

Wednesday & Thursday, 8:30 a.m. – 5:00 p.m.

Two Full-Day Sessions

Clinical Intervention Training 1

Core Skills and Competencies of the Contextual CBT Clinician

Steven C. Hayes, University of Nevada

Basic level of familiarity with the material

The assumptions of the newer behavioral and cognitive therapies have changed from a traditional focus on the content of thoughts and feelings to a focus on their context and functions. This shift in perspective has drawn CBT closer to humanistic therapies, relationship-oriented therapies, and Eastern traditions, but despite this openness to wisdom drawn from other approaches, it is important for CBT to maintain its focus on evidence-based procedures.

An effective way to do so that is broadly applicable to clinical practice is to link specific clinical skills and methods to specific client processes and needs. This allows CBT clinicians to move away from packages and labels, toward evidence-based processes and models that can be functionally applied.

In this Clinical Intervention Training, the focus will be on specific skills and competencies that are suggested by the psychological flexibility model that underlies Acceptance and Commitment Therapy (ACT), including work on acceptance, defusion, the present moment, mindfulness, values, and committed action. These will be extended to processes of mindful listening, relationship skills, compassion, and related competencies, as well as key behavioral methods.

Although this training will focus on core skills and competencies in ACT, my intention is to provide skills that are broadly applicable to any contextually oriented CBT clinician. Methods will emphasize practice and skill development over didactic understanding. The content will be broad enough to be useful at any level of treatment.

At the end of Day 1, you will learn:

- The six key processes that make up psychological flexibility
- One or two indicators of each psychological flexibility process
- How psychological flexibility processes can be used to empower behavioral methods such as exposure and behavioral activation

At the end of Day 2, you will learn:

- At least two methods of intervention for each psychological flexibility process
- How to describe the relationship between each element of psychological flexibility and a powerful therapeutic alliance
- How to show methods of raising issues in each of the major areas of psychological flexibility as the need arises

Thursday, 8:30 a.m. – 6:00 p.m.

Clinical Intervention Training 2

Bringing Exposure Procedures into Dialectical Behavior Therapy

Marsha M. Linehan, University of Washington

Melanie S. Harned, University of Washington

Moderate level of familiarity with the material

Exposure procedures, both formal and informal, are one of the core problem-solving strategies in DBT. Indeed, the DBT manual specifically recommends the use of exposure to treat certain problems such as co-occurring anxiety disorders, which are present in approximately 80% of clients with borderline personality disorder (BPD). However, exposure procedures are often underutilized in DBT and, as a result, the remission rates

for anxiety disorders among severe BPD clients in DBT are relatively low (< 50%). This Clinical Intervention Training will present an overview of the use of both informal and formal exposure procedures during DBT with severe and multiproblem BPD clients. Participants will also learn when and how to integrate formal exposure protocols into DBT to treat co-occurring anxiety disorders. Throughout this training, particular attention will be paid to managing suicidal behaviors as well as other common problems that may arise when implementing exposure procedures with this complex client population.

You will learn:

- How formal and informal exposure procedures are used in DBT
- Principles to consider in determining when to use exposure in DBT
- How to identify and troubleshoot common problems that occur during exposure

Recommended Readings: Harned, M.S., Korslund, K. E., Foa, E.B., & Linehan, M.M. (in press). Treating PTSD in suicidal and self-injuring women with borderline personality disorder: Development and preliminary evaluation of a Dialectical Behavior Therapy Prolonged Exposure protocol. *Behaviour Research and Therapy*. Harned, M.S., & Linehan, M.M. (2008). Integrating Dialectical Behavior Therapy and Prolonged Exposure to treat co-occurring borderline personality disorder and PTSD: Two case studies. *Cognitive and Behavioral Practice*, 15, 263-276. Linehan, M.M. (1993). *Cognitive-behavioral therapy for borderline personality disorder*. New York: Guilford Press.