

Master Clinician Seminars

Throughout the Convention attend these useful sessions where the most skilled clinicians explain their methods and show recordings of clients' sessions.

Friday, 8:00 a.m. – 10:00 a.m.

Master Clinician Seminar 1

Cognitive-Behavior Therapy for Children and Adolescents With Obsessive-Compulsive Disorder

Dean McKay, *Fordham University*

Stephen Whiteside, *Mayo Clinic*

Moderate level of familiarity with the material

Cognitive-behavior therapy (CBT) for Obsessive-Compulsive Disorder (OCD) is a well-established efficacious treatment package. However, child presentations (under age 12), of the disorder vary considerably from adult presentations. As a result, treatment for childhood OCD differs in a number of important ways. This includes: manner of conducting exposure with response prevention exercises, involvement of parents/guardians in therapy, and confronting resistance to treatment. Finally, OCD in general and childhood presentations of the disorder in particular, often requires intensive intervention or other alternative formats. These variants present unique challenges to clinicians that are outside the usual practice of treating adults with OCD, or children with other psychiatric disturbances.

This session is aimed at professionals with a previous background in CBT for OCD and in treating childhood anxiety disorders. We will emphasize the following areas of childhood OCD treatment: development of cognitive-behavioral treatment plans that meet the specific modifications necessary for childhood OCD; methods of intervention for children who either lack motivation for treatment, or are only motivated to address a subset of their symptoms of the disorder; involvement of parents in treatment, and methods of providing treatment to families with geographical barriers to care providers, such as through intensive approaches to the disorder. If time permits, we will describe additional aspects of treatment such as evaluation and treatment via videophone and developing emotional regulation skills via exposure procedures.

You will learn:

1. How to develop child appropriate exposures and response prevention treatment plans
2. How to identify strategies for increasing child motivation to participate in exposure and response prevention
3. Strategies to engage parents in the treatment of childhood OCD

Recommended Readings:

McKay, D., Storch, E.A., Nelson, B., Morales, M., & Moretz, M.W. (2009). Obsessive-compulsive disorder in children and adolescents: Treating difficult cases. In D. McKay & E.A. Storch (Eds.), *Cognitive-behavior therapy for children and adolescents: Treating difficult cases* (pp. 81-114). New York: Springer.

Rahman, O., Reid, J., Parks, A., McKay, D., & Storch, E.A. (in press). Obsessive-compulsive disorder in children and adolescents. In D. McKay & E.A. Storch (Eds.), *Handbook of Child and Adolescent Anxiety Disorders*. Boston, MA: Springer-Verlag. (PLEASE NOTE THIS WILL BE PUBLISHED IN MARCH 2011).

Whiteside, S.P. & Jacobsen, A.B. (2010). An uncontrolled examination of a 5-day intensive treatment for pediatric OCD. *Behavior Therapy*, 41, 414-422.

Key words: Child, obsessive compulsive disorder, exposure and response prevention, cognitive behavioral therapy, treatment resistance.

Friday, 10:15 a.m. – 12:15 p.m.

Master Clinician Seminar 2**Problem-Solving Therapy for Depression: Recent Revisions**

Arthur Nezu, *Drexel University*

Christine Nezu, *Drexel University*

Problem-Solving Therapy (PST) is a cognitive-behavioral intervention that has been identified via numerous RCTs and meta-analyses to be an evidenced-based approach for the treatment of depression, both as a “stand-alone” intervention, as well as part of a larger, system-based, collaborative care model. Depending on the treatment goals and service venue, PST approaches can range from a specific skills training protocol to a more complex system of psychotherapy. It is based, in part, on research demonstrating that effective problem solving enhances one’s ability to cope with the deleterious effects of both major and daily stressful events. The overarching treatment goal is to foster adoption and effective implementation of adaptive problem-solving attitudes (e.g., realistic optimism) and behaviors (e.g., planful problem solving). Treatment objectives include enhancing one’s (a) optimism and sense of self-efficacy, (b) ability to regulate negative emotionality under stress, and (c) ability to identify and engage in effective coping strategies that optimally match situation-specific goals (i.e., both problem-focused and emotion-focused objectives). This workshop will provide (a) a brief overview of the underlying theory and research supporting the rationale for applying this approach to various depressed populations, and (b) clinical demonstrations of how to conduct PST. We will also describe how

to tailor PST as a function of individual differences, such as specific problem-solving deficits, comorbid status (e.g., medical illness), and diversity considerations (e.g., ethnicity, SES, gender). Assessment and treatment handouts will be provided. Specific updates and revisions in PST that emanate from recent research and program evaluation projects (e.g., PST for depressed heart failure patients, PST as a prevention approach for returning Veterans) will be underscored.

