

Thursday 8:30 a.m. – 5:00 p.m.

Institute 1

An Introduction to Cognitive Processing Therapy

Patricia A. Resick, VA Boston Healthcare System

Patrick F. Ford, Binghamton VA Center

Kris Morris, Washington, DC VA Medical Center

Debra L. Kaysen, University of Washington

Basic level of familiarity with the material

CPT is an evidence-based cognitive therapy for PTSD and comorbid symptoms that can be implemented with or without a written narrative and can be implemented as either an individual or group therapy. It has been demonstrated to be effective across a range of traumas as well as very complex trauma histories and symptom presentations. Participants will be provided a rationale for the therapy, information about effectiveness, and an overview of the protocol. Participants will be shown videotaped examples of the therapy, and will be walked through the sessions with case examples as well as information about how the different formats are conducted.

Thursday 8:30 a.m. – 5:00 p.m.

Institute 2

Cognitive Processing Therapy: Beyond the Basics

Patricia A. Resick, VA Boston Healthcare System

Patrick F. Ford, Binghamton VA Center

Kris Morris, Washington, DC VA Medical Center

Debra L. Kaysen, University of Washington

Moderate to advanced level of familiarity with the material

A comprehensive overview of cognitive processing therapy (CPT) will be provided, with the goal that, by the conclusion of this workshop, participants will feel confident in implementing CPT. This Institute is targeted towards participants who have had prior preparation through the completion of the on-line CPT course (<http://cpt.musc.edu>). CPT is an evidence-based cognitive therapy for PTSD and comorbid symptoms that can be implemented with or without a written narrative and can be implemented as either an individual or group therapy. It has been demonstrated to be effective across a range of traumas as well as very complex trauma histories and symptom presentations. Participants will be taught at a specific level how to implement the therapy protocol, using role plays of Socratic dialogue with feedback and the opportunity to practice therapist skills needed for implementation.

Attendance at this event is limited to those who can provide their on-line CPT course completion certificate. If participants do not provide a completion certificate, workshop leaders will reserve the right to transfer participants to the co-occurring workshop "An Introduction to Cognitive Processing Therapy" (see above).

Thursday 8:30 a.m. – 5:00 p.m.

Institute 3

When a Good Thing Turns Bad: A Novel DBT Skills-Based Approach for Refractory Depression Targeting Emotional Over-Control

Thomas. R. Lynch, University of Southampton

Moderate level of familiarity with the material

Self-control—inhibiting acting on urges, impulses, and desires—is highly valued in most societies, and failures in self-control characterize many of the personal and social problems afflicting modern civilization. However, too much self-control can be equally problematic. Emotional over-control (EOC) is beginning to be recognized as an important factor associated with social isolation, poor interpersonal functioning, and the development of severe and difficult-to-treat mental health problems, in particular *refractory depression*. Based on 17 years of research, two NIMH-funded randomized controlled trials (RCTs), and an ongoing multi-center RCT in the UK (REFRAMED; funded by MRC), the aim of this Institute is to introduce the theoretical and empirical basis for a novel adaptation of Dialectical Behavior Therapy (DBT) targeting refractory depression *and* EOC.

A novel thesis regarding the mechanism by which EOC behavior *leads to* refractory depression will be introduced that links the *communicative functions of emotional expression* to the *formation of close social bonds*. EOC is considered a personality prototype resulting from transactions between temperamental predispositions for *heightened threat and diminished reward sensitivity* and family/environmental experiences emphasizing *mistakes as intolerable* and *self-control as imperative*—EOC then becomes intermittently reinforced, which further limits opportunities to learn new skills and exploit positive social reinforcers. New treatment approaches are informed by an innovative transdiagnostic neuroregulatory model of personality that challenges linear assumptions regarding the nature of self-control. Interventions focus on enhancing *flexible responding* while reducing capability deficits. The client learns new skills designed to enhance social-safety via the ventral vagal complex, enhance intimate relationships, learn from critical feedback, and change envy/bitterness by way of loving-kindness.

