromising the treatment protocol. This last is critical, because new ideas need to be adapted and merged into our existing knowledge instead of simply replacing empirically proven procedures without supportive data.

You will learn:

1. How to identify different sources of treatment resistance, including how to determine when co-morbid issues do or don't play a role
2. Different techniques for motivating clients/overcoming client resistance in treatment
3. How to incorporate principles of acceptance and commitment into state of the art exposure and response prevention protocols

Recommended Readings:

Grayson, J.B. Freedom from Obsessive Compulsive Disorder: A Personalized Recovery Program for Living with Uncertainty. New York. Tarcher Penguin. 2003.