You will learn:

1. The underlying theory and empirical support for Problem-Solving Therapy for depression
2. How to conduct PST to treat depression
3. How to tailor PST as a function of differing patient characteristics

Friday, 12:30 p.m. – 2:30 p.m.

Master Clinician Seminar 3

Integrating Sexual Interventions into Couple and Individual Cognitive Behavioral Therapy

Barry McCarthy, *American University*

Moderate level of familiarity with the material

Sexuality has a paradoxical effect for individuals and couples. When sexuality follows the new mantra of desire, pleasure, eroticism, and satisfaction it has a small, positive function, contributing 15-20% to individual and couple satisfaction. However, when sexuality is dysfunctional, conflictual, or avoided it has an inordinately powerful negative effect on individuals and couples, subverting their lives and relationship. This workshop will utilize a comprehensive psychobiosocial model of assessment, treatment, and relapse prevention for individuals and couples. Special emphasis will be given to sexual desire and the psychological, biological, relational, and psychosexual skill factors which promote sexual desire and factors which subvert desire. The challenge for couples, straight or gay, married or unmarried is to develop a couple sexual style which balances each person's "sexual voice" with being a sexual team who integrate intimacy and eroticism. In assessing sexual issues, workshop participants will understand the use of individual psychological/relational/sexual histories as well as a questionnaire to help choose a sexual style which is comfortable and functional. In terms of intervention, psychosexual skill exercises to build sexual comfort, attraction, trust, and developing sexual scenarios will be described. Participants will explore concepts and interventions to deal with complex, value-laden issues such as extra-dyadic affairs, use and misuse of sexual medications, sexual secrets and atypical sexuality, use and misuse of erotic fantasies and porn, and dealing with sexual trauma. A prime focus of this workshop is to build awareness, comfort, and confidence in integrating sexual interventions into individual and couple CBT.

You will learn:

1. How to implement a multi-dimensional assessment/treatment/relapse prevention plan to resolve individual and couple sexual problems
2. How to help the couple choose a sexual style which integrates intimacy and eroticism to enhance sexual desire
3. How to individualize and implement a relapse prevention program which promotes desire, pleasure, eroticism, and satisfaction

Recommended Readings:

- McCarthy, B. & Thestrup, M. (2008). Couple therapy and the treatment of sexual dysfunction. In A. Gurman(ed.). *Clinical handbook of couple therapy*, 4th edition, pp.591-617. New York: Guilford.
- McCarthy, B. & Breetz, A. (2010). Integrating sexual interventions and psychosexual skill exercises into cognitive-behavioral therapy. *The Behavior Therapist*, 33 (3), 54-57.
- Metz, M. & McCarthy, B. (2010). *Enduring desire*. New York: Routledge.

Friday, 2:45 p.m. – 4:45 p.m.

Master Clinician Seminar 4**Case Conceptualization Approach to Insomnia for Non-Sleep Specialty Treatment Settings**

Rachel Manber, *Stanford University*
Colleen Carney, *Ryerson University*

Basic to Moderate level of familiarity with the material

Whereas CBT-I is a relatively straightforward treatment to deliver for primary insomnia, providing this treatment with complex cases, particularly those with comorbid health conditions can be a challenge. The presenters will address this challenge by teaching a case formulation approach that is relevant across disciplines and clinical settings. A case formulation approach provides relevant strategies to handle the types of complex cases you are most likely to encounter in clinical practice. While most workshops and books provide advice for treating the relatively straightforward case of Primary Insomnia, this workshop focuses on the insomnias that you are likely to encounter in your practice as you treat other disorders, such as pain, anxiety,

and depression. The presenters are authors of the only Cognitive Behavior Therapy workbook written expressly for comorbid insomnias, and will focus on how to adapt CBT for insomnia for specific conditions and challenges.

You will learn:

1. An overview of the theoretical foundation of CBT for insomnia
2. How to conceptualize insomnia cases
3. How to deliver individually-tailored CBT for insomnia effectively based on case formulation

Recommended Readings:

Carney, C.E., & Manber, R. (2009). *Quiet Your Mind and get to Sleep: Solutions to Insomnia for Those with Depression, Anxiety or Chronic Pain*. New Harbinger Publishing: Oakland, CA.

Edinger, J.D., Olsen, M.K., Stechuchak, K.M., Means, M.K., Lineberger, M.K., Kirby, A., Carney, C.E. (2009). Cognitive Behavioral Therapy with Primary and Comorbid Insomnia: A randomized clinical trial. *Sleep*, 32(4):499-510.