You will learn:

- A new biosocial theory for EOC and new DBT treatment strategies designed to *enhance willingness for self-inquiry and flexible responding*
- Skills designed to enhance intimate relationships and vulnerable expression of emotion
- New interventions designed to maximize treatment compliance/engagement and new DBT treatment targets for EOC focusing on aloof and distant relationships, emotion inhibition, behavioral avoidance, rigidity, and envy/bitterness
- Specific strategies designed to facilitate prosocial behaviors via “bottom-up” processes linked to the ventral vagal complex and neurobiological structures that evolved to facilitate social communication

Recommended Readings: Lynch, T. R., & Cheavens, J. S. (2008). Dialectical behavior therapy for comorbid personality disorders. *Journal of Clinical Psychology*, *64*, 154-167. Lynch, T.R., Cheavens J.S., Cukrowicz K.C., et al. (2007). Treatment of older adults with co-morbid personality disorder and depression: A Dialectical Behavior Therapy approach. *International Journal of Geriatric Psychiatry*, *22*, 131-143. Lynch, T. R., Hempel, R. J., & Clark, L. A. (in press). From self-control to self-regulation: Emotion based strategies for over-controlled personality disorder. In W. J. Livesley, G. Dimaggio, & J.Clarkin (Eds.), *Integrated treatment for personality disorder*. New York: Guilford.

Thursday 1:00 – 6:00 p.m.

Institute 4

Empirically Based CBT Supervision: Making Supervision More Effective

Robert Reiser, Gronowski Psychology Training Clinic, Palo Alto University

Donna M. Sudak, Drexel University, College of Medicine

Moderate level of familiarity with the material

What makes CBT supervisors highly effective? What are some key differences observed in supervisor behaviors that are indicative of high levels of competence or best practices? Surveys of actual supervisory practices indicate that in the “real world” supervisors are not consistently adherent to recommended guidelines. What enhancements to supervision, such as the use of multiple learning modalities (symbolic, iconic, and enactive methods) or an emphasis on behavioral experiments and experiential learning (role play, rehearsal and modeling of interventions), are particularly effective? This Institute will provide opportunities for participants to identify and enact enhancements to CBT supervision based on a review of best practices and empirical evidence in the literature. An updated review of the supervision literature, with a focus on specific supervision competencies, will provide an empirical basis for continued reflection and improvements in practice. A combination of didactic, observational (video and role-play), and experiential methods will be utilized and participants will have opportunities to practice key skills. Many of the extant supervision competency sets (UK-IAPT; Roth & Pilling, 2008) do not really help us understand how to modify supervision in developmentally appropriate ways for our novice trainees. This is a fascinating and challenging task and in this Institute there will be a focus on the developmental aspects of supervision: how to target specific learning issues and management of especially challenging trainees.

You will learn:

- Specific techniques and strategies for making CBT supervision more effective
- Appreciation for the evidence base for making supervision more effective
- The need for modifications of supervision in the “real world” to address developmental training issues and specific challenges provided by problematic supervisees

Recommended Readings: Milne, D.L. (2008). *Evidence-based clinical supervision*. Chichester: Wiley/Blackwell. Reiser, R., & Milne, D.L. (in press). Supervising cognitive-behavioral psychotherapy: Pressing needs, impressing possibilities. *Journal of Contemporary Psychotherapy*. Advance on-line publication. doi: 10.1007/s10879-011-9200-6. Roth, A., & Pilling, S. (2008). *A competence framework for the supervision of psychological therapies*. Retrieved December 30, 2011, from http://www.ucl.ac.uk/clinical-psychology/CORE/supervision_framework.htm.

Thursday 1:00 – 6:00 p.m.

Institute 5

Interpersonal Psychotherapy–Adolescent Skills Training: A Group-Based Prevention Program for Adolescents at Risk for Depression

Jami Young, Rutgers University

Christie Schueler, Rutgers University

Jessica Benas, Rutgers University

Basic level of familiarity with the material

This workshop will introduce participants to Interpersonal Psychotherapy–Adolescent Skills Training (IPT-AST), a group-based, preventive intervention for adolescents aged 12 to 16 with subthreshold depression symptoms. It is based on Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) and its group adaptation (IPT-AG). Similar to these treatments, IPT-AST is based on the premise that depression, regardless of its etiology, occurs in an interpersonal context. The focus of this intervention is on improving current relationships and teaching techniques that can be applied to future relationships and future interpersonal problems. Components of IPT-AST include psychoeducation regarding depression and the link between feelings and interpersonal events as well as interpersonal skill-building to address interpersonal difficulties. Goals include reducing depressive symptoms, improving interpersonal functioning, preventing the occurrence of depressive disorders, and giving group members a positive experience with a psychosocial intervention. The workshop will provide participants with an overview of IPT-AST, training in key IPT-AST techniques, and a brief discussion of research supporting the efficacy of IPT-AST. This Institute will introduce participants to the basic principles and techniques of IPT-AST so that clinicians and researchers can consider utilizing this intervention in their own settings. Teaching techniques will include didactics, role-playing, and presentation of segments of training tapes.

You will learn:

- Theoretical and empirical bases for IPT-AST
- Key techniques of IPT-AST
- How one might utilize this intervention in clinical and/or research settings

Recommended Readings: Young, J. F., & Mufson, L. (2008). Interpersonal psychotherapy and prevention. In J. R. Z. Abela & B. L. Hankin (Eds.), *Handbook of depression in children and adolescents* (pp. 288-308). New York, Guilford. Young, J. F., Mufson, L., & Davies, M. (2006). Efficacy of Interpersonal Psychotherapy-Adolescent Skills Training: An indicated preventive intervention for depression. *Journal of Child Psychology and Psychiatry*, 47, 1254-1262. Young, J. F., Mufson, L., & Gallop, R. (2010). Preventing depression: A randomized trial of Interpersonal Psychotherapy-Adolescent Skills Training. *Depression and Anxiety*, 27, 426-433.

Thursday 1:00 – 6:00 p.m.

Institute 6

Brief Cognitive Behavioral Therapy for Suicidality

Craig J. Bryan, National Center for Veterans Studies, The University of Utah

Basic level of familiarity with the material

Brief Cognitive Behavioral Therapy for Suicidality (BCBT-S) is a 12-session outpatient psychological treatment shown to reduce the risk for subsequent suicide attempts by half. The treatment proceeds through three stages: (1) crisis management, focused on behavioral strategies for managing emotional distress; (2) cognitive restructuring, focused on dismantling the suicidal belief system; (3) and relapse prevention, focused on behavioral rehearsal of emotion regulation and problem solving to ensure skill competency. This Institute is designed to provide participants with in-depth understanding of BCBT-S, and concrete instruction for successfully delivering the treatment with actively suicidal patients. In light of recent rises in military and veteran suicide rates, the Institute will review military cultural issues that can impact treatment outcomes and will provide specific examples of how to adapt BCBT-S to military and veteran cultures, based on an ongoing randomized clinical trial conducted by the National Center for Veterans Studies testing the effectiveness of BCBT-S with suicidal active-duty military personnel.

You will learn:

- How to describe an empirically supported biopsychosocial model of suicide
- How to conduct a risk assessment interview in a manner that increases accurate and honest disclosure of suicidal ideation and behaviors
- How to develop a written treatment and services plan that addresses suicide risk and is based on empirically supported interventions

Thursday 1:00 – 6:00 p.m.

Institute 7

Brief Interventions for Radical Change: The Practice of Focused Acceptance and

Commitment Therapy

Kirk Strosahl, Central Washington Family Medicine, Yakima, WA

Patricia Robinson, Mountainview Consulting Group, Zillah, WA

Basic level of familiarity with the material

This 5-hour Institute begins with a review of evidence concerning client participation and preferences for behavioral health treatment and moves quickly into a description of a tool kit for conceptualizing and intervening in brief treatment settings. Presenters include both mental health and medical providers who face the challenges of time constraints for care, limited financial resources to support care, and patients who are reluctant to engage in treatment. Participants will watch videos and live role-plays to learn specific focusing questions, apply two basic interventions supported by worksheets (True North and Life Path), and employ a case conceptualization tool (Four Square). In the second half of the workshop, participants will practice these role-plays in both individual and group treatment formats.

You will learn:

- How to interview patients with greater focus
- How to enhance ability to conceptualize and plan powerful interventions to improve client openness, awareness, and engagement
- Intervention tools that work with a wide variety of patients in a wide variety of treatment settings

Recommended Readings: Robinson, P. J., Gould, D. A., & Strosahl, K. D. (2011). *Real behavior change in primary care: Improving patient outcomes and provider satisfaction*. Oakland, CA New Harbinger. Strosahl, K. D., Gustavsson, T., & Robinson, P. (2012). *Brief interventions for radical change: Principles and practice of focused Acceptance and Commitment Therapy*. Oakland, CA: New Harbinger.

Thursday 1:00 – 6:00 p.m.