Manber, R., Edinger, J. D., Gress, J. L., San Pedro-Salcedo, M. G., Kuo, T. F., & Kalista, T. (2008). Cognitive Behavioral Therapy for insomnia enhances depression outcome in patients with comorbid Major Depressive Disorder and insomnia. *Sleep*, 31(4), 489-495.

Saturday, 8:00 a.m. – 10:00 a.m.

Master Clinician Seminar 5

Improving Your Socratic Savvy

Priscilla Schulz, *Uniformed Services University of the Health Sciences*

Candice Monson, *Ryerson University*

Moderate level of familiarity with the material

Socratic method is used in cognitive therapy to increase clients' awareness of pathological thinking that cause undo distress. It teaches clients to recognize, examine and change thoughts that are based on incomplete information and erroneous assumptions. When successful, such work results in better problem-solving and emotional well-being among cognitive therapy patients.

Socratic dialogue is an important cognitive therapy skill. Good Socratic method stimulates

clients' curiosity and inquisitiveness about the very ideas and issues around which their emotional difficulties revolve. This creates a fruitful environment for learning and change. A brief didactic on the philosophy and utility of Socratic dialogue and the cognitive therapy tools that support the Socratic conversation (e.g., Thought-monitoring "ABC" worksheet) will be presented. Most of this session will be "hands-on" – making Socratic method come alive. Workshop leaders will model Socratic dialog. Portions of therapy sessions using the method will be shown in brief video clips. More importantly, workshop participants will be asked to take part in partially scripted and unscripted role plays where they will practice and evaluate their use of Socratic method. Because of workshop leaders' expertise in trauma-related cognitive therapy, case material will largely be trauma-focused. This session is geared toward practitioners who have at least some experience providing cognitive interventions for Axis I disorders, who are willing to engage in experiential exercises designed to improve use of Socratic dialogue, and who are interested in how this technique works in trauma-focused cognitive interventions.

You will learn:

1. A hierarchy for guiding Socratic questioning associated with differing therapeutic goals
2. Different kinds of Socratic questions that accomplish different therapeutic goals in the course of treatment
3. How to translate therapist's suspicions that a client's thought is erroneous into a Socratic conversation that promotes client's curiosity and maintains a warm and a collaborative therapeutic relationship

Saturday, 10:15 a.m. – 12:15 p.m.

Master Clinician Seminar 6

Using Exposure Strategies in Acceptance and Commitment Therapy

John Forsyth, *University at Albany, SUNY*

Basic to Moderate level of familiarity with the material

Acceptance and Commitment Therapy (ACT) balances mindfulness and acceptance processes with commitment and behavior change processes to (a) weaken the influence of unhelpful thoughts and emotional avoidance, while (b) promoting greater experiential and psychological flexibility in the service of valued ends. This work can be challenging for both therapists and clients alike, for much of ACT work involves contacting difficult and painful psychological content without defense and for a purpose other than psychological relief. Thus, understanding the application and integration of exposure-based strategies within an ACT approach is essential for effective ACT work.

This workshop will explore the use of exposure-based practices in the context of ACT. The main focus will be on anxiety and fear, but additional attention will be devoted to other sources of pain (e.g., guilt, anger). The workshop will cover traditional cognitive-behavioral (CBT) interoceptive and exteroceptive exposure strategies, and then show how they are framed and applied within ACT. Our time together will include a mix of lecture, live and video demonstrations, and practical experiential exercises to highlight the integration of exposure strategies in the context of mindfulness and acceptance work (along with kindness and compassion exercises) and values work. Clinical worksheets and other practical tools will be provided.

You will learn:

1. How to conceptualize and apply exposure-based strategies in a traditional sense (CBT), and then in the context of ACT
2. How to frame exposure exercises within ACT (i.e., fostering willingness);
3. How acceptance, mindfulness, and defusion strategies can be intermingled with exposure to enhance psychological flexibility in the service of helping clients move in the direction of their chosen values and life goals

Recommended Readings:

- Eifert, G. H., & Forsyth, J. P. (2005) *Acceptance and Commitment Therapy for anxiety disorders: A practitioner's treatment guide to using mindfulness, acceptance, and values-based behavior change strategies*. Oakland, CA: New Harbinger.
- Forsyth, J. P., & Eifert, G. H. (2008). *The mindfulness and acceptance workbook for anxiety: A guide to breaking free from anxiety, phobias, and worry using Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger.
- Hayes, S. C. (2000). Acceptance and Commitment Therapy, Relational Frame Theory, and the third wave of behavior therapy. *Behavior Therapy*, 35, 639-665.
- Orsillo, S. M., Roemer, L., Lerner, J. B., & Tull, M. T. (2004). Acceptance, mindfulness, and cognitive-behavioral therapy: Comparisons, contrasts, and application to anxiety. In S. C. Hayes, V. M., Follette, & M. M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition* (pp. 66-95). New York: Guilford Press.