Institute 8

Exposure Therapy for Anxiety: Basics and Beyond

Jonathan S. Abramowitz, University of North Carolina at Chapel Hill

Brett J. Deacon, University of Wyoming

Stephen P. H. Whiteside, Mayo Clinic

Basic to Moderate familiarity with the material

Anxiety disorders are prevalent, chronic, and disabling. Patients with these disorders and with anxiety symptoms in the context of other disorders comprise a large proportion of many therapists' caseloads. Providing high-quality evidence-based treatment requires expertise in the use of exposure procedures. This clinically focused Institute is designed for participants to learn how to use exposure therapy—the intervention most associated with strong treatment outcomes for anxiety disorders. After reviewing the cognitive-behavioral model of anxiety, functional analysis, and rationale for exposure, the bulk of the Institute will focus on how to apply exposure techniques (situational, in vivo, interoceptive) to help patients manage a wide array of problems with pathological fear and anxiety, such as phobias, obsessions and compulsions, panic attacks and agoraphobia, posttraumatic stress symptoms, and social anxiety. Numerous case examples and video clips of recorded therapy sessions will be used to illustrate principles and practices associated with the optimal delivery of this intervention. Audience participation will be incorporated throughout the presentation to develop participants' ability to design therapeutic exposure exercises. Common pitfalls in treatment planning and implementing exposure therapy will be discussed, such as failure to provide an adequate treatment rationale, patient noncompliance with treatment instructions, and extreme anxiety during exposure. The session will also cover how to apply exposure to more complicated cases such as working with children, comorbid conditions, and working within a couples therapy context. Ethical issues in the use of exposure will also be discussed.

You will learn:

- How to develop exposure therapy treatment plans for various anxiety disorders
- How to implement situational, imaginal, and interoceptive exposure techniques
- How to address common obstacles in the use of exposure therapy
- The various ethical issues involved with using exposure

Recommended Reading: Abramowitz, J. S., Deacon, B. J., & Whiteside, S. P. H. (2011). *Exposure therapy for anxiety: Principles and practice*. New York: Guilford.

Thursday 1:00 – 6:00 p.m.

Institute 9

Integrating Sex Therapy Interventions Into Couple Therapy With a Special Focus on Sexual Desire

Barry McCarthy, The American University

Basic level of familiarity with the material

Cognitive-behavioral couple therapy has grown in breadth and sophistication over the past decade, but has largely ignored issues of sexual function and dysfunction. This Institute will describe the couple sex therapy psychobiosocial model for assessment, treatment, and relapse prevention for sexual dysfunction.

Sex therapy strategies and techniques can be integrated into CBT couple therapy. This will improve therapy outcome and client satisfaction.

The new mantra in sex therapy is desire, pleasure, eroticism, and satisfaction. The sexual issue most likely to disrupt the couple relationship is inhibited sexual desire and power struggles over intercourse frequency. The Institute will explore the psychological, biological, relational, and psychosexual skill factors that promote sexual desire and satisfaction and how to confront and change factors that subvert desire and satisfaction.

The four-session assessment model features individual psychological/relational/sexual histories and helps the clinician tailor the therapy to address sensitive/secret factors that interfere with desire, function, and satisfaction. The challenge for serious couples—married or unmarried, straight or gay—is how to integrate intimacy and eroticism into their relationship. A major strength of the sex therapy approach is to help the couple develop a couple sexual style that balances each person's "sexual voice" with being an intimate, erotic team able to integrate intimacy and eroticism.

The use of psychosexual skill exercises to build comfort and confidence with pleasure and learn specific skills to promote ejaculatory control, build erectile confidence, confront ejaculatory inhibition, enhance female responsive sexual desire, facilitate female subjective arousal and orgasmic response, and reduce sexual pain are integral components of couple sex therapy.

Couples can be sexual into their 60s, 70s, and 80s. It is particularly important for the man to adopt the Good Enough Sex model of pleasure-oriented variable, flexible sexual response and

give up the performance-oriented intercourse as the pass-fail sex test. A relapse prevention program is an integral component of couple sex therapy.

You will learn:

- A psychobiosocial model to assess the psychological, biological, relational, and psychosexual skill factors that subvert sexual desire, function, and satisfaction
- How to utilize and individualize psychosexual skill exercises to enhance sexual desire and satisfaction
- How to help clients develop a couple sexual style that integrates intimacy and eroticism
- How to adopt the Good Enough Sex model to promote male, female, and couple sexual desire and satisfaction with aging

Recommended Readings: McCarthy, B., & Breetz, A. (2010). Integrating sexual interventions and psychosexual skill exercises into cognitive-behavioral therapy. *the Behavior Therapist*, 33, 54-57. McCarthy, B. & McCarthy, E. (2012). *Sexual awareness* (5th ed.). New York: Routledge. McCarthy, B., & Thestrup, M. (2008). Couple therapy and the treatment of sexual dysfunction. In A. Gurman (Ed.), *Clinical handbook of couple therapy* (4th ed., pp. 591-617). New York: Guilford. Metz, M., & Epstein, N. (in press). *Cognitive-behavioral couple sex therapy*. New York: Routledge.