Saturday, 12:30 p.m. – 2:30 p.m.

Master Clinician Seminar 7

Buried in Treasures: The Treatment of Compulsive Hoarding

David Tolin, *Institute of Living & Yale University School of Medicine*

Randy Frost, *Smith College*

Basic to Moderate level of familiarity with the material

Compulsive hoarding is a common and potentially severe mental health problem characterized by acquisition of, and failure to discard, a large number of possessions to the extent that living spaces become uninhabitable. To date, compulsive hoarding has frustrated mental health and social service workers due to its apparently chronic and treatment-resistant nature. Many hoarders are reluctant to seek help, and even those who do seek help frequently resist therapists' efforts to intervene. Clinical studies, therefore, have consistently shown a poor response to psychological and pharmacologic treatments. Recently, however, a new model of cognitive-behavioral therapy (CBT) has emerged based on our increasing understanding of hoarding. Specific skills used to increase patients' motivation and compliance, challenge maladaptive ways of thinking, and learn new behavior patterns will be covered. We will also discuss possibilities for further development of the CBT model, including augmentation with cognition-enhancing exercises and medications as well as the collaboration between mental health professionals and paraprofessionals. We will use video examples of specific interventions to illustrate key points of the CBT process.

You will learn:

1. The cognitive-behavioral model of compulsive hoarding
2. How to implement motivational interviewing strategies for patients who hoard
3. How to create and implement a cognitive-behavioral treatment plan for hoarding patients

Recommended Readings:

Tolin, D. F., Frost, R. O., & Steketee, G. (2007). *Buried in treasures: Help for compulsive acquiring, saving and hoarding*. New York: Oxford University Press.

Steketee, G., & Frost, R. O. (2007). *Compulsive hoarding and acquiring: Therapist guide*. New York: Oxford University Press.

Saturday, 2:45 p.m. – 4:45 p.m.

Master Clinician Seminar 8

Treating Tourette's Syndrome and Trichotillomania Across the Developmental Spectrum

Nancy Keuthen, *Massachusetts General Hospital & Harvard Medical School*

Douglas Woods, *University of Wisconsin-Milwaukee*

Martin Franklin, *University of Pennsylvania School of Medicine*

Basic level of familiarity with the material

Empirically-supported treatment strategies have recently been developed for a range of obsessive-compulsive spectrum disorders including Tourette's Syndrome (TS) and Trichotillomania (TTM). Historically, TS was conceptualized as a neurological problem responsive only to psychopharmacological treatment. In the past, TTM was viewed as refractory to intervention, with poor maintenance of any acute treatment gains. As the field has evolved, however, CBT is now considered the first-line intervention for TTM and several RCTs have documented the benefit of CBT for tic disorders. Furthermore, data from genetics, structural neuroimaging and treatment outcome studies have led some researchers to propose that the two disorders may, in fact, be more related to each other than to other spectrum disorders.

This workshop will introduce participants to state-of-the-art treatment interventions for both disorders. Current data supports the use of habit reversal treatment (HRT) and awareness training as core treatment strategies for both disorders. Additional techniques are recommended for TS (including function-based interventions) and TTM (including stimulus control, reduction of experiential avoidance, and regulation of uncomfortable emotions/physical sensations). In this workshop the presenters will provide conceptual models for each disorder and discuss assessment strategies (including functional analysis of behavior and structured assessment tools). In addition, relevant treatment strategies will be demonstrated using clinical case material. Developmental considerations for treatment will be identified and age-relevant accommodations discussed. The audience will be asked to bring challenging cases for discussion.

You will learn:

1. How to conduct assessments for TS and TTM
2. Basic treatment strategies for both disorders
3. How to tailor treatment to patient age

Recommended Readings: Franklin, M.E., & Tolin, D.F. (2007). *Treating Trichotillomania*. New York, NY: Springer Publishing.

Keuthen, N.J., Stein, D.J., Christenson, G.A. (2001). *Help for Hair Pullers*. Oakland, CA: New Harbinger.

Woods, D. W., Piacentini, J. C., Chang, S., Deckersbach, T., Ginsburg, G., Peterson, A. L., Scahill, L. D., Walkup, J. R., & Wilhelm, S. (2008). *Managing Tourette's Syndrome: A Behavioral Intervention for Children and Adults (Therapist Guide)*. New York: Oxford University Press.